Form <b>990</b>
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service

Т

A	or the	2023 calendar year, or tax year beginning and	ending	_						
B	Check if applicable	C Name of organization Senator George J. Mitchell Scholarshi	a	D Employer identific	cation number					
	Addres change	Research Institute								
	Name change		01-05233	90						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number							
	Final return/	75 Washington Avenue	(207) 77	3-7700						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	29,381,115.						
	Amend		H(a) Is this a group re							
	Applica tion pending			for subordinates	? Yes 🗶 No					
	-	same as C above		H(b) Are all subordinates in	cluded? Yes No					
11	Fax-exe	mpt status: 🚺 501(c)(3) 🛄 501(c) ( ) (insert no.) 🛄 4947(a)(1) (	or 🛄 527		list. See instructions					
	Nebsit			H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	State of legal domicile: ME					
Pa		Summary	• •							
e	1 8	Briefly describe the organization's mission or most significant activities: ${ m To}$ p	rovide	scholarshi	ps and					
anc		other support to Maine students pursuing								
Activities & Governance		Check this box if the organization discontinued its operations or dispos	sed of more	I I						
205					21 21					
જ			endent voting members of the governing body (Part VI, line 1b)							
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		11						
tivi	6	Total number of volunteers (estimate if necessary)		6	110					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	d l	Net unrelated business taxable income from Form 990-T, Part I, line 11			Current Year					
				1,740,706.	1,919,019.					
Revenue		Contributions and grants (Part VIII, line 1h)		1,740,700.	0.					
ver		Program service revenue (Part VIII, line 2g)		1,536,050.	4,311,685.					
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		17,469.	28,212.					
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,294,225.	6,258,916.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,460,894.	1,653,033.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	4- 6			853,609.	996,397.					
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 5-10) Frofessional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25)	······	0.	0.					
ber	b	Fotal fundraising expenses (Part IX, column (D), line 25) 172, 0	48.							
ш		Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		568,062.	526,212.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,882,565.	3,175,642.					
		Revenue less expenses. Subtract line 18 from line 12		411,660.	3,083,274.					
or				ginning of Current Year	End of Year					
Net Assets or Fund Balances	20 1	Total assets (Part X, line 16)		45,833,785.	48,269,547.					
dB	21 1	Total liabilities (Part X, line 26)		4,886,910.	4,894,247.					
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		40,946,875.	43,375,300.					
Pa	art 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 officer	Date									
	Jared Cash, President/CEO										
	Type or print name and title										
	Print/Type preparer's name Preparer's signature Date	Check PTIN									
Paid		/24 <sup>if</sup> <sub>self-employed</sub> P02285543									
Preparer	Firm's name Baker Newman & Noyes	Firm's EIN 01-0494526									
Use Only	Firm's address P.O. Box 507										
	Portland, ME 04112	Phone no. ( 207 ) 879 – 2100									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form <b>990</b> (2023)										

orm	Senator George J. Mitchell Scholarship 990 (2023) Research Institute 01-0523390 Pag
	t 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:
	The principal purpose of the Mitchell Institute is to provide
	scholarships and other support to Maine students pursuing higher
	education. (Continued on Schedule O)
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,698,210. including grants of \$ 1,653,033. ) (Revenue \$ 0
	For nearly 30 years, the Mitchell Institute has been dedicated to
	advancing Senator George J. Mitchell's mission to increase the
	likelihood that young people from every community in Maine will aspire
	to, pursue, and achieve a college education. We work with young people statewide who face uphill battles on their way to college, and we leve
	the playing field for them by providing financial resources and a broa
	range of supports. Each year, the Institute selects at least one
	graduating senior from every public high school in Maine. In 2023, we
	awarded 166 graduating seniors a \$10,000 scholarship each. Scholarship
	selection is based on academic excellence, community leadership, and
	financial need.
	(Continued on Schedule O)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     2,698,210.
<u>4e</u>	Form <b>990</b> (2
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			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
-	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	F		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
•	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	110		
•	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			37
4-	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			х
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 23
.,	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? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (2023)

Part IV Checklist of Required Schedules

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Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

# Senator George J. Mitchell Scholarship Research Institute

			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	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 <b>.</b> 3a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
20	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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 contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25 0	Part V, line 1         Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 121	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
32004	(gambling) winnings to prize winners?		990	1 (202'
02002	5	i UII		
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 Form 990 (2023)
 Senator George J. Mitchell Scholarship

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

					Yes	No					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	1		162	NU					
20	filed for the calendar year ending with or within the year covered by this return	2a	11								
h	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	<b>4a</b> 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)?										
b	b If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit								
	any contributions that were not tax deductible as charitable contributions?			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions (	or gifts								
	were not tax deductible?			6b							
7	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 se	rvices	provided to the payor?	7a	X						
				7b	Х						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		v					
	to file Form 8282?	1	 I	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		Х					
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
•	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>											
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?											
<ul> <li>9 Sponsoring organizations maintaining donor advised funds.</li> </ul>											
- Did the energy is the end to be the distribution of the station (2000)											
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
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							
		12b									
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	<b>Note:</b> 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	400	1								
-	organization is licensed to issue qualified health plans	13b									
	Enter the amount of reserves on hand	13c		140		X					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b		21					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			UP							
10	excess parachute payment(s) during the year?			15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.			10							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	ome?	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	ctivitie	S								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.										
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Form 990 (2023)

