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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning		, 200	9, and endin	g		,	
В	Check if a	applicable		C					D Employer	Identification N	umber
	Addi	ress change	Please use IRS label	RANGELEY LAKE	S HERITA	GE TRUST. IN	IC.		01-04	472641	
	\vdash	ne change	or print or type.	P.O. BOX 249				f	E Telephone		
	\vdash	-	See	OQUOSSOC, ME	04964				•		
	\vdash	al return	specific Instruc-					ŀ	207-8	864-7311	
	Tern	mination	tions.								
	Ame	ended return		<u> </u>					G Gross rece	eipts \$ 1	<u>,812,052.</u>
	Appl	lication pending	F Name a	and address of principal office	r			H(a) Is this a	group return f	or affiliates?	Yes X No
			Same A	As C Above					affiliates includ		Yes No
$\overline{\Gamma}$	Tax-e	exempt statu	ıs X 501	(c) (3) √ (inse	rt no)	4947(a)(1) or	527	II No, a	attach a list (s	ee instructions)	
J		site: ► rl				1 1 1 () () ()		H(c) Group e	exemption num	har ►	
ĸ		of organization	X Corpora			ner ► L	Year of Format			te of legal domi	. ME
	rt I	Summa		ation Trust Asso	ciation Oth	ier II	_ Year of Format	ion 1991	. IVI Sta	te of legal domic	ne ME
1 6										 	
	'	- i i e i	pe the ord	ganization's mission or	most signin	cant activities.	ine perm	anent 1	<u>orotect</u>	<u> 1 ou or -</u>	
Se Ce	<u>.</u> ا	siduii.	ant sc	enic and histo	ric nat	<u>urai resour</u>	<u>ces_ot_t</u>	<u>ne kan</u>	<u>deπeλ</u> ⊤Γ	.akes_re	gion_tor_
Пап	נ	the bene	int of	_the_public_ar	id_enjoy	ment_of_fut	ure_gene	ration	s		
Je I	l								- 		
9	2 0	heck this bo	ox ► 📙	if the organization disc	continued its	operations or dis	sposed of mo	re than 25	5% of its as	- 1	
প্	3 N			bers of the governing					<u> </u>	3	14
63	4 1			it voting members of the	ne governing	j body (Part VI, lii	ne 1b)		<u> </u>	4	14
ģ	. 5 1			yees (Part V, line 2a)					<u> </u>	5	23
Š	0 7- T			eers (estimate if nece					-	6	60
(S)	/a			ousiness revenue from			•		F	7a	0.
0 2 28tigties & Governance	DIV	vet unrelated	business	taxable income from	Form 990-1,	line 34			i_	7b	0.
									rior Year		rrent Year
ئ				its (Part VIII, line 1h)				1	<u>,134,72</u>		881,897.
3	9 P	Program serv	reven	ue (Part VIII, line 2g)					4,67	5.	1,965.
ۆر قر	10 Ir	nvestment in	ncome (Pa	art VIII, column (A), lin	es 3, 4, and	7d)			79,91	8.	-11,071.
100	11 C	Other revenue	e (Part VI	II, column (A), lines 5	, 6d, 8c, 9c,	10c, and 11e)			45,77	0.	52,926.
Ź.	12 T	otal revenue	e – add In	nes 8 through 11 (mus	t equal Part	VIII, column (A),	line 12)	1	,265,08	3.	925,717.
Expenses SCANNE Bave Supple	13 G	Grants and si	ımılar amo	ounts paid (Part IX, co	lumn (A), lır	nes 1-3)					
Ķ				members (Part IX, col							
מ	15 S	Salaries othe	er comper	nsation, emptoGeEber	Part D	column (Δ) line	es 5.10\	-	266,25	a	288,387.
eg.					fees (Part IX, column (A), line(1) e)						200,301.
ens				14	10	-		-			
꿃				nses (ParAIN Column				<u> </u>			
_	17 C	Other expens	es (Part I	X, column (A), lines 1	1a-11d, 🔀	24f).			373,07	1.	255,812.
	18 T	otal expense	es. Add Iır	nes 13-17 (must equal	ParteX, col	ımn (A), line 25)			639,33	0.	544,199.
	19 R	Revenue less	expenses	s. Subtract-line 18-tro	n-line=12-				625,75		381,518.
b 8			 	A Vanish country to				Banin			
S a	20 T	otal assets ((Part X III	ne 16)					ning of Yea		of Year
ABB	21 T	otal liabilitie	• ,	•					,692,85 999,72		,361,639.
Net Assets or Fund Balances	21 1		-	•		_					286,992.
				inces Subtract line 21	from line 20)		6	<u>,693,12</u>	<u>9. 7</u>	<u>,074,647.</u>
Pa	rt II		ure Bloc								·
		Under penaltie true, correct, a	s of perjury,	I declare that I have examined Declaration of preparer (other	this return, incl	uding accompanying so	hedules and state	ements, and i	to the best of m	ny knowledge ar	id belief, it is
			/ /						G (A		
Sig	ın	(1 p	my To	- La				8-13·	-10	
He	re	Signature	of officer	/)				Dat	е	•	
		Nancy	y Perls	son /				Execu	tive Di	rector	
		Type or pr	int name and	title /							
				1/1/1/1/			Date	Ch	eck if	Preparer's id	lentifying number
Pai	id			LAMVER-			1/24/	sel		(See Instructi	ulis)
Pre	-	Preparer's signature	► Ricl	hard M. Walker			1/5.77	""ا		P01021	785
	rer's			hard M. Walker	, C.P.A.		<u> </u>			1101021	, 0 3
Ųs		Firm's name (o yours if self-			, C.F.M.					0416566	-
On	ly	employed), address, and		Box 1170	0 1170			EIN		-0416596	
		ZIP + 4		geley, ME 0497				Ph	one no 🕨 (4-5771
May	the IR	S discuss th	ıs return v	with the preparer show	n above? (s	ee instructions)				X Y	es No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09

