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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

Open to Public Inspection

Depa	artment of t	the Treasury	roportina roai	uromonto	Inspection
		► The organization may have to use a copy of this return to satisfy state 2010 calendar year, or tax year beginning , 2010, and end		inements.	, 20
	Check if a	CONTRACTOR OF THE CONTRACTOR O		D Employ	er identification number
$\overline{}$	Address			1	01 6011528
	Name cha		suite	E Telepho	
$\overline{\Box}$	Initial retu			207 671 2654	
$\bar{\sqcap}$	Terminate	01 170		207 07 1200 1	
$\overline{\Box}$	Amended	~ 1	G Gross re	ceipts \$ 265,856 11	
		n pending F Name and address of principal officer: James G O'Rourke, Trustee	H(a) ist	ns a group return i	for affiliates? Ves Vo
		117 Sheridan Street, Unit 4, Portland, ME 04101	l l	all affiliates in	
ī	Tax-exem				list. (see instructions)
J	Website		H(c) Gro	oup exemption	number >
K	Form of or	ganization. ☐ Corporation ✔ Trust ☐ Association ☐ Other ► L Year of for	mation: 199	9 M State	of legal domicile. ME
P	art I	Summary	 		
	1 !	Briefly describe the organization's mission or most significant activities: The	sole purpose o	of the trust is	to provide
•	1	support to the beneficiary, Maine School Admin District #28, Camden Hills High School,			
Ë	و ا	charitable organization			
Activities & Governance	l .				
8	1	Check this box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25	% of its net ass	ets.	
<u>م</u>					1
es		Number of independent voting members of the governing body (Part VI, line 1	b)		1
Σį	L	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		. 5	0
Act		Total number of volunteers (estimate if necessary)		. 6	0
	1	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	· · · · · ·	. 7b	0
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior	Year	Current Year
P		Contributions and grants (Part VIII, line 1h)			
Revenue		Program service revenue (Part VIII, line 2g)	-		
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			
		Other revenue (Part-VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		283,808 53	265,856 11
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	 	283,808 53	265,856 11
	14	Poposite poid to of the maintage (Part IX, column (A), line 4)		248,400 00	257,400.00
	15	Benefits paid to or for members (Part IX, column (A), line 4)		20,241 83	05 F67 20
Expenses	16a	Professional fundraising fees (Part IX, columnay), line 11e)	 	20,241 03	25,567 32 0
pen	b :	Total fundraising expenses (Partity column (D), line 25) ▶	 	4	
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0	0
		Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		268,641 83	282,967 32
		Revenue less expenses. Subtract line 18 from line 12		15,166 70	(17,111.21)
- 8			Beginning of		End of Year
age	20	Total assets (Part X, line 16)	8	,847,224 08	9,501,368.89
t Ass	21	Total liabilities (Part X, line 26)		a	0
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	8	,847,224 08	9,501,368.89
	art II	Signature Block	•		
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta			y knowledge and belief, it is
tru	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of which preparer	rer has any kno	wledge.	
		L'AMIL (XOEV)		425	//
Sign		Signature of officer		Date	
He	re	JAMES G. O'ROURKE TRUSTES			
		l yppe or print name and true			
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [_ if PTIN
	eparer			self-emp	loyed
	e Only		F	irm's EIN ▶	
		Firm's address ▶		hone no.	
		S discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>	· · Yes No
For	Paperw-	ork Reduction Act Notice, see the separate instructions. Car	. No. 11282Y		Form 990 (2010)

Part l	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The sole purpose of the trust is to provide support to the beneficiary, Maine School Admin District #28, Camden Hills High School,
	which is an institution recognized as a fully charitable organization
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services 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 and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	others, the total expenses, and revenue, if any, for each program service reported.
4-	(Code: 50.4) a \(\(\begin{align*} \Gamma \cdot \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
4a	(Code: 501 (c) 3) (Expenses \$ 25,567 32 including grants of \$ 257,400.00) (Revenue \$ 265,856 11)

4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)

*	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program continue (Decembe in Cabadula CA)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 25,567.32
	~ ^^^

	0 (2010)			Page (
Part	V Checklist of Required Schedules			 -
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	-	~
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		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	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 Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		~
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, XII, and XIII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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, Parts I and IV	14b		,
15	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, 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 assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 822 if "Yes " complete Schedule G. Part III	40		,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19

20a

20b

om 99	0 (2010)		F	age 4
Part l	V Checklist of Required Schedules (continued)			
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	Yes	No ✓
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 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		٧
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 25	24a		>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
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		v
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		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<i>y</i>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u>-</u>	,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
31	conservation contributions? If "Yes," complete Schedule M	30		<i>V</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	-	v
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		,
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		,
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		~
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		•
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,			