01-0523390 Page **6** Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

			/		Yes	N				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?			2						
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5						
6	Did the organization have members or stockholders?			6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					F				
	more members of the governing body?			7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					F				
~	persons other than the governing body?	,		7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			15		┢				
				0-	Х					
	The governing body?			8a	X	┢				
b	Each committee with authority to act on behalf of the governing body?			8b	~	┢				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			_						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9						
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)				-				
			r		Yes					
	Did the organization have local chapters, branches, or affiliates?			10a		L				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b						
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the	form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
2a	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 t	o conflicts?		12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," describe				Γ				
	on Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х	T				
4	Did the organization have a written document retention and destruction policy?			14	Х	t				
15	Did the process for determining compensation of the following persons include a review and approval					F				
Ū	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by macpendent								
~				15a	х					
	The organization's CEO, Executive Director, or top management official				X	┢				
b	Other officers or key employees of the organization			15b	~	⊢				
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a								
	taxable entity during the year?			16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization's								
	exempt status with respect to such arrangements?			16b						
ec	tion C. Disclosure									
7	List the states with which a copy of this Form 990 is required to be filed None									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section	501(c)(3)	s only	) avail	ak				
	for public inspection. Indicate how you made these available. Check all that apply.			-						
	Own website Another's website X Upon request Other (explain of	on Schedule O)								
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	olicy and	d finar	ncial					
-	statements available to the public during the tax year.		5y, and							
20		ke and records								
.0	State the name, address, and telephone number of the person who possesses the organization's books and records Lisa Sirois - (207) 773-7700									
	75 Washington Avenue, Suite 2E, Portland, ME 04101	1								
		L		Г <u>а</u>	000	10				
2006	) 12-21-23 7			Form	990	(2)				
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Senator	George	J.	Mitchell	Schol	larship
Research	Instit	cute	е		

Form 990 (	(2023)	Research	Insti	tute			01-05
Part VII	Compensation	of Officers, I	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independer	nt Contra	ctors			

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)	(B) (C				C)	•		(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					000	Reportable	Estimated			
	hours per	box	box, unless person is l officer and a director/t				h an	compensation	compensation	amount of		
	week	<u> </u>	cer ar	nd a d	recto	or/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	dual tr	tional		nploy	stcor	-	10331120)		organizations		
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former					
(1) Jared Cash	40.00	_	_		-		-					
President/Secretary				X				162,379.	0.	17,812.		
(2) Sarah Short	40.00											
Development Director						X		129,185.	0.	13,315.		
(3) Marc Glass	40.00											
Brand and Communitcation Director						Х		103,720.	0.	14,802.		
(4) Gena Canning	1.00											
Director		Х						0.	0.	0.		
(5) Abigail Diaz	1.00											
Director		Х						0.	0.	0.		
(6) Bruce Epstein	1.00											
Director		Х						0.	0.	0.		
(7) Mark Fernandez	1.00											
Director		Х						0.	0.	0.		
(8) Mark Haley	1.00									_		
Director		Х						0.	0.	0.		
(9) Brian Harris	1.00									_		
Director		X						0.	0.	0.		
(10) Nathan Kinney	1.00											
Director		х						0.	0.	0.		
(11) Christine Lemieux	1.00											
Director		X						0.	0.	0.		
(12) Scott Maker	1.00									<u> </u>		
Director	1 0 0	X						0.	0.	0.		
(13) Camita McCoy	1.00									0		
Director	1 0 0	X						0.	0.	0.		
(14) Heather Mitchell	1.00									0		
Director	1 0 0	X						0.	0.	0.		
(15) James Morris	1.00									0		
Director	1 0 0	X						0.	0.	0.		
(16) Alison Nathanson	1.00	.,,								_		
Director	1 00	X	<u> </u>					0.	0.	0.		
(17) Christopher Pierce	1.00									_		
Director		X						0.	0.	0.		
332007 12-21-23 Form <b>990</b> (2023)												

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Form 990 (2023)	Research	Institu	ite	9						01-052	339	0	Page <b>8</b>
Part VII Section A. Offic	ers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) (B) (C) (D) (E)												(F)	
Name and t	title	Average	(do	Position (do not check more than one					Reportable	Reportable		Estimated	
	hours per	box	, unles	ss pe	rson	is bot	n an	compensation	compensation		amoun	t of	
		week		cer an	dad	recto	or/trus	tee)	from	from related		othe	r
		(list any	rector						the	organizations		ompens	
		hours for related	or di	ee			sated		organization	(W-2/1099-MISC/		from t	
		organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
		below	ual tr	tional		ploy6	st con yee	_	1099-1120)			rganiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				rgarnza	
(18) Elyse Pratt-Ronco	0	1.00	_	_	0	×	<u>+ 0</u>						
Director			х						0.	0			Ο.
(19) Paul Suitter		1.00											
Director			Х						0.	0	•		0.
(20) Virginia Swain		1.00											
Director			Х						0.	0	•		0.
(21) Rebecca Wyke		1.00								_			_
Director			Х						0.	0	•		0.
(22) Sara Burns		1.00											•
Chair		1 00	Х		Х				0.	0	•		0.
(23) Najila Frayha		1.00	37		37								^
Vice Chair		1.00	Х		Х				0.	0	•		0.
(24) Joseph Foley Treasurer		1.00	х		х				0.	l o			0.
			21		21						•		<u> </u>
1b Subtotal									395,284.		•	45,	929.
c Total from continuation	on sheets to Part V	I, Section A							0.	0			0.
d Total (add lines 1b an	d 1c)								395,284.	0	•	45,	929.
2 Total number of individ	luals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the	e organization												3
											_	Yes	No
									phest compensated emp				v
line 1a? If "Yes," comp	lete Schedule J for s	uch individual									. 3	;	X
									her compensation from	the organization		x	
<ul><li>and related organization</li><li>5 Did any person listed or</li></ul>	-								ted organization or indiv	idual for sonvicos	. 4	. 23	
rendered to the organiz									led organization of indiv	idual for services	. 5		x
Section B. Independent Co				0/ 30	1011	pere						, 	
		mpensated ind	depe	ende	nt c	ontr	racto	ors 1	that received more than	\$100,000 of compe	nsatio	n from	
the organization. Repo	rt compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithiı	n the organization's tax	year.			
	(A)								(B)			(C)	
	Name and business	address							Description of s	services	Com	pensati	on
Wellington Trust Company					-				Investment				
280 Congress Street, Boston, MA					_ 0				Management F	ees	1	76,	110.
								_					
•	endent contractors (i ation from the organi	•	ot lii	mite	d to		se lis 1	stec	d above) who received m	nore than			