	990 (2009) RANGELEY LAKES HERITAGE TRUST, INC.	01-0472641	Page 2
Par	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
•	The permanent protection of significant scenic and historic natural	ral resources of t	he
	Rangeley Lakes region for the benefit of the public and enjoyment	of future	
	generations.		
		·	
2	Did the organization undertake any significant program services during the year which were not listed or		a
	Form 990 or 990-EZ?	☐ Yes [X	∐ No
	If 'Yes,' describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes 🕽	No
	If 'Yes,' describe these changes on Schedule O.		_
4	Describe the exempt purpose achievements for each of the organization's three largest program service	s by expenses Section 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported	nd allocations to others, the	total
	expenses, and revenue, if any, for each program service reported		
4.	(Code) (Evponsor & 5/// 100 including grants of \$	(Payanua \$	`
48	(Code) (Expenses \$ 544,199. Including grants of \$) Purchase of land in the Rangeley Lakes Region of Maine in order	(Revenue 5	
	rurchase of land in the Rangeley Lakes Region of Maine in order	ro breserve rot ri	<u>re</u>
	benefit of the public.		
		. 	
		· 	
Δŀ	(Code) (Expenses \$	(Revenue \$)
7.	/ Lapenses 4	(1.6161/46 4	
		. _	
40	c (Code) (Expenses \$ including grants of \$)	(Revenue \$)
		.	
			
	d Other program services (Describe in Schedule O)		
40		ė ·	
	(Expenses \$ including grants of \$) (Revenue)	
4	e Total program service expenses ► 544,199.		

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A. X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Χ 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, 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 9 X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V X 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or 11 Х X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 169 If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 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 167 If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D. Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*. 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line $9a^2$ If 'Yes,' complete Schedule G, Part III Х 19 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 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		<u> </u>
	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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 24d		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	240		
25 a	Section 501(c)(3) and 501(c)(4) 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 that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28 a	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X X	
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V , line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u>x</u>
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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
ВАА		Form	1 990	(2009)

TEEA0104L 02/12/10

Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S.Information Returns Enter -0- if not applicable1a			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 23	_		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	L
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	_		-
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	х
b If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		- ::- -
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	8		_
9 Sponsoring organizations maintaining donor advised funds.	0.0		-
a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person?	9a 9b	-	
10 Section 501(c)(7) organizations. Enter	- 90		 -
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a]
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			

BAA

Form **990** (2009)

Governing Body and Management

1 a Enter the number of voting members of the governing body

b Enter the number of voting members that are independent

Section A.

1 b

14

2 X

No

Yes

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

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? See Schedule 0

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision

of officers, directors or trustees, or key employees to a management company or other person?

