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Form **990**

SCANILE APK 12

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 benefit trust or private foundation)

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

2011 Open to Public Inspection

OMB No 1545-0047

A For the 2011 calendar year, or tax year beginning and ending В Check if applicable C Name of organization D Employer identification number Address change Alfond Scholarship Foundation]Name change 26-1765514 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 15 Monument Square, Suite 3 207-347-8638 Amended 3,083, City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending Portland, ME 04101 H(a) Is this a group return F Name and address of principal officer: Henry Bourgeois Yes X No for affiliates? same as C above H(b) Are all affiliates included? _l Kesl Tax-exempt status X 501(c)(3) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ www.500forbaby.org H(c) Group exemption number ▶ Form of organization: X Corporation Association Other > Trust Year of formation: 2007 M State of legal domicile: ME Part I | Summary Briefly describe the organization's mission or most significant activities: The ASF mission is to provide incentive scholarship grants to Maine children for their higher if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 13 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 13 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 30 Total number of volunteers (estimate if necessary) 6 7a 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Ine 34 7b **Prior Year Current Year** 2,823,500 3,083,750. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 0. 77. 129. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,823,629 3,083,827. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,414,500. 2,466,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits road to or for members (Part IX, eqlumn (A), line 4) Salaries other compensation employee benefits (Part IX, column (A), lines 5-10) 73,500 63,260. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 1a-11d, 11f-24e)

18 Total expenses Add-lines 13-17 (must equal Part IX, column (A), line 25) 342,104. 537,457. 067,217. 2,830,104 Revenue less expenses Subtract line 18 from line 12 <u>-6,4</u>75. 16,610. **Beginning of Current Year** End of Year 26,894 35,447. 20 Total assets (Part X, line 16) 9,673 1,616. 21 Total liabilities (Part X, line 26) - Net 17,221 33,831 Net assets or fund balances. Subtract line 21 from line 20 | Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign 'Bourgeois, President Here Type or print name and title PTIN Print/Type preparer's name Paid Richard E. Emerson, Jr., P00095846 sett-employed Firm's name Purdy Powers & Company Preparer Firm's EIN 01-0463013 Use Only Firm's address ▶ 130 Middle Street Phone no. 207-775-3496 Portland, ME 04101 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Form **990** (2011)

13200		Form 9 9	90 (2011)
4e	Total program service expenses ▶ 2,963,964.		
	(Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O)		
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expenses \$)
_			
	\ \(\langle \) \\(\langle \) \\(\langle \) \\(\langle \) \\(\langle \) \(\langle \) \\(\langle \) \(\langle \) \\(\langle \) \		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	of the Harold Alfond College Challenge program.	Dupp	
4a	(Code)(Expenses \$2,963,964. including grants of \$2,466,500.) (Revenue \$The ASF is responsible for oversight, promotion, and finan	cial supp	ort '
40	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 2,963,964 • including grants of \$ 2,466,500 •) (Revenue \$		·····
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant	s and allocations to	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas		
	If "Yes," describe these changes on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
_	the prior Form 990 or 990-EZ?	☐ Yes	X No
2	Did the organization undertake any significant program services during the year which were not listed on		
	aspirations and access to, and preparation for, higher edu	Cation.	
	children for their higher education and to support Maine's		<u>s</u>
	The ASF mission is to provide incentive scholarship grants		
1	Bnefly describe the organization's mission:		
	Check if Schedule O contains a response to any question in this Part III		
	rt III Statement of Program Service Accomplishments	1703314	r age =
-orm	1990 (2011) Aliona Scholarship Foundation 26	-1/65514	Page ≥

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		77
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
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			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8	ľ	х
9	Did the organization report an amount in Part X, fine 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		X _
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		X
h	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l <u>.</u> _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4-		- T
20-	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	X
<u>u</u>	11 100 to and 200, and the organization attach a copy of its addited illiancial statements to this returns	20b	990	0011

Form 990 (2011) Alfond Scholarship Foundation
Part IV Checklist of Required Schedules (continued)

			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		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ł
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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		X
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	0.7		х
00	of any of these persons? 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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_x_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	!	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	2011)