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					arch I	nst	itute			01-0523	390 Page 9
Pa	rt \	VIII									
			Check if Schedule O	cont	tains a resp	onse	or note to any lin		(D)		
								<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total Tovolido		business revenue	
60											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns								
<u>n</u> S S S S											
Ťζ,			Fundraising events				216,734.				
ia i					1d						
Sir			Government grants (cont								
er ti		t	All other contributions, gifts,				1 700 005				
e E			similar amounts not included			•	1,702,285.				
u pu		-	Noncash contributions included in			\$	152,543.	1 010 010			
0.0		n	Total. Add lines 1a-1f				Business Code	1,919,019.			
	~	_					Business Code				
Program Service Revenue	2	a ⊾									<u> </u>
Ser		b									
E a		c d									<u> </u>
Ba		u e									
Pro		-	All other program service	rove							
			Total. Add lines 2a-2f								
	3		Investment income (inclue								
	other similar amounts)							1,269,197.			1,269,197.
	4		Income from investment of								. ,
	5		Royalties		•						
			<b>,</b>		(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b	)						
			Rental income or (loss)	60	:						
		d	Net rental income or (loss	s)							
	7	а	Gross amount from sales of		(i) Secur	ties	(ii) Other				
			assets other than inventory	7a	26,059,	499.					
		b	Less: cost or other basis								
nu			and sales expenses		23,017,						
evenue			Gain or (loss)								
Ě			Net gain or (loss)			· · · · · · · · · · · · · · · · · · ·		3,042,488.			3,042,488.
Other	8	а	Gross income from fundraisi								
0			including \$								
			contributions reported on								
			Part IV, line 18				94,900.				
			Less: direct expenses			8b	95,188.	-288.			-288.
	0		Net income or (loss) from		-			200.			200.
	9	d	Gross income from gamir Part IV, line 19				38,500.				
		h	Less: direct expenses								
			Net income or (loss) from				,	28,500.			28,500.
	10		Gross sales of inventory,	-	-			,			, -
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from								
s							Business Code				
e sou	11	а									
an€		b									
Miscellaneous Revenue		с									
Nis H		d	All other revenue								
_		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons				6,258,916.	0.	0.	4,339,897.
332009 12-21-23 Form <b>990</b> (								Form <b>990</b> (2023)			

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	t IX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
<u> </u>	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,653,033.	1,653,033.		
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 Compensation of current officers, directors,				
5	trustees, and key employees	180,191.	153,101.	17,328.	9,762
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	651,261.	508,019.	38,550.	104,692
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,784.	19,359.	2,191.	1,234 4,398
9	Other employee benefits	81,179.	68,974.	7,807.	4,398
10 11	Payroll taxes Fees for services (nonemployees):	60,982.	51,814.	5,864.	3,304
	Management	070		070	
	Legal	878.		878.	
	Accounting	23,100.		23,100.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	107 100		107 100	
f g	Investment management fees	187,100.		187,100.	
3	column (A), amount, list line 11g expenses on Sch 0.)	1,999.	1,699.	192.	108
12	Advertising and promotion	10,426.	8,577.		1,849
13	Office expenses	87,122.	47,043.	9,455.	30,624
4	Information technology	29,838.	21,313.	1,387.	7,138
15	Royalties				
16	Occupancy	91,665.	77,754.	9,070.	4,841
17	Travel	4,689.	4,282.	22.	385
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	62,227.	60,962.	207.	1,058
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	14,511.	11,522.	967.	2,022
23	Insurance	12,657.	10,758.	1,266.	633
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.)	22,0010	2071000		
а					
b					
C					
d	All other expanses				
е 25	All other expenses	3,175,642.	2,698,210.	305,384.	172,048
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				,

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		2023) Research Insti	.cuc	e		01-	0523390 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			<u></u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			100.	1	100.
	2	Savings and temporary cash investments		[	4,094,897.	2	10,489,326.
	3	Pledges and grants receivable, net			261,091.	3	301,104.
	4	Accounts receivable, net			12,250.	4	6,350.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		E Contraction of the second seco		8	
Ä	9	Prepaid expenses and deferred charges			26,835.	9	31,948.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	114,541.			
	b	Less: accumulated depreciation		85,163.	35,531.	10c	29,378.
	11	Investments - publicly traded securities	11,546,955.	11	37,059,365.		
	12	Investments - other securities. See Part IV, line	29,617,873.	12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		238,253.	15	351,976.	
	16	Total assets. Add lines 1 through 15 (must equ			45,833,785.	16	48,269,547.
	17	Accounts payable and accrued expenses			108,073.	17	47,391.
	18	Grants payable		[	3,892,430.	18	4,026,005.
	19	Deferred revenue		[	648,154.	19	468,875.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			120,710.	21	0.
es	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
iab		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24	). Complete Part X			
		of Schedule D			117,543.	25	351,976.
	26	Total liabilities. Add lines 17 through 25			4,886,910.	26	4,894,247.
s		Organizations that follow FASB ASC 958, che	eck her	e X			
Ce		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			-361,392.	27	-311,013.
Ä	28	Net assets with donor restrictions			41,308,267.	28	43,686,313.
ň		Organizations that do not follow FASB ASC 9	58, ch	eck here			
۲. ۲		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			40 0/2 07-	31	
Ne Ne	32	Total net assets or fund balances			40,946,875.	32	43,375,300.
	33	Total liabilities and net assets/fund balances			45,833,785.	33	48,269,547.
							Form <b>990</b> (2023)