4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6	Х	
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Х	
I	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8a	Х	
ı	b Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code)			
			Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10 a		X
ı	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	<u> </u>
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	<u>X</u>	ļ
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c		х
	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,	- 	
;	a The organization's CEO, Executive Director, or top management official	15 a		<u>X</u>
-	b Other officers of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		- x
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		ز
Sec	ction C. Disclosures			
17	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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply	vaılab	e for	public
	X Own website X Another's website X Upon request			
19	statements available to the public See Schedule 0			ancial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization NANCY PERLSON, EXEC. DIRECTOR P.O. BOX 249, OQUOSSOC, ME 04964 207-864-7311	anızat – – -	ion -	

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did n	ot compen	sate a	ny (curre	ent e	officer	, dır	ector, or trustee		
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours	•				hat app	•	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
Edward J.Kfoury										
President	4	X		Х				0.	0.	0.
Ben Bowditch	_									
Treasurer	4	X		Х				0.	0.	0.
Edward Brunswick	_]				Ì					
Director	1	X		<u> </u>				0.	0.	0.
Donna Joyce	_							ļ		
Director	1	X					<u> </u>	0.	0.	0.
Pat Butler	_									
Director	1	X			L		ļ	0.	0.	0.
Julian Stein, Jr.	_									
Director	1	X	╙	<u> </u>			<u> </u>	0.	0.	0.
Geoffrey Hand	_									
Director	1	X	ļ				<u> </u>	0.	0.	0.
Leeanna Wilbur					Ì					
Director	1 1	X	<u> </u>		L	ļ	ļ	0.	0.	0.
John Morton							1			
Director	11	X		<u> </u>			<u> </u>	0.	0.	0.
Nancy Morton									_	_
Director	1	X	ļ		_		_	0.	0.	0.
William Oppenheim, Jr.	4									_
Director	11	X	_	_	L		ļ	0.	0.	0.
Kevin_McDevitt	4 .									_
Director	1	X	<u> </u>	ļ	╙	ļ		0.	0.	0.
Charles King, III	.			l						_
Director	1	X	_	_	-	ļ	_	0.	0.	0.
Sarah Medina	┩.		ļ							_
Director	1	X	╄	├	<u> </u>	ļ	├	0.	0.	0.
Paul Reynolds	۱.	١				1				•
Director	11	X	ـ	├	_	Ļ	 	0.	0.	0.
Kate Williamson	4 _							_		_
Director	1	X		↓	₩	-	 	0.	0.	0.
Nancy Perlson	4				١			65.55		-
Secretary	40	<u> </u>		Х	_		<u> </u>	66,285.	0.	0.
BAA			TEEA	0107	L 1	1/10/0 9				Form 990 (2009)

(A)	(B)	tey				es,	alli	(D)			on.)
Name and Title	Average	(c) Position (check all that apply)					pply)	Reportable	(E) Reportable	(F) Estimat	ed
	hours per week		Institution	Officer	_	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099 MISC)	n amount of	other ation ne tion ated
		1									
									•		
	,										
											•
1 b Total							•	66,285.		0.	0
 2 Total number of individuals (including but not limite from the organization ► 0 3 Did the organization list any former officer, director 										ortable comper	s No
on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater transfer individual.	ndıvıdua	1/	_	-	_				, ,	3	X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc.	ompens hedule	atio <i>I for</i>	n fro suc	om a h pe	any erso	unre n	elate	d organization foi	services	5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensal	lad inda	200	4004				46.0	A	#100.000 -4		
compensation from the organization	led inde	peni	Jeni —		ntrac	lors	па		γ		
Name and business addres	s							Description of	f Services	(C) Compensat	ion
								-			
2 Total number of independent contractors (including	but not	lımı	ted	to th	nose	list	ed a	above) who receiv	ed more than		
\$100,000 in compensation from the organization	0								200		

<u> </u>		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			revenue	revenue	512, 513, or 514
TS S	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				i '
	e Government grants (contributions) 1 e				
Sis					
들	f All other contributions, gifts, grants, and similar amounts not included above 1f 881,897.				
E T	——————————————————————————————————————				
AND	g Noncash contribus included in les 1a-1f \$	001 007			
-	h Total. Add lines 1a-1f Business Code	881,897.	<u> </u>		
2		1 005	1 005		
Ē	2a Registrations - Ecoventur	1,965.	1,965.		
<u> </u>	b				
ž	c				
SE	d	_,		· · · · · · · · · · · · · · · · ·	
A.	e				
Ö	f All other program service revenue				
<u>-</u>	g Total. Add lines 2a-2f	1,965.			
	3 Investment income (including dividends, interest and	15 000	15 006		
	other similar amounts)	15,906.	15,906.		ļ
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties				
- 1	(i) Real (ii) Personal				
	6a Gross Rents				:
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 257, 358. 602, 000.				,
	b Less: cost or other basis	,			
	and sales expenses 260, 306. 626, 029.				ı
	c Gain or (loss) -2,94824,029.				į
	d Net gain or (loss)	-26,977.	-26,977.		
			20,37.1		
ä	8a Gross income from fundraising events (not including \$				
Ë	of contributions reported on line 1c).				1
OTHER REVEN	See Part IV, line 18				,
뜊	b Less direct expenses b				
6	c Net income or (loss) from fundraising events				
}	9a Gross income from gaming activities See Part IV, line 19				ľ
	b Less direct expenses				
	· · · · · · · · · · · · · · · · · · ·				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				ļ
	· · · · · · · · · · · · · · · · · · ·				
	b Less cost of goods sold b				
-	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
}			30 500		
	11a Sale of Pulp Wood	32,592.	32,592.		ļ
1	b Reimbursements	17,960.	17,960.		<u> </u>
	c Other Income	2,374.	2,374.		
	d All other revenue.				
	e Total. Add lines 11a-11d	52,926.			<u>'</u>
	12 Total revenue. See instructions	925,717.	<u>4</u> 3,820.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

			· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	· · · · · · · · ·	
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			F 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	66,285.	53,028.	13,257.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	158,664.	142,798.	15,866.	
•	Pension plan contributions (include section	100,001.	212,7301	20,000.	
8	401(k) and section 403(b) employer contributions)	16,832.	15,149.	1,683.	
9	Other employee benefits	28,225.	25,403.	2,822.	
10	Payroll taxes	18,381.	16,543.	1,838.	- · · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)		·		
a	Management				
	Legal	20,530.	18,477.	2,053.	
	Accounting	2,000.	1,800.	200.	
	d Lobbying	2,000.	1,000.	200.	
	Prof fundraising svcs See Part IV, In 17	0 005		0 005	
	Investment management fees	9,235.	10 450	9,235.	
	Other	21,621.	19,459.	2,162.	
12	Advertising and promotion	2,907.	2,616.	291.	
13	Office expenses	15,916.	14,324.	1,592.	
14	Information technology				
15	Royalties				
16	Occupancy	36,262.	32,636.	3,626.	
17	Travel	3,366.	3,029.	337.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings	5,128.	4,615.	513.	
20	Interest	46,094.	41,485.	4,609.	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	5,380.	4,842.	538.	·····
	Insurance	12,327.	11,094.	1,233.	
-	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	22,72	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,200	
á	Land Stewardship	54,930.	54,930.		
	Vehicle Expenses	7,391.	6,652.	739.	
	Meeting & Event Expense	6,780.	6,102.	678.	
	Postage and Shipping	3,414.	3,073.	341.	
	Dues	1,825.	1,710.	115.	
	All other expenses	706.	706.	113.	
	Total functional expenses Add lines 1 through 24f	544,199.	480,471.	63,728.	0.
		J44, 133.	400,411.	03,120.	<u>U,</u>
	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

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art X	Balance Sheet	(A)		(B)
		(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing		1	
2	Savings and temporary cash investments	149,000.	2	448,567
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	17,305.	4	17,311
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7 8	Notes and loans receivable, net	26,233.	7	11,832
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	5,577.	9	
10	a Land, buildings, and equipment cost or other basis. 10a 81, 977.			
	Complete Part VI of Schedule D			
	b Less accumulated depreciation 10b 42,765.	40,238.	10 c	39,212
11	Investments — publicly-traded securities	914,127.	11	912,575
12	Investments – other securities See Part IV, line 11		12	
13	Investments program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	6,540,378.	15	5,932,142
16	Total assets Add lines 1 through 15 (must equal line 34)	7,692,858.	16	7,361,639
17	Accounts payable and accrued expenses	1,680.	17	8,086
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22				
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	948,243.	23	250,000
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	49,806.	25	28,906
26	Total liabilities. Add lines 17 through 25	999,729.	26	286,992
	Organizations that follow SFAS 117, check here ► X and complete lines			7
	27 through 29 and lines 33 and 34.			_
27	Unrestricted net assets	6,693,129.	27	7,074,647
28	Temporarily restricted net assets		28	
123	Permanently restricted net assets		29	
:	Organizations that do not follow SFAS 117, check here and complete			
:	lines 30 through 34.		l l.	
30			30	
31			31	
. 22			32	-
33 34	Total net assets or fund balances	6,693,129.	33	7,074,647
34	Total liabilities and net assets/fund balances	7,692,858.	34	7,361,639