Form 990 (2011) Alfond Scholarship Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V			Ш
		 	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	.		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
Za	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	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)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		\mathbf{x}_{-}
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>
b	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 required	_		37
_	to file Form 8282?	7c		_X_
	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? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
_		1		
	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
			990	(2011)
			1	/

Form 990 (2011) Alfond Scholarship Foundation 26-1765514 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	ì		
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		<u> </u>
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	•		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			l
	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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			l
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			l
	ın Schedule O how this was done	12c	X_	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ME			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:	<u> </u>	
	Margo Beland - 207-622-6345			
	AND WELCH STROOT SUITO & AUGUSTS MV 0/220			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	. =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Henry Bourgeois								Ì		
President, Treasurer	25.00	X	<u> </u>	X	ļ	ļ		63,260.	0.	0.
(2) Lawrence Pugh				l					•	•
Chair	2.00	X	 	X		-	<u> </u>	0.	0.	0.
(3) Joseph Foley	2 00	٠,	1	,,					^	•
Vice Chair	2.00	X	├	X	-	├-		0.	0.	0.
(4) Stephen Bowen	1.00	v			l			0.	0.	0.
Director (5) Elizabeth Bordowitz	1.00	┢┸	\vdash		┝╌	┢		0.	<u> </u>	
	1.00	v		x				0.	0.	0.
Secretary (6) Scott B. Bullock	1.00	 ^	 	1		 	-		•	
Director	1.00	x						0.	0.	0.
(7) Dr. John Fitzsimmons									<u></u> _	
Director	1.00	X						0.	0.	0.
(8) Steven R. Michaud										
Director	1.00	X						0.	0.	0.
(9) Dr. Richard L. Pattenaude										
Director	1.00	X				<u> </u>		0.	0.	0.
(10) Colleen Quint										_
Director	1.00	X	_	ļ		<u> </u>		0.	0.	0,
(11) Bruce Poliquin	1	l								
Director	1.00	X	-	_	<u> </u>	<u> </u>	_	0.	0.	0.
(12) Kenneth S. Spirer	1 00	١,,								
Director	1.00	X	-				_	0.	0.	0 .
		-		_						
		-					_			
		\vdash			_		-			
		\vdash								
			<u> </u>							
										Farm 990 (2011

rar	T VII Section A. Officers, Directors, Tr		mpk	oyee			High	<u>est</u>	Compensated Employ	t Compensated Employees (continued)						
	(A)	(B)	(C)						(D)	(E)			(F)			
	Name and title	Average	(do		Posi		than	one	Reportable	Reportable		Es	tımate	ed		
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio	- 1		ount	of		
		week (describe	—	.oraπ	- a d	10010	or/trus	(00)	from	from related			other			
		hours for	recto						the	organizations			pensa			
		related	poo	ᇐ			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS) (⁾		om th			
		organizations	ruste	l trustee		 25	mpen		(44-27 1033-141130)			_	anızat d relat			
		ın Schedule	dualt	tiona	_	를 출	stcol	5					ınızatı			
		O)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	E.				9-				
			-	Ī	_	┢										
						ŀ										
						├─	 									
				├		┝	├									
	· · · · · · · · · · · · · · · · · · ·	 	.			-	├									
	<u> </u>	ļ	<u> </u>	↓		┞—	<u> </u>									
				_	<u> </u>		lacksquare									
			<u> </u>			<u></u>	<u> </u>									
1b	Sub-total						▶		63,260.		0.			0.		
	Total from continuation sheets to Part V	II. Section A	٠	•		•			0.		0.			0.		
	Total (add lines 1b and 1c)	,	•			•			63,260.		0.			0.		
2	Total number of individuals (including but i	not limited to th	nose	liste	ed al	hov	e) wh	no r		000 of reportabl						
_	compensation from the organization						٠,			,,ccc c. reportus.	•			0		
	omponeation work the organization												Yes	No		
3	Did the organization list any former officer	director or tri	iste	e ke	w er	nnlc	wee	or	highest compensated e	mnlovee on						
Ü	line 1a? If "Yes," complete Schedule J for			G, KC	,y Gi	יוטונ	ycc,	, 0,	riigilost compensated e	inployee on		3		х		
4	For any individual listed on line 1a, is the si			amn	oner	ation	200	t ot	har companyation from	the organization	ŀ	-5	-	-		
4	•	•							·	tile organization				x		
_	and related organizations greater than \$15										ł	4				
5	Did any person listed on line 1a receive or					-		elat	ted organization or indivi	dual for services		_		٦,		
	rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	uch	pers	son					5		<u> </u>		
	tion B. Independent Contractors									M400.000 :						
1	Complete this table for your five highest co										pens	ation f	rom			
	the organization. Report compensation for	tne calendar y	ear	endi	ng v	vith	or w	ithir		year.						
	(A) Name and business	address		~~- -	_				(B)	enuces	^	(C				
	ivame and business	auuiess	N(INC	<u> </u>			-	Description of s	DEI AICES		ompe	isali0	11		
										ł						
								_								
								İ								
										j						
										- 1						
_			-	_	_	_	_	Ī		- T						
2	Total number of independent contractors (including but r	ot li	mite	d to	tho	se la	stec	d above) who received n	nore than						
	\$100,000 of compensation from the organ	-					0		<u> </u>							
		_										C	000	2011)		