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

37

Form 99	0 (2010)		ı	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		. 🗹
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	4		ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
٥.	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		-
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	JD		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible?	6a	<u> </u>	~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.		
7	gifts were not tax deductible?	6b	├	
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		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		† –
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		—	1
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	<u> </u>
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ļ	ļ	
	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	1	
9	Sponsoring organizations maintaining donor advised funds.	-	\vdash	1
а	Did the organization make any taxable distributions under section 4966?	9a	Ì	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_		
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders	4		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	. مر		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	╂	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
•	Note. See the instructions for additional information the organization must report on Schedule O.	1.00	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b

13c

14a

14b

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	73 III	JUNE	uuic
	Check if Schedule O contains a response to any question in this Part VI			V
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		
3	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 governing documents since the prior Form 990 was filed?	3		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		~
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		•
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
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 reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		•
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		_
b	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ļ
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the	100		\vdash
	form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	ļ	~
14	Does the organization have a written document retention and destruction policy?	14	~	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a 15b	~	~
b	Other officers or key employees of the organization	130		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ŀ
	with a taxable entity during the year?	16a		"
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	1		ļ
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Maine			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	ys oni	y) ava	allable
	for public inspection. Indicate how you make these available. Check all that apply.			
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	of into	rest r	nolicy
13	and financial statements available to the public.		. 001 }	Joney,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	organization: ► James G. O'Rourke, Trustee, 117 Sheridan Street, Unit 4, Portland, ME. 207-671-2654			

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rage	•

Form 990 (2010)		

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

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 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 neither the organization nor any related organization compensated any current officer, director, or trustee. 										
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average						Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1)James G. O'Rourke, Trustee	38	,						25,567.32		
(2)										
(3)								 		
(4)										
(5)	-									
(6)										
<u>(7)</u>				ļ —						
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Part	Section A. Officers, Directors, Trus (A)	(B)		,,,,,) C)			(D)	(E)		(F	7	
Compensation Comp		hours per compensation from					-								
19 19 19 19 19 19 19 19		•	week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	related organizations (W-2/1099-MIS	s	oth compe from organi and re	ner nsation the ization elated	
(29) (21) (22) (23) (24) (25) (26) (27) (28) (28) (29)	(17)														
(20) (21) (22) (23) (24) (25) (26) (27) (26) (27) (26) (27) (26) (27) (26) (27) (26) (27) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (28) (29)	(18)														
(22) (23) (25) (26) (27) (28) (28)	(19)												·		
(22) (23) (24) (25) (26) (27) (28) 1 b Sub-total .	(20)									 				-	
(24). (25). (26). (27). (28). 1b Sub-total	(21)								-			_			
(25) (25) (26) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (28) (27) (28) (28) (27) (28)	(22)														
(25) (26) (27) (28) (28) (28) (29)	(23)														
(26) (27) (28) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (28) (27) (28)	(24)		-												
(27) (28)	(25)				-			}						-	
1b Sub-total .	(26)		-												
1b Sub-total	(27)														
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who	(28)												_		
Total (add lines 1b and 1c)					•	•	•			25,567.3					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_				•	•	•			25,567.3	2	+			
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	Total number of individuals (including bu	t not limite						e) w			0,000 ii	n		
employee on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3												3		,
individual	4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	eporta	ble 150	cor	npe 0? <i>i</i>	nsatio	on a	and other com complete Sc	pensation fro hedule J for	m the such			
for services rendered to the organization? If "Yes," complete Schedule J for such person	5	individual							•				4		~
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of services Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who		for services rendered to the organization? If "Yes," complete Schedule J for such person							5		v				
compensation from the organization. (A) Name and business address None Total number of independent contractors (including but not limited to those listed above) who		on B. Independent Contractors	00000000	tod in	don		tont	cont	ract	tore that receiv	ed more than	\$100	nnn of		
Name and business address Description of services Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who	1		Compensa		uep)enc	76111	COM	aci			- Ψ100,			
Total number of independent contractors (including but not limited to those listed above) who			dress								services	C		ation	
	None								╀						
									-				<u></u>		
rocoward mare than \$100,000 in companeation from the organization > -	2									hose listed at	oove) who				