7, 361, 639. Form **990** (2009)

orm 990	(2009) RANGELEY LAKES HERITAGE TRUST, INC.	01-0472641	Pa	age 12
Part XI	Financial Statements and Reporting			
			Yes	No
1 Acc	ounting method used to prepare the Form 990: \square Cash $\stackrel{oxtime}{oxtime}$ Accrual \square Other	, •-		
	e organization changed its method of accounting from a prior year or checked 'Other,' explain chedule O			
2a Wer	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Wer	e the organization's financial statements audited by an independent accountant?	2b	Х	<u> </u>
c If 'Y revi	es' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversew, or compilation of its financial statements and selection of an independent accountant?	ight of the audit, 2c	Х	
	e organization changed either its oversight process or selection process during the tax year, expla chedule O.	ıın		
	es' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w solidated basis, separate basis, or both.	ere issued on a		
X	Separate basis Consolidated basis Both consolidated and separate basis		•	_
	a result of a federal award, was the organization required to undergo an audit or audits as set forti it Act and OMB Circular A-133?	n in the Single		х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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. ► See separate instructions.

Employer identification number

		<u>ERITAGE TRUST, I</u>	 						72641			
Part	I Reason for P	ublic Charity Statu	is (All organizations	must c	omple	te this	part.)	See ir	nstructi	ions		
The o	rganization is not a p	rivate foundation becau	use it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	A church, conver	ntion of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	\vdash		e organization described		on 170(t)(1)(A)(i	iii).					
4	A medical resear	ch organization operate	ed in conjunction with a h					0(b)(1)(A)(iii). Er	iter the hos	spital's	6
_	name, city, and s											
5	170(bX1)(XA)(iv). (Complete Part II.)											
6 7											rıbed	
		(1)(A)(vi). (Complete P	=	.to Dt !	1 \							
8			170(b)(1)(A)(vi). (Comple			المراجعة		orabia fa	است مم	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to	
9	from activities rela investment incom June 30, 1975 S	ated to its exempt function the and unrelated busine ee section 509(a)(2). (C	•	eptions, a section	and (2) n 511 tax)	o more t from bi	than 33- usinessi	1/3 % of es acqui	its suppo	ort from gros	SS	after
10	An organization of	organized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).				
11	more publicly sur	pported organizations	l exclusively for the bene described in section 509(zation and complete line	(a)(1) or s 11e thi	section ough 11	509(a)(2 Ih	2) See	of, or car section	rry out th 509(a)(3	ne purpose). Check to	s of o	ne or k that
	a Type I b Type II c Type III – Functionally integrated d Type III – Other											
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f		n received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (organizatio	n,	
g	Since August 17,	, 2006, has the organiza	ation accepted any gift o	or contrib	ution fro	om any	of the fo	ollowing	persons	,7		,
											Yes	No
	(i) a person w below, the	ho directly or indirectly governing body of the s	controls, either alone or supported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
	(ii) a family me	ember of a person des	cribed in (i) above?							11 g (ii)		
	(iii) a 35% cont	trolled entity of a persoi	n described in (i) or (ii) a	bove?						11 g (iii)		
<u>h</u>	Provide the follow	wing information about	the supported organizati	ons.								
	(i) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	Is the tion in cold in your trning ment?	the organ	ou notify ization in (i) of upport?	organizati	zed in the l	(vii) Amour	nt of Sup	port
				Yes	No	Yes	No	Yes	No			
				<u> </u>								
								 		<u> </u>	_	
				-								
	···			ļ								
Total					<u> </u>							

Schedule A (Form 990 or 990-EZ) 2009 RANGELEY LAKES HERITAGE TRUST, INC. Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (f) Total (b) 2006 (c) 2007 (d) 2008 (e) 2009 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. Add lines 7 through 10 بر ۱۰ پر Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

(f) Total

4,548,533.

(e) 2009

(a) 2005

Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support Calendar year (or fiscal yr beginning in)

(Complete only if you checked the box on line 9 of Part I)

Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 696,339. 1,330,800. 1,386,674. 1,134,720 0 4,548 533. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0 0. 0 0 persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0. 0. 0. 0. 0 0 0 c Add lines 7a and 7b 8 Public support (Subtract line 4,548,533. 7c from line 6) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in) (e) 2009 (f) Total 4,548,533. 330,800. 1,386,674. 1,134,720 0 9 Amounts from line 6 696,339. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources 41,933 28,504 28,253 32,452 131,142. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 28,253 32,452 41,933 28,504 0. 131.142 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV 403,069 70,655. 414,948. 97,184 985,856. 14 1 MA 1 5,665,531. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ► X organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions TEEA0403L 02/15/10 BAA Schedule A (Form 990 or 990-EZ) 2009

(c) 2007

1,386,674.