1 41	VII	Statement of never	iue	-	(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	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S,E	c	Fundraising events	1c					
a ii		Related organizations	1d					
S,E		Government grants (contribut						
Sign		All other contributions, gifts, gran	· ——					
캻		similar amounts not included abo	ve 1f 3,	083,750.				
Pg	g	Noncash contributions included in lines						
용	h	Total. Add lines 1a-1f		<u> </u>	3,083,750.			
				Business Code				
8	2 a				_			
<u>5</u> <u>9</u>	b							
호립	С							
हूं इंट	d							
Program Service Revenue	е							
۱ ۵	f	All other program service reve	enue .					
\rightarrow	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		.	77.			77.
	4	Income from investment of ta	x-exempt bond p	proceeds			-	
	5	Royalties		<u> </u>				
		_	(i) Real	(ii) Personal				
i	6 a				-			
		Less: rental expenses			-			
		Rental income or (loss)			-			
ŀ		Net rental income or (loss)	(i) Consumtion	(a) Other				
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis		· · · · · · · · · · · · · · · · · · ·				
İ	U	and sales expenses						
	_	Gain or (loss)			1			
		Net gain or (loss)		•	i			
•		Gross income from fundraisin	a events (not					
ğ	-	including \$	of					
e e		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18	a					
푩	b	Less: direct expenses	. b					
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less: direct expenses	. b					
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less. cost of goods sold	b	L				
H	<u>c</u>	Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
İ	b							
	C	All other revenue		<u> </u>				
	a	Total, Add lines 11a-11d	•					
	12	Total revenue. See instructions.			3,083,827.	0.	0.	77.
13200 01-23	9	. U.S. 19101199. Odd mod dollollo.			0,000,0216			Form 990 (2011)

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).

COM	Check if Schedulo O contains a respon	see to any question in this	Part IV		<u> </u>
- Co	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21		_		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	2,466,500.	2,466,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			-	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	63,260.		63,260.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				<u></u>
9	Other employee benefits				<u>.</u>
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,144.		3,144.	
С	Accounting	21,195.		21,195.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	•			
f	Investment management fees				
g	Other	320,000.	320,000.		
12	Advertising and promotion	144,023.	144,023.		
13	Office expenses	1,019.		1,019.	***
14	Information technology .				
15	Royalties				
16	Occupancy				<u> </u>
17	Travel .	2,633.		2,633.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	933.		933.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .				,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Fulfillment	33,441.	33,441.		
b	Research	10,700.		10,700.	
c	Miscellaneous	369.		369.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,067,217.	2,963,964.	103,253.	0
26	Joint costs. Complete this line only if the 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)				
	0.01-23-12		1	L	Form 990 (2011