332011 12-21-23

Senator	George	J.	Mitchell	Scholarship					
Research Institute									

Form	1990 (2023) Research Institute	01-0	)5233	390	Pag	ge <b>12</b>
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		, 258		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,175		
3	Revenue less expenses. Subtract line 2 from line 1	3		,083		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,946		
5	Net unrealized gains (losses) on investments	5	-	-654	1,8	49.
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	43	,375	5,3	00.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,				
	consolidated basis, or both:					
	X 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					
	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	nedule 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?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A (Form 990) Department of the Treasury			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		
		nue Service			Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection		
Nan	ne of t	the organizati		tor George arch Insti	J. Mitchell	Scho	larsh	ip		identification number 1-0523390		
Pa	rt I	Reason			(All organizations must c	omplete ti	nis part.) S	ee instructior		1 0020000		
					For lines 1 through 12, c							
1	Ľ		•		on of churches described		,					
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)										
3					anization described in <b>se</b>		(b)(1)(A)(i	ii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and stat	ə:									
5		An organizati	on operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in		
		section 170	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)								
6		A federal, sta	te, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7	X	•			intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
_		-		omplete Part II.)								
8	$\square$	-			(1)(A)(vi). (Complete Par	,						
9					in section 170(b)(1)(A)(							
		-	or a non-iand-(	grant college of agric	ulture (see instructions).	Enter the	name, cit	, and state o	r the colleg	le or		
10		university:	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ns members	hin fees a	nd aross receipts from		
10		-		•	t to certain exceptions;				-	•		
					(less section 511 tax) fro	. ,				•		
				mplete Part III.)	(,			·····, ····	5	,		
11				• •	ively to test for public sa	fety. See	section 50	)9(a)(4).				
12		An organizati	on organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section</b>	509(a)(3). 🤇	Check the box on		
		-	-		of supporting organizatio		-		-			
а		<b>Type I.</b> A si	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving		
			-		gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting		
	_			complete Part IV, Se								
b					or controlled in connec							
			-	at complete Part IV,	anization vested in the s	ame perso	ons that co	ontroi or mana	age the sup	poned		
c		¬ ۲	.,	•	g organization operated	in connec	tion with	and functions	llv integrat	ed with		
			-	•	b). You must complete I				ing integration	ou with,		
d		- ··	0		porting organization oper				rted organi	ization(s)		
				• • •	zation generally must sat				•			
		requiremen	t (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III			
		functionally	integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.					
f												
9			0	n about the supporte	<u> </u>	(iv) Is the orga	nization listed	(v) Amount o	fmonoton	(vi) Amount of other		
	ſ	<ul> <li>i) Name of support organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)		
		0			above (see instructions))	Yes	No					
										ļ		
										<u> </u>		
Tota	al											

### Senator George J. Mitchell Scholarship е

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Schedule	A (Form 990) 2023	Research	Institut
Part II	Support Schedule	e for Organizatio	ons Described

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,226,259.	2,177,259.	1,297,079.	1,740,706.	1,919,019.	8,360,322.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	1,226,259.	2,177,259.	1,297,079.	1,740,706.	1,919,019.	8,360,322.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,412,458.
6	Public support. Subtract line 5 from line 4.						6,947,864.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,226,259.	2,177,259.	1,297,079.	1,740,706.	1,919,019.	8,360,322.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	797,164.	708,572.	854,299.	877,452.	1,269,197.	4,506,684.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				26,200.	28,500.	54,700.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	39,771.		24,065.			63,836.
11	Total support. Add lines 7 through 10						12,985,542.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2023 (	line 6, column (f), c	livided by line 11,	column (f))		14	53.50 %
	Public support percentage from 2022					15	51.81 %
<b>16</b> a	<b>33 1/3% support test - 2023.</b> If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
<b>1</b> 7a	10% -facts-and-circumstances tes	<b>t - 2023.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	es test, check this	box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organization	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	<u>s</u>
						Schedule A (	Form 990) 2023

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Schedule A (Form 990) 2023

Research Institute Part III Support Schedule for Organizations Described in Section 509(a)(2) 01-0523390 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		•	·	·	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	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						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, 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.)						
	First 5 years. If the Form 990 is for th	L De organization's fi	irst second third	fourth or fifth tay	Vear as a section	1 501(c)(3) organizat	ion
••	ale and the least and all all and the second	-			vyear as a section		,
Sec	ction C. Computation of Publ						
	Public support percentage for 2023 (		-	column (f))		15	%
	Public support percentage from 2022		•			16	<u>%</u>
	ction D. Computation of Invest						70
	•				\ \		0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2						<u>%</u>
19a	33 1/3% support tests - 2023. If the						i / is not
-	more than 33 1/3%, check this box a						······
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in		
33202	23 12-21-23			1.0		Schedule A	A (Form 990) 2023
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

### Schedule A (Form 990) 2023 Rese Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 box 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, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *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 line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b | Schedule A (Form 990) 2023

	Senator George J. Mitchell Scholarship			
Sche	dule A (Form 990) 2023 Research Institute 01-0	52339	0 Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
C	detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations	11c		
000				
			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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		165	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ıs).		
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 governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	

- the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

Schedule A (Form 990) 2023

2a

2b

3a

3b

18

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Sche	dule A (Form 990) 2023 Research Institute			)1-0523390 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

# Senator George J. Mitchell Scholarship Research Institute

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsiv	е						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 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) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023				
_1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
a	From 2018								
b	From 2019								
c	From 2020								
d	From 2021								
e	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2019								
b	Excess from 2020								
c	Excess from 2021								
d	Excess from 2022								
е	Excess from 2023								

Schedule A (Form 990) 2023

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line 1; P Section	Section A, I art IV, Sect	ines 1, 2, ion D, line	3b, 3c, 4l s 2 and 3	o, 4c, 5; ; Part I\	a, 6, 9a, 9b, 9 /, Section E,	9c, 11a, 11b lines 1c, 2a,	, and 11 2b, 3a, a	c; Part IV, S and 3b; Par	ection B, line: t V, line 1; Par	s 1 and 2; Part	IV, Section C, line 1e; Part V,
Schedule A	,	II,	Line	10,	Expla	nation	for	Other	Income	:	
Special Eve					_						
2019 Amount	::\$	39,7	771.								
2021 Amount	::\$	24,0	)65.								

