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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

benefit trust or private foundation)

OMB No. 1545-0047 20**1**1

Open to Public Inspection

For the 2011 calendar year, or tax year beginning 2011, and ending 20 D Employer identification number R Check if applicable: C Name of organization Walter Bisbee Trust Address change Doing Business As Charitable Trust 01 6011528 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 17 Sheridan Street 207-671-2654 Initial return City or town, state or country, and ZIP + 4 Terminated Amended return Portland, ME 04101 G Gross receipts \$ 270.059 92 F Name and address of principal officer. James G O'Rourke, Trustee Application pending H(a) is this a group return for affiliates? Yes 117 Sheridan Street, Unit 4, Portland, ME 04101 H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) 501(c)(3)) ◀ (insert no) 🔲 4947(a)(1) or Tax-exempt status: ☐ 501(c) (Website: ▶ H(c) Group exemption number ▶ Association ☐ Other ► Form of organization Corporation Trust L Year of formation. M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: 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 Activities & Governance charitable organization Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 1 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 265.856 11 270,059 92 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 265,856 11 270.059 92 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 257,400 00 266,100 00 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 25,567 32 31.881 06 16a Professional fundraising fees (Part IX, column (A), pline 116 0 0 Total fundraising expenses (Part IX, column (D), line 25) RECEIVED 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0 Φ Total expenses. Add lines 13-17 (must equal Part | 💸 column (A)? line 25) 2 18 282.967 32 297,881 06 Revenue less expenses. Subtract line 18 from line 12 (17,11121)(27,821 14) Beginning of Current Year **End of Year** OGDEN, UT 20 Total assets (Part X, line 16) 9,501,368 89 9,331,548 62 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 9,501,368 89 9.331.548 62 Part II Signature Block Under penalties of perjury Teclare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. Sign e of officer Here <u>our</u>k s 441ES Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🦳 No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

Cat. No. 11282Y

(Code:) (Expenses \$	including gra	nts of \$) (Revenue \$)
_,,					•••••••••••••
	ram services (Describe in Sch				
(Expenses		rants of \$) (Revenue \$)	
Total prod	ram service expenses	31,881 06			<u> </u>

Part IV	Checklist of	of F	Required	Schedule	28
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			Tes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		~
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		•
_	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		·
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		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	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 upportain tax positions under FIN 48 (ASC 740)2 If "Yes," complete Schedule D, Part X	11e		~
19 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		~
	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		'
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		•
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
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 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		~
		Form	990	(2011)

Part IV	Checklist	of Requi	red Schedules	s (continued
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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
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		•
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		,
c b	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		٧
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	28a 28b		>
С	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		· ·
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		<i>y</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<i>y</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	32		<u> </u>
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓ ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		•
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			_
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	37	/	
		- Co	. 000	(0044)

Form 99	0 (2011)			Page :
Part				_
	Check if Schedule O contains a response to any question in this Part V	<u></u> -		<u> </u>
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	4		l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	j	
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 0	_		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		}
	account)?	4a		~
b	If "Yes," enter the name of the foreign country:		i	
	See instructions for 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?	<u>5a</u>		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	├	<u> </u>
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	-	1
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L	Ì	
-	gifts were not tax deductible?	6b	-	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
a	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	-	├
	required to file Form 8282?	7c		1
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		†
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	L	L
9	Sponsoring organizations maintaining donor advised funds.		-	
a	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	ļ
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	1		
b		┥	•	1
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	1	l	
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	}	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	—	 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	t –	t
	Note. See the instructions for additional information the organization must report on Schedule O.		 	
b	Enter the amount of reserves the organization is required to maintain by the states in which		}	
	the organization is licensed to issue qualified health plans	ļ	ļ	ļ
С	Enter the amount of reserves on hand		L_	<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response to any question in this Part VI			
Secti	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			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		,
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5		V V
b	one or more members of the governing body?	7a 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 Rever	ue C	ode.) Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	,	1
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14 15	Did the organization have a written document retention and destruction policy?	14	/	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	•	~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		✓
	organization's exempt status with respect to such arrangements?	16b		لصحة -
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Maine Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.		-	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: James G O'Rourke, Trustee, 117 Sheridan Street, Unit 4, Portland, ME 04101, 207-671-2654	of the		