Form 990 (2011)
Part X Balance Sheet

	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,102.	1	24,927.
		Savings and temporary cash investments	•		792.	2	520.
		Pledges and grants receivable, net				3	
		Accounts receivable, net				4	
		Receivables from current and former officers, di	ectors, trust	ees, kev			_
		employees, and highest compensated employee					
		of Schedule L			· ·	5	
e		Receivables from other disqualified persons (as	defined unde	er section			,
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect		-			
		employees' beneficiary organizations (see instru		•		6	
S 7	7	Notes and loans receivable, net				7	
2		Inventories for sale or use				8	·
~ ₋		Prepaid expenses and deferred charges			10,000.	9	10,000
- 1		Land, buildings, and equipment: cost or other	I I	•			= - 1
	-	basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
11		Investments - publicly traded securities			11		
12		Investments - other securities See Part IV, line 1			12		
13		Investments - program-related See Part IV, line		13			
14		Intangible assets	•		14		
15		Other assets. See Part IV, line 11			15		
16		Total assets. Add lines 1 through 15 (must equal	26,894.	16	35,447		
17		Accounts payable and accrued expenses			9,673.	17	1,616
18		Grants payable			18		
19		Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
_ [_ `		Escrow or custodial account liability. Complete I	Part IV of Sci	hedule D		21	
		Payables to current and former officers, director					
		highest compensated employees, and disqualifi					
ادّ		of Schedule L	•	•		22	
23	3	Secured mortgages and notes payable to unrela	ted third par	rties		23	
24		Unsecured notes and loans payable to unrelated				24	
25		Other liabilities (including federal income tax, pa	· ·				
		parties, and other liabilities not included on lines	-			,	
		Schedule D	•	•		25	
26	6	Total liabilities. Add lines 17 through 25			9,673.	26	1,616
		Organizations that follow SFAS 117, check he	ere 🕨 🗓	and complete			
တ္က 📗		lines 27 through 29, and lines 33 and 34.		•			
27	7	Unrestricted net assets			17,221.	27	33,831
g 28	8	Temporarily restricted net assets				28	
n 29	9	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, c	heck here	▶ ☐ and			-
5		complete lines 30 through 34.					
2 30	0	Capital stock or trust principal, or current funds				30	
3		Paid-in or capital surplus, or land, building, or ed	uipment fun	nd .		31	
Net Assets or Fund balances 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		Retained earnings, endowment, accumulated in				32	
ž 3		Total net assets or fund balances			17,221.	33	33,831
34		Total liabilities and net assets/fund balances	• • • •		26,894.		35,447

<u>Form</u>	1990 (2011) Alfond Scholarship Foundation	26-176	55514	Pac	_{1e} 12			
Pa	rt 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	3,083	8,8	2 <u>7</u> .			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,067	7,2	17 .			
3	Revenue less expenses. Subtract line 2 from line 1	_3	16	, 6	10.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	, 2	21.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
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							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990. Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	X 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 Sil	ngle Audit						
	Act and OMB Circular A-133?		3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audıt						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					
			Form 9	990 (2	2011)			

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.