(b) 2006

1,330,800.

(d) 2008

1,134,720

Supplemental Information. Complete this part to provide the explanations required by Part III, line 10: Part III, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	Schedule A	(Form 990 or 9	90-EZ) 2009	RANGELEY	LAKES	HERITAGE	TRUST, INC.	01-0472641	Page 4
	Part IV.	Supplement Part II, line	t <mark>al Informat</mark> 17a or 17b;	i on. Comple and Part III,	te this p	art to provid . Provide an	e the explanati	ons required by Part II, line nal information. See instruct	10; lions.
	•					-			
									
					 -				
									
			· – – – – ·						
			· 						
									

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047 **2009**

Open to Public Inspection
Employer Identification number

RANGELEY LAKES HERTTAGE TRUST INC

I/VI	NGELEI LAKES HEKITAGE IKUSI,IN	C.	la	1-0472641
Pai	t Organizations Maintaining Donor	Advised Funds or Other Similar F		
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.		and complete in
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2				
3	Aggregate grants from (during year)			***************************************
4	Aggregate value at end of year			
-	Did the organization inform all donors and dor	nor advisors in writing that the assets held in	n donor advised	
	funds are the organization's property, subject			∐ Yes ☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beneather.	the benefit of the donor or donor advisor or	funds may be for any other	Yes No
Pai	t II Conservation Easements Comple	ete if the organization answered 'Ye	s' to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)		-
	X Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation	on of an historicall	y important land area
	X Protection of natural habitat	Preservation	on of certified histo	oric structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution	n in the form of a	conservation easement on the
				Held at the End of the Year
ä	Total number of conservation easements		2a 8	
1	Total acreage restricted by conservation ease	ments	2b 6, 1	99
	Number of conservation easements on a certi	fied historic structure included in (a)	2 c	
	Number of conservation easements included i	n (c) acquired after 8/17/06	2 d	
3	Number of conservation easements modified,	transferred, released, extinguished, or term	inated by the orga	anization during the tax
	year ►	-		
4	Number of states where property subject to co	onservation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection,	handling of violat	ions, X Yes No
	Staff and volunteer hours devoted to monitoring the year			<u></u>
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conservation easer	ments \$	
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements o	f section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			☐ Yes X No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and exto the organization's financial statements the	opense statement, a pat describes the o	and balance sheet, and rganization's accounting for
Pai	rt III Organizations Maintaining Colle	ctions of Art. Historical Treasures.	or Other Simi	lar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, II	ne 8.	
1:	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in furth	tement and baland nerance of public s	ce sheet works of art, historica service, provide, in Part XIV,
١	o If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII,	line 1		▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar asse 116 relating to these items	ets for financial ga	in, provide the following
;	a Revenues included in Form 990, Part VIII, line	e 1		▶ \$
	Assets included in Form 990, Part X			> \$

Schedule D (Form 990) 2009 RANGE						01-04			Page 2
Part III Organizations Maintai	ning Collec	ctions	of Art, Histo	<u>orical</u>	Treasures, or	Other Similar Ass	sets (c	<u>ontınu</u>	ıed)
Using the organization's acquisition items (check all that apply)	on accession a	and oth	er records, che	ck any	of the following t	hat are a significant u	se of its	collecti	on
a Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e U Other						
c Preservation for future genera									
4 Provide a description of the organization5 During the year, did the organization							se in		
5 During the year, did the organizations assets to be sold to raise funds re	ather than to t	eceive se mair	ntained as part	of the	oricai treasures, o organization's col	r otner similar lection?	Yes		No
Part IV Escrow and Custodial 9, or reported an amou	Arrangem	ents (Complete if o	organi	zation answer	ed 'Yes' to Form 9	90, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or oth	ner intermediary	for co	ontributions or oth	er assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV ar	nd com	plete the follow	ıng tab	ole				
_							Amoun	<u>t</u>	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance		000	David V. Juna 213	,		1f			٦
2a Did the organization include an ai b If 'Yes,' explain the arrangement		11 990,	Part A, line 217	,			Yes	L	No
Part V Endowment Funds Cor		nanıza	ation answer	ed 'Y	es' to Form 99	0 Part IV line 10			
Tare V Lindowniene i unus con	(a) Current y		(b) Prior year		(c) Two years back	<u> </u>		Four year	s hack
1a Beginning of year balance	(a) carraige)	- Cui	(b) i noi yea	"	(c) 1 wo yours buch	(u) Three years back	1 10	rour your	3 Duck
b Contributions							 		
c Net Investment earnings, gains, and losses					, -,,-,-				-
d Grants or scholarships									
e Other expenditures for facilities and programs								111 -	
f Administrative expenses	· · · · · · · · · · · · · · · · · · ·				·				1
g End of year balance.							1		
2 Provide the estimated percentage	-	end bala	ance held as						
Board designated or quasi-endow	/ment ►		%						
b Permanent endowment ▶									
c Term endowment ►	8								
3a Are there endowment funds not in	n the possess	ion of t	he organization	that a	re held and admi	nistered for the			
organization by (i) unrelated organizations							200	Yes	No
(ii) related organizations							3a(i) 3a(ii)		
b If 'Yes' to 3a(ii), are the related o	roanizations l	isted as	required on So	chedul	e R?		3b		
4 Describe in Part XIV the intended							30		
Part VI Investments-Land, B						line 10.			
Description of investment		(a) Cost	or other basis vestment)	(b)	Cost or other asis (other)	(c) Accumulated Depreciation	(d)	Book Va	alue
1a Land								-	
b Buildings									
c Leasehold improvements					9,045.	1,817.			,228.
d Equipment	_				7,000.	2,567.			<u>,433.</u>
e Other				<u></u>	65,932.	38,381.			<u>,551.</u>
Total. Add lines 1a through 1e (Column	n (d) must equ	ual Forr	n 990, Part X, c	column	(B), line 10(c))		<u> </u>		,212.
BAA						Sche	dule D (f	orm 99	90) 2009