Part	VIII	Statement of Revenue				
		•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a			-	
E Z	b	Membership dues 1b				
S, E	C	Fundraising events 1c				
ar a	d	Related organizations 1d				
IS,	е	Government grants (contributions) 1e			1	i
tior r si	f	All other contributions, gifts, grants,				
햙		and similar amounts not included above 1f				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f. \$				
	h	Total. Add lines 1a–1f				
Program Service Revenue		Business Code			,	
e e	2a					
ě	b					
ا ق	С					
Se	ď					
E	е					
Ē	f	All other program service revenue .				<u></u>
	<u> 9</u>	Total. Add lines 2a–2f ▶				· - -
	3	Investment income (including dividends, interest, and other similar amounts)				
		Income from investment of tax-exempt bond proceeds	265,856 11			
	4 5	· · · · · · · · · · · · · · · · · · ·				
	3	Royalties				
	6a	Gross Rents				
	b	Less: rental expenses				
	C	Rental income or (loss)		1		
	d					
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses .				
	С	Gain or (loss)	1			
	d	Net gain or (loss)				
9						
	8a	Gross income from fundraising]		
) Ve		events (not including \$				
Other Revenu		of contributions reported on line 1c).				
þei		See Part IV, line 18 a				
ŏ		Less: direct expenses b		1		
		Net income or (loss) from fundraising events . Gross income from gaming activities.				
) Ja	See Part IV, line 19 a		1		
	ь	Less: direct expenses b				
	c	Net income or (loss) from gaming activities	İ		!	
	-	Gross sales of inventory, less		† 		
		returns and allowances a				İ
	b	Less: cost of goods sold b	1			
		Net income or (loss) from sales of inventory ▶		<u> </u>		
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a–11d	<u> </u>			
	12	Total revenue. See instructions ▶	265,856 11	<u></u>	<u> </u>	<u> </u>

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	057.400.00	057.400.00		
2	Grants and other assistance to individuals in	257,400 00	257,400 00		
	the U.S. See Part IV, line 22	q	d		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	d	d		
4	Benefits paid to or for members	0	q		
5	Compensation of current officers, directors, trustees, and key employees	25,567.32	25,567.32		
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees): Management				
b	Legal				
C	Accounting				
d e	Lobbying				
f	Investment management fees			-	
9	Other				
12	Advertising and promotion				
13 14	Office expenses				
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings .				
20 21	Interest				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	(A) amount, list line 241 expenses on deficulte 0.)				
b					
C					
d e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	282,967.32	282,967 32		
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				200

أخا	art X	Balance Sneet			
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	o	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
S		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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		Ī	
		other basis. Complete Part VI of Schedule D 10a	Î	Ì	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	8,847,224 08	11	9,501,368.89
	12	Investments – other securities. See Part IV, line 11		12	<u> </u>
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	,
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္သ	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ğ		employees, highest compensated employees, and disqualified persons.			
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
ĕ		lines 27 through 29, and lines 33 and 34.		ľ	
Net Assets or Fund Balances	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and			
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	8,847,224 08	30	9,501,368.89
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
te le	33	Total net assets or fund balances	8,847,224.08	33	9,501,368 89
~	34	Total liabilities and net assets/fund balances	8,847,224.08		9,501,368 89
		· · · · · · · · · · · · · · · · · · ·			Form 990 (2010)

_	-	
Page	- 1	4

Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		•	
1	Total revenue (must equal Part VIII, column (A), line 12)		265,8	356 11
2	Total expenses (must equal Part IX, column (A), line 25)		282,9	67 32
3	Revenue less expenses. Subtract line 2 from line 1		(17,1	11 21)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	8		24 08
5	Other changes in net assets or fund balances (explain in Schedule O)		'''	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	9	,501,3	68 89
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		~
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		~
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	3b		
			n 99 0	(2010)
				,_0.0,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ▶ See separate instructions.

20**10**

Open to Public Inspection

Name of the organization **Employer identification number** Walter F Bisbee Trust 01 6011528 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I c Type III-Functionally integrated d Type III-Other **b** Type II e 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) h Provide the following information about the supported organization(s). (vii) Amount of (i) Name of supported (iv) is the organization (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col. support col. (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) Nο Yes No Yes Yes Maine School Admin School (A) District 28, Camden 257,400 00 01-0269114 Hills High School (B) (C) (D) (E) Total 257,400 00

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection **Employer Identification number**

Schedule I (Form 990) (2010) **%** □ (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II or assistance ✓ Yes 01 6011528 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Education Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance lone (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Z N N (e) Amount of non-cash assistance (d) Amount of cash 257,400 00 grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? can be duplicated if additional space is needed. General Information on Grants and Assistance 01-0269114 Enter total number of other organizations (p) EIN (8) (1)Maine School Admin Dist 28 1 (a) Name and address of organization or government Camden Hills High School Walter F Bisbee Trust Part I Part II (12) 9 3 ල € 9 9 9

Cat No. 50055P

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ.

Walter F Bisbee Trust	01 6011528
Responses to Questions 11 and 19 Part VI	
11 Charitable Trust with sole Trustee, 990 prepared and reviewed by Trustee	
19 Governing documents available from Knox County Probate Court, Rockland, ME. Also, available upon re	quest
990 and Financial Statements filed with the Attorney General, State of Maine and available upon request	
	······
•	