2011

Open to Public Inspection

Name of the organization

Employer identification number

	Alf	ond S	cholarship Fo	undation		26-	1765	514			
Part I	Reason for Public	Charit	y Status (All organization	ns must complet	e this part.) See inst	ructions.					
he organ	ization is not a private four	ndation b	ecause it is: (For lines 1 thi	rough 11, check o	only one box)						
1 🔲	A church, convention of o	churches,	or association of churches	s described in se	ction 170(b)(1)(A)(i)						
2	A school described in sec	ction 170	(b)(1)(A)(ii), (Attach Sched	ule E.)							
з 🗀	A hospital or a cooperative	ve hospita	l service or s anization desc	cribed in ection	170(b)(1)(A)(iii).						
4 🔲	A medical research organ	nization of	perated in conjunction with	n a hospital descr	ibed in section 170	(b)(1)(A)(iii). Enter the	hospital'	s nam	e,		
	city, and state:										
5 🔲	An organization operated	for the b	enefit of a college or unive	rsity owned or op	erated by a governr	nental unit described	ın				
	section 170(b)(1)(A)(iv).	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 🔲	A federal, state, or local g	governme	nt or governmental unit de	scribed in sectio	n 170(b)(1)(A)(v).						
7 🔲	An organization that norm	nally recei	ves a substantial part of it	s support from a	governmental unit o	r from the general pu	blic descr	ıbed ır	n		
	section 170(b)(1)(A)(vi).	(Complete	Part II.)								
8 🔲	A community trust descri	ibed in se	ction 170(b)(1)(A)(vi). (Cor	mplete Part II.)							
9 📖	An organization that norm	nally recei	ves (1) more than 33 1/39	6 of its support fr	om contributions, m	embership fees, and	gross rec	eipts f	irom		
	activities related to its exe	empt fund	tions - subject to certain e	exceptions, and (2	2) no more than 33 1	/3% of its support fro	m gross i	nvesti	ment		
	income and unrelated but	siness tax	able income (less section	511 tax) from bus	sinesses acquired b	y the organization afte	er June 30), 197	5.		
	See section 509(a)(2). (C	Complete I	Part III)								
10 🖳	An organization organized	d and ope	rated exclusively to test for	or public safety. S	See section 509(a)(4	·).					
11 X	An organization organized	d and ope	erated exclusively for the b	enefit of, to perfo	rm the functions of,	or to carry out the pu	irposes of	one o	or		
	more publicly supported	organızatı	ons described in section 5	509(a)(1) or sectio	n 509(a)(2). See sec	tion 509(a)(3). Check	the box	that			
		porting o	rganization and complete	lines 11e through	11h.						
	a X Type I	b	Type II c		tionally integrated		ype III - C				
e X	By checking this box, I ce	ertify that	the organization is not cor	ntrolled directly or	r indirectly by one or	more disqualified pe	rsons oth	er tha	ก		
	-		an one or more publicly su	•		, , , ,	ction 509	(a)(2).			
f	_		en determination from the	IRS that it is a Ty	pe I, Type II, or Type	e III					
	supporting organization,			••					X		
g			ganization accepted any g			- ·	ſ				
		-	ectly controls, either alone	or together with	persons described i	n (ii) and (iii) below,		Yes	No		
	• • •	•	ported organization?				11g(i)		<u> </u>		
	(ii) A family member of	•					11g(ii)		_X_		
			erson described in (i) or (ii				11g(iii)		X		
h	Provide the following info	rmation a	bout the supported organ	ızatıon(s).							
	(i) Name of supported (ii) EIN (iii) Type of organization organization (vi) Is the organization (vi) Is the organization organization in col. (iv) Is the organization organization in col. (iv) Is the organization organization in col. (iv) Is the organization organization in col. (iv) Is the organization organization organization in col. (iv) Is the organization organ							(vii) Amount of support			
	(described on lines 1-9 governing document? (i) of your support? (i) organized in the Support										

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organizi U.S.	n in col. I	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Maine									
Compact for	20-3559947	7	X		x		X		0.
Finance									
Authority of	01-0392006	6	Х		x		X	L	353,441.
University									· · · · ·
of Maine Sys	01-6000769	6	X		x		Х		0.
Maine									
Community Co	01-0416015	6	X		X		Х		0.
Maine									
Community Fo	01-0391479	8	Х		Х		Х		0.
Total									353,441.