TEEA3302L 02/02/10

Part VII	Investments-Other Securities See	Form 990, Part X, line	e 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	on et value
Financial d			, , , , , , , , , , , , , , , , , , , ,	
	ld equity interests	-		· · · · · · · · · · · · · · · · · · ·
Other				
		-		
		-		
			 	
		-		
			•	
			· · · · · · · · · · · · · · · · · · ·	
Total (Colur	mn (b) must equal Form 990 Part X, col (B) line 12)			
	Investments—Program Related (Se	e Form 990 Part X Jun	ne 13) N/A	<u> </u>
T GIC VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(a) Description of investment type	(b) Book Value	Cost or end-of-year marke	et value
		•		
-	· · · · · · · · · · · · · · · · · · ·			
	 			
				
		· ·		
Total (Colum	on (h) must sound Form 000. Part V. Col. (P) line 12.)	-		
	on (b) must equal Form 990, Part X, Col (B) line 13) Other Assets (See Form 990, Part X)			
FaitiA			· · · · ·	(h) Pools value
Tand -		Description		(b) Book value
Land -	Rangeley, ME		· · · · · · · · · · · · · · · · · · ·	5,932,142.
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
				
		 		
			<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
				
	lumn (b) must equal Form 990, Part X, col (B,			5,932,142.
Part X	Other Liabilities (See Form 990, Pa			
	(a) Description of Liability	(b) Amount	_	
	come Taxes			
Deposit		28,906	5.	ı
	-		_	
			_	;
•				
				}
				i
				İ
			7	1
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	28,906	5.1	,
2 EIN 40 E	the state of the s			

Schedule D (Form 990) 2009 RANGELEY LAKES HERITAGE TRUST, INC.

01-0472641

Page 3

		01-0472641	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		925,717.
2	Total expenses (Form 990, Part IX, column (A), line 25)		544,199.
3	Excess or (deficit) for the year Subtract line 2 from line 1		381,518.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		<u>-</u>
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		381,518.
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Total revenue, gains, and other support per audited financial statements		1,046,048.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments 2a 120, 33	1	
	Donated services and use of facilities 2b	* 	
	Recoveries of prior year grants 2c	 	
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	 - 	120 331
	Subtract line 2e from line 1	2e 3	120,331.
3	1 I	3	925,717.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	925,717.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
_	Total expenses and losses per audited financial statements		544,199.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities	→	
	Prior year adjustments 2b		
	Other losses 2c		
	d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	544,199.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
ŀ	Other (Describe in Part XIV)		
(Add lines 4a and 4b .	4c	
5_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	544,199.
Pai	t XIV Supplemental Information		
line -	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this mation	t IV, lines 1b ans part to provide	d 2b, Part V, any additional
BAA	TEEA3304L 02/02/10	Schedule D	(Form 990) 2009

Schedule D (Form 990) 2009 RANGELEY LAKES HERITAGE TRUST, INC. Particular Supplemental Information (continued)	01-0472641	Page 5
Part Supplemental Information (continued)		
•		
		. – – – –

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

or 990-EZ.