om	gan	/201	1١	
OHIL	330	(201	٠,	

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 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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	u orga	ᆀᆘᅩ	auo	пс	ompe	nsa	ited any curren	t officer, director	, or trustee.
				(0						
(A)	(B)		_4 _6	Posi				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week	office	r and	_	rect	or/trust		compensation from	compensation from related	amount of other
	(describe	악	Inst	Officer	₹	eng Hg	Former	the	organizations	compensation
	hours for related	lirec Vidu	t t	cer	e m	Jögst Ogst) ac	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	tor tr	onal		Key employee	မြိမ္မ		1033 11100)		and related
	in Schedule O)	Individual trustee or director	Institutional trustee		8	p p				organizations
		•	tee			Highest compensated employee				
(A) L COURT TO THE										
(1) James G O'Rourke, Trustee	38	,						31,881 06		
(2)										-
(3)										
							_			
<u>(4)</u>										
(5)										
(6)										
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	1									
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(9)										
(10)					-					
(11)										
(12)					_					
(13)				_			_			
(14)	ļ									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box, ι	unles	Pos eck s pe	rson	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and		on d
(15)					-							_	•	
(16)														
(17)						-								_
(18)														
(19)								-		<u></u>				
(20)		_		_										
(21)											+			
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total	VII, Sectio	n A				•	>	31,881 06 31,881 06					
2	Total number of individuals (including but reportable compensation from the organic	not limited	to th				above	e) w		ore than \$100,0	000 of	f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direc	tor, o	r tn	uste indi	ee,	key e	emp	loyee, or high	est compensa	ted [3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of repartments	oortal an \$1	ole (50,0	com 000	nper 19 <i>II</i>	nsatio "Ye:	n a	nd other comp complete Sch	ensation from edule J for si	the uch	-		
5	Did any person listed on line 1a receive o for services rendered to the organization?	r accrue co	 mper omol	nsat ete :	ion Sch	fror	n any ue . I f	un ors	related organiz	ation or individ	iual	4		
Section	on B. Independent Contractors				-			<u> </u>	den person		<u>•</u>	5		<u> </u>
1	Complete this table for your five highest of compensation from the organization. Rep year.	compensate ort compe	ed inc nsatio	lepe on fo	ende or th	ent ne c	contra alend	acto ar y	ors that receive rear ending with	d more than \$ n or within the	100,0 organ	00 of izatio	on's t	ax
	(A) Name and business addi	ress							(B) Description of se	ervices	Cor	(C) mpens	ation	
2	Total number of independent contractor received more than \$100,000 of compens	rs (includin	g bu	t no	ot l	ımit	ed to	th	ose listed abo	ve) 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
nts its	1a	Federated campaigns 1a				
irar	b	Membership dues 1b] .			
s, G	С	Fundraising events 1c]			
Sift lar	d	Related organizations 1d]			
ıs, (imi	е	Government grants (contributions) 1e				
tion er S	f	All other contributions, gifts, grants,				
ig K		and similar amounts not included above 1f				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$				
a C	h	Total. Add lines 1a–1f ▶				
nue		Business Code				
eve	2a					
Program Service Revenue	b					
rvic	C					
Se	d					
Iran	e f	All other program convey revenue				
ည်	g	All other program service revenue . Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				,
		and other similar amounts)	270,059 92			
	4	Income from investment of tax-exempt bond proceeds ▶	27 0,000 02		-	
	5	Royalties		<u> </u>		
	_	(i) Real (ii) Personal				1
	6a	Gross rents	1 !			1
	b	Less: rental expenses	1			
	С	Rental income or (loss)]			
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory]			
	b	Less: cost or other basis				
		and sales expenses .				
	C	Gain or (loss) .	-l			
	d	Net gain or (loss)				
ē	8a	Gross income from fundraising				
ē	00	events (not including \$				
Other Revenu		of contributions reported on line 1c).	}			
౼		See Part IV, line 18 a				
Ě	ь	Less: direct expenses b	1			
O		Net income or (loss) from fundraising events . >	1			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	ŀ			
		Less: direct expenses b]			
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	_	returns and allowances a	1		:	
	į.	Less: cost of goods sold b Net income or (loss) from sales of inventory ▶	- 1			~
	С	Miscellaneous Revenue Business Code				
	11a		-			
	b				-	
	C		 			
	ď	All other revenue	<u> </u>			
	e	Total. Add lines 11a–11d ▶	1		- -	
	12	Total revenue. See instructions ▶	270,059 92	-		