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

Schedule A (Form 990 or 990-EZ) 2011

See Part IV for Line 11 Continuation

132021 01-24-12

(Complete only if you checke fails to qualify under the tests	d the box on line 5	5,7, or8 ofPartlo	or if the organization		under Part III. If the	-
Section A. Public Support	,		•	·		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	(4) 200.	(5),2000	(0)2000	(4)2010	(0) 2011	(1) 10.0.
membership fees received. (Do not						
include any "unusual grants")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities					1	
furnished by a governmental unit to			1			
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly]	1		1	
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4						<u> </u>
Section B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest,			ľ			
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the]
business is regularly carried on						_
10 Other income. Do not include gain		1				
or loss from the sale of capital						
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	•	•			12	
13 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	. –
organization, check this box and sto		·				> L
Section C. Computation of Publ					T T	
14 Public support percentage for 2011 (• • • • • • • • • • • • • • • • • • • •	•	column (f))	••	14	
15 Public support percentage from 2010					15	
16a 33 1/3% support test - 2011. If the	=			14 is 33 1/3% or	more, check this b	ox and
stop here. The organization qualifies		_				▶∟
b 33 1/3% support test - 2010. If the				d line 15 is 33 1/39	% or more, check t	his box
and stop here. The organization qua	-			. 40 40 - 40		▶ ∟
17a 10% -facts-and-circumstances tes	_	=				
and if the organization meets the "fac			=		aπ IV now the orga	nization
meets the "facts-and-circumstances"	_	•		-	. 47a and bes 45 :	100/ =:
b 10% -facts-and-circumstances tes	•	=			r 17a, and line 15 is in in Part IV how th	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				-		
	merchandise sold or services per-			1			
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose		İ				
_	Gross receipts from activities that						-
3			1				
	are not an unrelated trade or bus-		•				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	ĺ					
	furnished by a governmental unit to		:				
	the organization without charge						
6	Total. Add lines 1 through 5			L			
7a	Amounts included on lines 1, 2, and					,	
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	• • •						
	Public support (Subtract line 7c from line 6) ction B. Total Support]	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		(a) 2001	(b) 2008	(6) 2009	(0) 2010	(e) 2011	(I) IOIAI
_	Amounts from line 6 Gross income from interest,						
108	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carned on .						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	s first, second, the	rd. fourth, or fifth t	ax vear as a section	on 501(c)(3) organ	ization.
	check this box and stop here	3		, ,	,	(-)(-)	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2010) Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from:		•	-,		18	96
	33 1/3% support tests - 2011, if the	-	•	on line 14 and lin	e 15 is more than '		
	more than 33 1/3%, check this box a	•		•		•	
		=					and
C	33 1/3% support tests - 2010. If the	-			•		
~	line 18 is not more than 33 1/3%, che						" ~ H
<u> 20</u>	Private foundation. If the organization	<u>ni ala riot check a</u>	DOX ON LINE 14, 19	<u>ra, or 190, check t</u>	nis dox and see in	SITUCTIONS	

Schedule A (Form 990 Part IV Suppler	or 990-EZ) 2011 Al	fond Scholar	ship	Found	<u>lation</u>			26-	1765514 Page 4
	1	(Schedule A, Part I,	Line 11h	Informatio			ted organi	zations (c	
(i) Name of supported organization	(ii) EIN	organization (described on lines 1-9 above or IRC section	tion in co in your g docui	organiza- l. (i) listed loverning ment?	organızat (i) of you	u notify the ion in col. r support?	(i) organized in the U.S.?		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Sen. George J. Mitchell	01-0523390	8	x		x		x		0.
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Onether Title				-					
Continuation Total			<u> </u>	1	<u> </u>	I	Schodul	lo A (Fore	n 990 or 990-FZ\ 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2011
Open to Public Inspection