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

RANGEL	EY LAKES HERITAGE TRUS	T, INC.						04					
Part I	Excess Benefit Transactio Complete if the organization answ		ion 501 on Form	l (c)(3) a n 990, Part	nd section IV, line 25a	501(c)(or 25b, or	4) organiza Form 990-EZ,	ations Part V	only , line	/). 40b.			
1	(a) Name of disqualified person	·		•			on of transaction					(c) Cor	rected?
	~	,										105	
. ,								·					
- · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		-									
2 Ente	er the amount of tax imposed on the ion 4958.	e organiza	tion man	nagers or c	disqualified p	ersons du	ring the year	under	► \$				
3 Ente	the amount of tax, if any, on line Loans to and/or From Inte				organization)			▶ \$				
rari II	Complete if the organization answ				IV, line 26 o	r Form 990)-EZ, Part V, I	ine 38a	ì.				
(a)	Name of interested person and purpose		to or from anization?	(c) (princip	Original pal amount	(d) B	alance due	(e) In c	lefault?	(f) App by bo	ard or	(g) W agree	ritten ment?
		То	From					Yes	No	Yes	No	Yes	No
•													
•		- [
	····					<u> </u>	·	ļ			<u> </u>		
Total Part III	Grants or Assistance Bene	efitting I	nterest	ted Pers	► \$ ons.			L					
	Complete if the organization	n answe	ered 'Ye	es' on Fo	orm 990, F	Part IV, I	ine 27.						
	(a) Name of interested person		b) Relations	ship between the organi	interested persor zation	and	(c) Amoun	t and ty	pe of as	sistanc	e	
•			• •										
,				,					-		•		
											•		
Part IV	Business Transactions Inv	(olving l	ntorosi	tod Parc	one							-	
raitiv	Complete if the organization	n answe	ered'Ye	s' on Fo	rm 990, P	art IV, Iı	ne 28a, 28l	b, or	28c.				
	(a) Name of interested person	(b) R intere	elationship sted person organizatio	and the	(c) Amou transact	int of on \$	(d) Des	cription	of transa	action		(e) Sha organia rever	aring of zation's nues?
Edward .	J.Kfoury	Busin	ess.			24,000.	Rental of	offi	ce sp	ace.		Yes	No X
													<u>.</u>
•													
PAA For	Privacy Act and Paperwork Reduct	ion Act N	otica sa	a tha Insti	ructions for	Form 990	Sch	edulo	L (Ear	m 99r) or 9	0-F <i>Z</i>	2000

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public this pection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

RANGELEY LA	AKES HERITAGE TRUST, INC.	101-0472641
F <u>orm</u> 990.	<u>, Part VI, Line 2 - Business or Family Relationship of Officers</u>	<u>, Directors, Etc.</u>
The Pres	sident and a director are father and daughter.	
Form 990,	, Part VI, Line 11 - Form 990 Review Process	
The outs	side accountant/tax preparer participated in mee	tings with the Executive
Director	r and Administratibe Assistant of the organizati	on in order to ensure
accurate	e data was provided and to clarify any adjustmen	ts that needed to be made.The
return_w	was reviewd with the members of the executive co	mmittee of the board.The
recommer	ndation to accept the Form 990 was then voted on	at a board meeting.
Form 990	, Part VI, Line 19 - Other Organization Documents Publicly A	vailable
The orga	anization provides access to governing documents	by request and via a third
party_we	ebsite.	
 		

TEEA4901L 07/17/09

Schedule O (F	orm 990) 2	2009					Page 2
Name of the organ	iization					Employer identification	on number
RANGELEY	LAKES	HERITAGE	TRUST, INC.	<u> </u>		01-0472641	
		•					
	. _				 		
				-	 		
	. – – – –				 		
					 		
					 		
					 		
			 _		 		
			 _		 		
					 - · ·		

2009 Sched	ule A, Part IV	- Suppleme	ental Inform	nation	Page !
Client 705	RANGELEY LAK	ES HERITAGE	TRUST,INC.		01-047264
7/26/10					01 36P
Part III, Line 12 - Other Incom	e				
Nature and Source	2009	2008	2007	2006	2005
Gain on Sale of Land Gain (Loss) on Sale of	Securities	25,393.	363,585.	313,313.	40,677.
Other Income Total		26,021. 45,770. 97,184.	10,930. 28,554. 403,069. \$	47,984. 53,651. 414,948.	-859. 30,837. 70,655.
•					