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

Employer identification number

Senator George J. Mitchell Scholarship

Research Institute

01-0523390

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Name of organization Senator George J. Mitchell Scholarship Research Institute Employer identification number

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01-0523390

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$199,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$179,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$132,206.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$106,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>71,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
020402 12-20	J-2J		Schedule B (Form 990) (2023

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2023.04030 Senator George J. Mitchell 14888\_1

Name of organization Senator George J. Mitchell Scholarship Research Institute

Employer identification number

Page 2

01-0523390

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>57,954.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$52,802.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	5-23		Schedule B (Form 990) (

2023.04030 Senator George J. Mitchell 14888\_1

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	B (Form 990) (2023) Irganization		Employ	Page Page
Senat	or George J. Mitchell Scholarship			
Resea	rch Institute		01	-0523390
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is need	led.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
	Publicly Traded Securities			
7				
		\$57,	954.	11/09/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
	Publicly Traded Securities			
9		—		
		\$52,	802.	07/25/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		—		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		_		
		 \$		
323453 12-20	6-23 25			Schedule B (Form 990) (2023

16141007 793251 14888

25 2023.04030 Senator George J. Mitchell 14888\_1

Schedule	B (Form 990) (2023)			Page <b>4</b>				
	organization			Employer identification number				
	or George J. Mitchell S	cholarship						
	rch Institute			01-0523390				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)			) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	. once.) \$				
(-) N-	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I	() 1 3							
		(e) Transfer of gi	H					
			n.					
	Transferee's name, address, ar	nd <b>ZI</b> P + 4	Relationship of tr	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I			(0) 200					
		(a) Transfer of a						
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I			(0) Des	(d) Description of how gift is held				
		(a) Transfer of si						
	(e) Transfer of gift							
	Transferee's name, address, ar	nd <b>7I</b> P + 4	Relationship of tr	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I			(0) DC3	scription of now girl is field				
	(e) Transfer of gift							
	Transferee's name, address, ar	ansferor to transferee						
323454 12-2	26-23	· · · ·		Schedule B (Form 990) (2023)				
		26		. ,,				

16141007 793251 14888 2023.04030 Senator George J. Mitchell 14888\_1

•	990)	Complete if	nental Financial the organization answered , 8, 9, 10, 11a, 11b, 11c, 11d	"Yes" on Form 990,	2023 Open to Public
	nent of the Treasury Revenue Service	Go to www.irs.gov	Attach to Form 990. Form990 for instructions a	nd the latest information.	Inspection
Name	of the organizati	<b>U</b>	J. Mitchell S	cholarship	Employer identification number
David		Research Insti		en Oinsilen Frusde en d	01-0523390
Part		ations Maintaining Donor n answered "Yes" on Form 990, F		er Similar Funds or A	ACCOUNTS. Complete if the
	organizatio	franswered tes offtofft 550, P	(a) Donor ad	lvised funds	(b) Funds and other accounts
1	Total number at er	nd of year			
		f contributions to (during year)			
		f grants from (during year)			
		t end of year			
		on inform all donors and donor ad		ts held in donor advised fur	nds
	-	on's property, subject to the orgar	-		
		on inform all grantees, donors, and			
t	for charitable purp	ooses and not for the benefit of th	e donor or donor advisor, or f	or any other purpose confe	rring
	impermissible priv				
Part	t II Conserv	ation Easements. Complete	if the organization answered	"Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of cons	servation easements held by the o	organization (check all that ap	pply).	
	Preservation	n of land for public use (for examp	le, recreation or education)	Preservation of a hist	orically important land area
		of natural habitat		Preservation of a cert	tified historic structure
		n of open space			
			d a qualified conservation co	ntribution in the form of a c	onservation easement on the last Held at the End of the Tax Yes
	day of the tax year				
		onservation easements			
		ricted by conservation easements			2b
		vation easements on a certified his			2c
		vation easements included on line			2d
		ture listed in the National Register vation easements modified, trans			
	year	valion easements mounied, trans		a, or terminated by the orga	
		where property subject to conser	vation easement is located		
		tion have a written policy regardir		spection, handling of	
	-	forcement of the conservation eas			YesN
		er hours devoted to monitoring, in			
-					
7	Amount of expens	ses incurred in monitoring, inspect	ing, handling of violations, an	nd enforcing conservation e	asements during the year
-					
8	Does each conser	vation easement reported on line	2d above satisfy the requiren	nents of section 170(h)(4)(B	
		)(4)(B)(ii)?			
		be how the organization reports c			
	-	d include, if applicable, the text of	•	tion's financial statements t	hat describes the
Devi	organization's acc	counting for conservation easement	nts. Hispas of Art Historical	Tressures or Other	Cimilar Acceta
Pan		ations Maintaining Collec		Treasures, or Other	Similar Assets.
4-		f the organization answered "Yes'			
	•	elected, as permitted under FASI	· ·		
		easures, or other similar assets he	-		ance of public
	· •	Part XIII the text of the footnote t elected, as permitted under FASI			co shoot works of
		sures, or other similar assets held			
		ing amounts relating to these item			
	-	ded on Form 990, Part VIII, line 1			\$
	. ,	received or held works of art, his			
		unts required to be reported unde			
	-	on Form 990, Part VIII, line 1	-		\$
		n Form 990, Part X			
		eduction Act Notice, see the Ins			Schedule D (Form 990) 202
32051	09-28-23				
			27		
.410	07 793251	L 14888 2	023.04030 Senat	cor George J.	Mitchell 14888