Name of the organization

Alfond Scholarship Foundation

Employer identification number

_	Aliond Scholarship			la a= A		-1/0331	
Par			r Omer Similar Fund	IS OF A	ccounts. C	omplete if the	1
	organization answered "Yes" to Form 990, Part IV, line			T			
		(a) Do	nor advised funds	(8) Funds and	other account	:S
1	Total number at end of year		<u> </u>		<u> </u>		
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year			<u> </u>			
5	Did the organization inform all donors and donor advisors in	writing that th	e assets held in donor adv	used fund	ds _		
	are the organization's property, subject to the organization's	exclusive lega	al control?			Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in wri	ting that grant funds can b	e used o	nly		
	for charitable purposes and not for the benefit of the donor of	or donor advis	or, or for any other purpos	e conferr	nng		
	impermissible private benefit?					Yes	No
Par	t II Conservation Easements. Complete if the org	ganization ans	wered "Yes" to Form 990,	, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all	that apply).				
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of an h	nstoncall	y important lai	nd area	
	Protection of natural habitat		Preservation of a ce	rtified his	storic structure	е	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservat	tion contribution in the form	n of a co	nservation eas	sement on the	e last
	day of the tax year.						
	•			[Held at	the End of the	Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements	••		j	2b		
c	Number of conservation easements on a certified historic str	ucture include	ed in (a)	i	2c		
d	Number of conservation easements included in (c) acquired		• •	cture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	eleased, extind	uished, or terminated by t	he organ	ization during	the tax	
•	year >		, 		3		
4	Number of states where property subject to conservation ea	sement is loca	ated >				
5	Does the organization have a written policy regarding the per			- of			
•	violations, and enforcement of the conservation easements i		g,g -		[Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation easements	durina ti	he vear ▶		
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) above						
U	and section 170(h)(4)(B)(ii)?	to outlony the	roquironionio di doctioni vi		γ.,,	Yes	□ No
9	In Part XIV, describe how the organization reports conservat	ion easement	s in its revenue and expen	se stater	ment, and bala		
9	include, if applicable, the text of the footnote to the organiza						
	conservation easements				,		
Pa	rt III Organizations Maintaining Collections o	f Art. Histo	orical Treasures, or	Other :	Similar Ass	sets.	
	Complete if the organization answered "Yes" to Form						
12	If the organization elected, as permitted under SFAS 116 (AS			ement ar	nd balance sh	eet works of a	art.
·u	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descr					, ,,	
b	If the organization elected, as permitted under SFAS 116 (AS			ent and b	alance sheet v	works of art	nistorical
	treasures, or other similar assets held for public exhibition, e						
		ducation, or r	cocaron in functionalises of p	Jubilo Jul	rice, provide	and tomoving	uouo
	relating to these items:				S		
	(i) Revenues included in Form 990, Part VIII, line 1				~		
_	(ii) Assets included in Form 990, Part X	20011500 0- 0-1	nor aimilar accata for fire				
2	If the organization received or held works of art, historical tre			aai gain,	provide		
	the following amounts required to be reported under SFAS 1	1 10 (ASC 958)	relating to these items				
а	Revenues included in Form 990, Part VIII, line 1	••			5 5		
þ	Assets included in Form 990, Part X				▶ \$		

	dule D (Form 990) 2011 Alfond Sc					·				Page 2
Par	t III Organizations Maintaining Coll	ections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession,	and other record	s, check a	ny of the	following that	t are a sig	ınıficant ı	use of its	collection	items
	(check all that apply).									
а	Public exhibition	d		an or excl	hange progra	ms				
b	Scholarly research	е	Ctl Otl	her						
С	Preservation for future generations									
4	Provide a description of the organization's collect	ctions and explair	n how they	further th	ne organizatio	on's exem	npt purpo	se in Part	XIV.	
5	During the year, did the organization solicit or rec	ceive donations o	of art, histo	oncal treas	sures, or othe	er simılar	assets			
	to be sold to raise funds rather than to be mainta	ained as part of t	he organız	ation's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arranger	ments. Comple	te if the o	rganizatio	n answered "	'Yes" to F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X,	, line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermed	lary for co	ntribution	s or other as:	sets not i	ncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV and	complete the fo	llowing tab	ole						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year .						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Part X, line	21?						Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if the	e organization an	swered "Y	es" to Fo	rm 990, Part	IV, line 10)			
	<u>(a</u>	a) Current year	(b) Prio	r year	(c) Two year	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balanc	e (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment >		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should e	equal 100%.								
За	Are there endowment funds not in the possession	on of the organiza	ation that a	are held a	nd administe	red for th	e organiz	ation	_	
	by:								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations list	ted as required o	n Schedul	e R?					3b	
4	Describe in Part XIV the intended uses of the organization									
Pai	t VI Land, Buildings, and Equipmen	,		ne 10.						
	Description of property	(a) Cost or o			or other	\ -,	cumulate		(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land .									
b	Buildings							<u> </u>		
С	Leasehold improvements									
d	Equipment									
	Other	<u> </u>								
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part	X, column	(B), line 1	10(c).)					0.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 Alfond Scholarship Foundat:			<u> 26-17655</u>	L 4 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities .		5		
6	Investment expenses		6		
7	Prior period adjustments		7	 	
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme		10	Peturn	
		ilia Willi Nevel	ilue pei i	1 1	
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	
2	·	ا مم ا			
a	Net unrealized gains on investments Donated services and use of facilities	2a		-	
b		2b		-	
C	Recoveries of prior year grants Other (Describe in Part XIV.)	2c		1 1	
d	Add lines 2a through 2d	2d		١ ـ ا	
e	Subtract line 2e from line 1			2e 3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		1	
	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses per	r Return	·
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
С	Other losses .	2c			
d	Other (Describe in Part XIV.)	2d		」	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIV)	_4b		-	
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information			5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	l lines 1a and 4· De	art IV lines	1b and 2b. Part V	Ine 4: Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
	t X, Line 2: 990 Part IV Line 11: Manageme	•	•		
be]	ieves it has no material uncertain tax pos	sitions an	nd, acc	cordingly	it
		-			
wi]	<u>l not recognize any liability for unrecogni</u>	nized tax	benef	its.	
			_		<u>. </u>
					