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).

	Check if Schedule O contains a response to any question in this Part IX								
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	266,100 00	266,100 00						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	31,881 06	31,881 06						
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 10	Other employee benefits								
11 a b	Fees for services (non-employees): Management								
c d	Accounting								
e f	Professional fundraising services. See Part IV, line 17 Investment management fees								
g 12 13	Other								
14 15	Information technology								
16 17 18	Occupancy								
19 20	Conferences, conventions, and meetings								
21 22 23	Payments to affiliates								
24	Insurance								
a b					,				
c d e	All other expenses								
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	297,981 06	297,981 06						
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								

Balance Sheet Part X (A) (B) Beginning of year End of year 0 1 0 2 2 Savings and temporary cash investments 3 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 7 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b **b** Less: accumulated depreciation 10c 11 9,501,368 89 11 9,331,548 62 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 9,501,368 89 16 9,331,548 62 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 9,501,368 89 30 9,331,548 62 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 9,501,368 89 33 9,331,548 62 9,501,368 89 9,331,548 62

	90 (2011)			Pa	ige 12
Par	XI 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)	1		270,0	59 92
2	Total expenses (must equal Part IX, column (A), line 25)	2		297,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		(27,82	1.14)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		,501,3	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	9	,331,5	48 62
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
				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," exp Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	v '
b	Were the organization's financial statements audited by an independent accountant?		2b		V_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar were			

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

issued on a separate basis, consolidated basis, or both:

Form **990** (2011)

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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.

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization Walter F Bisbee Trust 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.) 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.) 3 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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.) 8 ☐ 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.) 10 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 **b** Type II c Type III-Functionally integrated 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 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) Provide the following information about the supported organization(s). h (ii) EIN (iii) Type of organization (iv) Is the organization (ii) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col. (i) of your above or IRC section. governing document? (i) organized in the support? U.S.? (see instructions)) Yes No Yes No Yes No (A) HISA P. 28, Camden 01-0269114 School 266,100 00 (B) (C) (D) (E) **Total** 266,100,00

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Walter F Bisbee Trust

Part I General Information on Grants and Assistance

ganizations,	United States
to Or	s in the L
ts and Other Assistance to Organizatio	ents, and Individuals i
Other	and
Grants and (Governments,

OMB No 1545-0047

Open to Public Inspection

Employer identification number 01 6011528

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

▶ Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Yes No	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.	▲	(g) Description of (h) Purpose of grant non-cash assistance or assistance	Education													Schedule I (Form 990) (2011)
States.	tates. Complete if the this box if no one rec		(f) Method of valuation (book, FMV, appraisal, other)	FMV None													Cat. No 50055P
ds in the United	the United St \$5,000. Check			0												le 1 table	Ca
the use of grant fur	Organizations in eived more than		(d) Amount of cash grant	266,100.00								-				ions listed in the lir	
or assistance? es for monitoring t	vernments and ecipient that rec	space is needed	(c) IRC section if applicable													ernment organizat in the line 1 table	s for Form 990.
award the grants zation's procedur	sistance to Go line 21, for any r	ed if additional	(e)	01-0269114												501(c)(3) and gov ganizations listed	ee the Instructions
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments to Form 990, Part IV, line 21, for any recipient that	Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	(1) Maine School Admin Dist 28 Camden Hills High School	(2)	(6)	(4)	(5)	(9)	ω	(8)	(6)	(10)	(11)	(12)	 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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.

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