		George J. h Institut collections of A	e						Page <b>2</b> <i>ied)</i>			
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that ma	ke sigr	nificant use	of its					
	collection items (check all that apply).											
а	Public exhibition	d	Loan or exc	hange program								
b	Scholarly research	e	Other									
с	Preservation for future generations											
4												
5	During the year, did the organization solicit o	r receive donations	of art. historical trea	sures, or other si	nilar as	ssets						
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	t IV Escrow and Custodial Arran	gements Comple	te if the organizatio	n answered "Yes"	on Fo	rm 990, Par	t IV, li					
	reported an amount on Form 990, Par		0				,	,				
1a	Is the organization an agent, trustee, custodi	ian. or other interme	diarv for contributio	ns or other assets	s not in	cluded						
	on Form 990, Part X?							Yes	X No			
b	If "Yes," explain the arrangement in Part XIII											
			ine thing taken					Amount				
c	Beginning balance					1c						
	Additions during the year					1d						
						1e						
f	Distributions during the year					1f						
	Ending balance Did the organization include an amount on Fe	orm 000 Dart V lina	21 for opprove or o		iobility		x	Yes	No			
						۰	[ 23	162				
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if											
		(a) Current year	(b) Prior year	(c) Two years ba		Three years	back	(e) Four y	/ears back			
10	Paginning of year balance	42,372,282.	49,989,490			39,755,			055,194.			
	Beginning of year balance	331,870.	629,174			, ,	194.	55,	8,965.			
	Contributions	3,621,755.	-6,580,437.		_	6,222,		6	091,655.			
	Net investment earnings, gains, and losses	1,195,000.			_				,			
	Grants or scholarships	1,195,000.	1,135,000.	1,183,62	· ·	974,	900.	1,	040,000.			
е	Other expenditures for facilities	220 000	205 000	242.00		251			105 000			
	and programs	330,000.	295,000	,	_	251,			185,000.			
f	Administrative expenses	187,100.	235,945.	· · · ·		194,			174,910.			
g	End of year balance	44,613,807.			0.	44,577,	086.	39,	755,904.			
2	Provide the estimated percentage of the curr		e (line 1g, column (	a)) held as:								
а	Board designated or quasi-endowment	3.5200	_%									
b	Permanent endowment 65.8400	%										
С	Term endowment 30.6400	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administered	for the			_				
	organization by:								res No			
	(i) Unrelated organizations?							3a(i)	X			
	(ii) Related organizations?							3a(ii)	X			
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule R?	)				3b				
4	Describe in Part XIII the intended uses of the		wment funds.									
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Pa	rt X, lin	e 10.	_					
	Description of property	(a) Cost or o	ther (b) Cos	t or other (	c) Accu	umulated		(d) Book	value			
		basis (investr	nent) basis	(other)	depre	ciation						
1a	Land											
	Buildings											
	Leasehold improvements			3,430.		3,116			314.			
	Equipment		11	.1,111.	8	2,047	•	29	,064.			
	Other											
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, colum	n (B))				29	,378.			
						Sch	edule	D (Form	990) 2023			

Senator	George	J.	Mitchell	Scholarship
Research	Instit	cute	e	

Schedule D (Form 990) 2023 Research I:	nstitute	01	1-0523390 <sub>Page</sub> 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	) Description	, ,	(b) Book value
(1)	· · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, o	col(B)		
Part X Other Liabilities	, (D))		
Complete if the organization answered "Yes	" on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
<b>1.</b> (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			(
(2) Lease Liabilities			351,976.
			551,570.
(3)			
(4) (E)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, o			351,976.
2. Liability for uncertain tax positions. In Part XIII, provid	de the text of the footnote to	the organization's financial statements	s that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗴

Schedule D (Form 990) 2023

332053 09-28-23

Senator	George	J.	Mitchell	Scholarship
Research	Instit	cute	9	

Sche	edule D (Form 990) 2023 Research Institute			01-	0523390	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturr	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,522,	,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-654,849.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)		105,188.			
е	Add lines 2a through 2d			2e	-549	
3	Subtract line 2e from line 1			3	6,071,	,816.
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	187,100.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		,100.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		5	6,258	.916.
				-		
	rt XII Reconciliation of Expenses per Audited Financial St			-		/
		atements With		-	Irn	
	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per	-		
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With	Expenses per	Retu	Irn	
<b>P</b> a 1	Reconciliation of Expenses per Audited Financial St           Complete if the organization answered "Yes" on Form 990, Part IV, lir           Total expenses and losses per audited financial statements	atements With	Expenses per	Retu	Irn	
Pa 1 2	Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With	Expenses per	Retu	Irn	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	atements With           ne 12a.           2a           2b	n Expenses per	Retu	Irn	
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	atements With           ne 12a.           2a           2b           2c	Expenses per	Retu	ırn 3,093,	,730.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	105,188.	Retu	105 j	<u>,730.</u>
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	105,188.	1	ırn 3,093,	<u>,730.</u>
Pa 1 2 b c d e	Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	105,188.	1 2e	105 j	<u>,730.</u>
Pa 1 2 a b c d e 3	<b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	atements With           12a.           2a           2b           2c           2d	105,188.	1 2e	105 j	<u>,730.</u>
Pa 1 2 a b c d e 3 4	<b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a         2b         2c         2d	105,188.	1 2e	105, 2,988	,730. ,188. ,542.
Pa 1 2 3 4 4	<b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	atements With         12a.         2a         2b         2c         2d         2d         4a         4b	105,188. 187,100.	1 2e	105 Julio 107 Ju	,730. ,188. ,542.
Pa 1 2 a b c d e 3 4 a b c 5	<b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, Iir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	atements With         12a.         2a         2b         2c         2d         2d         4a         4b	105,188. 187,100.	1 2e 3	105, 2,988	,730. ,188. ,542.

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

### Part IV, line 2b:

Senator George J. Mitchell Scholarship Research Institute previously held
funds on behalf of another entity. Under the agreement with this entity,
Mitchell Institute acted as an administrator for this scholarship fund.
All funds held in escrow as of the end of the 2022 tax year were closed
out and settled as of the end of the period covered by this Form 990.
Accordingly, the balance of escrow account liabilities left outstanding
and reported on this Form 990, Part X, as of December 31, 2023, was \$0.
Part V, line 4:
The Organization's Endowment Funds are used for grants for tuition
assistance/scholarships or other such purposes. Grants and other
332054 09-28-23 Schedule D (Form 990) 2023

assistance paid directly to individuals is further detailed on this Form 990, Schedule I.

Part X, Line 2:

Mitchell Institute is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, there is no provision for income taxes within the financial statements.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position.