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Internal Revenue Service SCHEDULE I (Form 990)

1545-0047	_
OMB No 15	201

Open to Public

Inspection

2 26-1765514 (h) Purpose of grant or assistance X Yes 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 Part II can be duplicated if additional space is needed ame and address of organization

(b) EIN

(c) IRC section or cash grant and address of organization if applicable cash grant or government assistance or government. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Alfond Scholarship Foundation General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Part II Part

25

Schedule I (Form 990) (2011)

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

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011) Alfond Scholarship Foundation

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2 .

26-1765514

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Harold Alfond College Challenge "NextGen" Section 529 plan grant administered by the Finance Authority of Maine (FAME).	4933	2.466.500.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	ine 2, and any other	additional information.	
Schedule I, Part I, Line 2: The Al	Alfond Sch	Scholarship F	Foundation	is	
responsible for oversight, promotion,	and	financial	support of	the Harold	
Alfond College Challenge program.	The Haro	ld Alfond	arold Alfond College Challenge	allenge is a	
new program that will provide a \$5	\$500 grant	ant to every	every Maine baby to	to start a	
college investing account and help	help Maine fa	families pl	plan for a c	child's	
college education. This \$500 grant	1.8	for Maine babies	es born on	or after	
January 1, 2009. Every Maine resident b	lent baby is	is eligible.		The Foundation has	
a contractual arrangement with the	Finance	Authority of	Maine	(FAME) for	
which FAME will accept, invest and	l manage the		scholarship funds	s as Section	
132102 01-27-12		26			Schedule I (Form 990) (2011)

Sched	t IV Su	n 990) 2011	1	<u>A.</u>	LÍOI	na s	<u>scno</u>	lar	snı	p Fo	ounda	ation				26-	<u> 176</u>	<u>5514</u>	Page 2
Par	t IV St	ibbi	emer	<u>ital in</u>	torm	ation	<u> </u>		_											
<u>529</u>	plan	s.	As	_acc	ount	s c	of p	part	ici	.pat	ing	chi	ldren	bec	ome	eli	gibl	е,	FAME	will
dis	burse	tl	ne a	1CC0	unt	fu	nds	for	el	igi	ble	qua:	lifie	d hi	ghe:	eđ	ucat	ion		
exp	enses																			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Alfond Scholarship Foundation

Employer identification number 26-1765514

Form 990, Part I, Line 1, Description of Organization Mission:
education and to support Maine's children's aspirations and access to,
and preparation for, higher education.
Form 990, Part VI, Section B, line 11: The President and Finance Manager
are part of the 990 preparation process and review in final form before
filing with the IRS.
Form 990, Part VI, Section B, Line 12c: All officers and directors of the
Foundation are required to sign a disclosure annually after receiving a
copy of the conflict of interest policy.
Form 990, Part VI, Section B, Line 15: The President/CEO is reviewed by
the Board Chair and Vice Chair. Officers do not receive compensation.
Form 990, Part VI, Section C, Line 19: The organization provides copies
upon request.
Form 990, Part XI, Line 2c:
The Organization has not changed its oversight process.