Mitchell Institute has evaluated the position taken on its filed tax returns. Mitchell Institute has not taken, nor does it expect to take any uncertain tax positions in any income tax return.

Part XI, Line 2d - Other Adjustments:

Fundraising event and charitable gaming expenses

105,188.

105,188.

Part XII, Line 2d - Other Adjustments:

Fundraising event and charitable gaming expenses

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047				
(Form 990)	Complete if the	2023									
	C	organization entered more than \$1 Attach to Form 990 o	-		-		Open to Public				
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization	on Senator George J. Mitchell Scholarship Employer identificat										
	Research Institute 01-052339										
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a 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?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>											
(i) Name and addres or entity (fund		(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	(v) Amount paid to (or retained by)				
			Yes	No							
		n is registered or licensed to solicit			or has been potified	h it is avampt fro	mrogistration				
or licensing.	on the organizatio					ant is exempt if0					

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Sch	edu	le G (Form 990) 2023 Researc	h Institute	litchell Scho	- 01-	0523390 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-		· · · ·	
		or fundraising event contributions and gr	(a) Event #1 Gala	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
anu			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	311,634.			311,634.
	2	Less: Contributions	216,734.			216,734.
	3	Gross income (line 1 minus line 2)	94,900.			94,900.
	4	Cash prizes				
es	5	Noncash prizes				
kpens	6	Rent/facility costs	36,704.			36,704.
Direct Expenses	7	Food and beverages	56,890.			56,890.
1	8	Entertainment				1 504
	9 10	Other direct expenses				<u>1,594</u> . 95,188.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I				-288.
Pa	rt I	<b>III Gaming.</b> Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue			38,500.	38,500.
s	2	Cash prizes				
Expenses		Noncash prizes			10,000.	10,000.
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	X Yes <u>50.00</u> %	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			10,000.
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			28,500.
а	ls t	ter the state(s) in which the organization conducter the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		X Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes X No
33208	32 09	9-13-23			Sche	dule G (Form 990) 2023

Schedule G (Form 990) 2023	Senator George J. Mitchell Scholarship Research Institute	01-0523390 Page3
	Research Institute gaming activities with nonmembers?	
	neficiary or trustee of a trust, or a member of a partnership or other entity formed	
	?	
13 Indicate the percentage of gaming		
	· · · · · · · · · · · · · · · · · · ·	
	the person who prepares the organization's gaming/special events books and rec	
Name Lisa Sirois	5	
Address 75 Washing	gton Avenue, Suite 2E - Portland, ME 0410	1
<b>15a</b> Does the organization have a co	ontract with a third party from whom the organization receives gaming revenue? $_{}$	Yes X No
<b>b</b> If "Yes " enter the amount of ga	ming revenue received by the organization \$ and the ai	mount
	he third party \$	nount
<b>c</b> If "Yes," enter name and addres		
Name		
Address		
<b>16</b> Gaming manager information:		
Name N/A		
Coming manager companyation	¢	
Gaming manager compensation	۱ \$	
Description of services provided	Please refer to this Schedule G, Part	IV,
Supplemental Int		
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
•	er state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?		Yes X No
0 0	s required under state law to be distributed to other exempt organizations or sper	nt in the
organization's own exempt activ		
Part IV Supplemental Info	prmation. Provide the explanations required by Part I, line 2b, columns (iii) and (	v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, a	as applicable. Also provide any additional information. See instructions.	
Form 990, Schedule	G, Part III, Gaming Activities:	
The raffle is a clo	osed raffle done at, and only at, the Ins	titute's
Gala event. For an	additional donation or pledge of \$250, o	one can
complete an entry of	card and enter to win the raffle prize. A	manager of
this weffle estimit		
this rallie activit	ty is therefore not required.	
220002 00 12 02		Schedule G (Form 990) 2023

332083 09-13-23

		Senator George J. M	Mitchell	Scholarship		
Schedule G (For	m 990) Ipplemental Inforr			_	01-0523390	Page 4
Part IV Su	pplemental Inform	mation (continued)				
					Schedule G (Fo	rm 990)
332084 04-01-23			25			
			35			

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service											
Name of the organization Senator George J. Mitchell Scholarship Employer iden Research Institute 01											
Part I General Information on Grants and Assistance											
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
criteria used to award the grants or	assistance?						X Yes	No No			
2 Describe in Part IV the organization	's procedures for moni	toring the use of grant	t funds in the Unite	ed States.							
Part II Grants and Other Assistant recipient that received more t					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any				
<b>1 (a)</b> Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gr or assistance				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

# Senator George J. Mitchell Scholarship

Schedule I (Form 990) 2023

Research Institute

01-0523390

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships to one graduating senior from every					
public high school in Maine who will be attending					
a post-secondary degree program.	166	1,493,516.	٥.		
Fellowship Awards to Mitchell Scholars and alumni					
in their pursuit of internships, service learning,					
and study abroad experiences that offer personal					
and professional development.	83	98,747.	0.		
Contingency Funds to assist scholars who encounter financial hurdles that could prevent college					
completion.	50	60,770.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part L lin	e 2. Part III. column	(b): and any other a	dditional information	

Part I, Line 2:

Each year, the Institute awards at least one scholarship to a graduating

senior from every public high school in Maine who will be attending a

two-year or four-year post-secondary degree program. Scholarship funds are

sent directly to the respective schools and credited to the student's

tuition account. An agreement is signed by the student in the year awarded

and verification is obtained from the school annually.

The Institute also provides funding for Fellowship Awards, ranging from

Senator George J. Mitchell Scholarship	
Schedule I (Form 990) Research Institute	01-0523390 Page 2
Part IV Supplemental Information	
\$150 to \$1,500. The Fellowship Awards offer support to qual	lified Mitchell
Scholars and alumni in their pursuit of internships, servio	ce learning, and
study abroad experiences that offer ongoing personal and p	rofessional
development. These funds empower Scholars to pursue enrich	ing opportunities
regardless of financial factors.	

Additionally, the Institute also provides funding for Contingency Funds; the Institute offers two conteingcy funds - the SOS Fund (Supporting our Scholars) and the SPARC Fund (Subsidy Providing Assistance with Recurring Costs) - to assist Scholars who encounter financial hurdles that may potentially derail college completion. Support is issued on a case-by-case basis through consultation with Mitchell Institute staff members.

332291 04-01-23

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	2
•		Compensated Employees		ΖU	ZJ	)
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer ider			mber
_		Research Institute	01-05	2339	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
	lf and of the st					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		•		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization?	<b>.</b>			
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation of the board	ommittoo			
			Johnnittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				Х
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	ז 53.4958-6(c)?	<u></u>	9		
For		ion Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990	) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Jared Cash	(i)	157,379.	5,000.	0.	8,320.	9,492.		0.
President/Secretary	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(i) (ii)							

Schedule J (Form 990) 2023

Page 2

01-0523390

Page 3

#### Part III Supplemental Information

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

Part I, Line 7:

From time-to-time and as deemed appropriate and reasonable by the

Organization and its managing officers and directors, the Organization may

reward incentive compensation, bonuses, or other non-fixed payments. These

payments are based on measurable goals and established performance metrics,

and are subject to the Organization's standard compensation review

procedures. Any bonuses paid are approved by the Board's Executive

Committee.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

23

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

01-0523390

∕

Name of the organization Senator George J. Mitchell Scholarship Research Institute		-
Research Institute	Name of the organizatio	Senator George J. Mitchell Scholarship
		Research Institute
Part I Types of Property	Part I Types of	f Property

		(a)	<b>(b)</b> Number of	(c) Noncash contribution	(d) Mathad af da	tormin	ina	
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		•	s
		applicable	items contributed	Form 990, Part VIII, line 1g	Heriodoli contribu	and and an	nound	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property						_	
9	Securities - Publicly traded	X	10	152,543.	Fair Market	Va	lue	
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 $\dots$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							

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

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule N	1 (Form 99	90) 2023	Senator Research				hell	Sch	olarshi	p	01-0523	390 Page
Part II	Suppl is report	emental ting in Part	Information I, column (b), th dditional informa	e numbe	e the inforn r of contrik	nation req outions, th	uired by l le numbe	Part I, li er of iter	nes 30b, 32b ns received, c	, and 33, or a comb	and whether th ination of both.	e organization
Schedu	ıle M	, Line	e 32b:									
The Ir	nstitu	ite pr	ocesses	and	sells	gift	s of	sec	urities	s thro	ough its	third
party	inve	stment	broker.	Don	ation	s of	secui	riti	es are	sold	as soon	as
admini	stra	rively	v possibl	le.								
											Oshtt	M (Farm 000) 0
332142 09-11	-23						43				Schedule	M (Form 990) 20
141007	7932	51 14	888	2	2023.0	4030		tor	George	J. M	itchell	14888

16

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 

 Supplemental Information to Form 990 or 990-EZ

 Complete to provide information for responses to specific questions on

 Form 990 or 990-EZ or to provide any additional information.

 Attach to Form 990 or Form 990-EZ.

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

 Senator George J. Mitchell Scholarship

 Research Institute



Form 990, Part III, Line 1, Description of Organization Mission:

Because of our organization's desire to understand and remove obstacles

to achieving a college degree, a related purpose is to engage in

research on these issues.

Form 990, Part III, Line 4a, Program Service Accomplishments: The 166 scholarships awarded in 2023 was 20 more than the previous year. In addition to the \$10,000 scholarship, the Institute provides support including personal and professional development programming, opportunities for additional funding for internships and study abroad, and access to a network that provides lasting relationships and career advice. Since our founding in 1995, the Mitchell Institute has awarded more than \$25 million in scholarship, fellowship, and contingency funds to more than 3,600 Scholars and Alumni who hail from every community in Maine. Our data shows that the more we engage with Mitchell Scholars, the more likely they are to graduate: 88% of Mitchell Scholars complete college and achieve a degree, compared with 58% of students nationally. 89% of Mitchell Scholar Alumni are working in career-related jobs-nearly two-thirds of them in Maine. While 44% of recent Mitchell Scholars were the first in their families to attend college and 80% came from households earning less than Maine's median family income, over 50% achieved earnings early in their careers that were higher than their entire family household income at the time they applied for the Mitchell Scholarship.

Form 990, Part VI, Section B, line 11b: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

14888 1

Name of the organization Senator George J. Mitchell Scholarship Research Institute	Employer identification number 01-0523390
Form 990 is reviewed by the staff accountant and Preside	ent/CEO in
conjunction with the audited financials. A copy of the	final draft
reviewed by the finance committee is distributed to the	board of directors

Form 990, Part VI, Section B, Line 12c:

All officers, directors and key employees of Mitchell Institute are

required to sign a disclosure statement annually.

Form 990, Part VI, Section B, Line 15:

A report on employee compensation in nonprofit organizations in northern

New England is obtained as available for comparability purposes. Other

market data is periodically obtained to assess the competitiveness of the

compensation program. The executive committee reviews the President/CEO

compensation. The President/CEO reviews the compensation of other

employees. All compensation recommendations are approved by the board of

directors as part of the annual operating budget process.

Form 990, Part VI, Section C, Line 18:

The Organization's Form 990 is also available on its own website at:

### http://mitchellinstitute.org/about-mitchell-institute/learn-more/

Form 990, Part VI, Section C, Line 19:

Mitchell Institute provides copies of its governing documents, conflict of

interest statement, and financial statements upon request.

	Form 9	990,	Part	XII,	Line	2c:						
	332212 11-14	-23								Schedule	O (Form 990)	2023
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Ο	141007	193	ZDI .	L4000		2023.040	30 Senator	George	υ.	MITCHEII	14888_	

Research In		om the	prior	year.	01-05233	
Ine audit process has not	changed fr	om the	prior	year.		
32212 11-14-23		46			Schedule O (F	orm 990)