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Form **990-EZ**

Department of the Treasury

EXTENSION GRANTED TO FEBRUARY 15, 2013

Short Form

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)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

Open to Public

		4111676	The organization may have to use a copy of this return to satisfy state reporting req			mahzetinn
i					0, 2	
	B C	heck if	C Name of organization	D Emp	ployer id	entification number
		Addre	ess change			
		Name	change BANGOR CHRISTIAN SCHOOLS FOUNDATION	0	1 - 05	23688
		٦		E Tel	ephone r	number
		٦	nated 1476 BROADWAY	2	07-9	47-6576
	$\overline{}$	٦	City or town, state or country, and ZIP + 4	F Gro	oup Exem	notion
		٦	BANGOR, ME 04401		mber 🕨	
	G A		ting Method	H Che	eck ▶	X if the organization is not
			e: ▶ N/A			attach Schedule B
			empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527			990-EZ, or 990-PF)
		heck I				
			O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction			•
			n, be sure to file a complete return	, -		
			es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	И		
			column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	,	▶ \$	57,849.
		<u>rt l</u>		ictions	for Part	
	<u> </u>		Check if the organization used Schedule O to respond to any question in this Part I			<u>X</u>
		1	Contributions, gifts, grants, and similar amounts received		1	53,077.
		2	Program service revenue including government fees and contracts		2	
		3	Membership dues and assessments		3	
2013		4	Investment income SEE SCHEDULE Q		4	4,772.
\approx		5a	Gross amount from sale of assets other than inventory 5a 5a			
173		h	Less cost or other basis and sales expenses 5b		1 1	
1-4			Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
		6	Gaming and fundraising events			
	4 1)	a	Gross income from gaming (attach Schedule G if greater than			
SCANNED	ğ	_	\$15,000) 6a			
뿌	Revenue	b	Gross income from fundraising events (not including \$ of contributions		1 1	
Ž	Œ	_	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
X			gross income and contributions exceeds \$15,000)			
$\widetilde{\mathbf{S}}$		C	Less direct expenses from gaming and fundraising events		1 1	
		1	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
		l	Gross sales of inventory, less returns and allowances			
		b	Less cost of goods sold 7b		1 1	
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
		8	Other revenue (describe in Schedule O)		8	
		9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	57,849.
		10	Grants and similar amounts paid (list in Schedule O)		10	
		11	Benefits paid to or for members RECEIVED		11	
	S	12	Outronic attention and acceptance and Jacobson's Compatible Compat		12	
	Su	13	Professional fees and other payments to independent contractors.		13	
	Expenses	14	Printing publications postage and shipping		14	
	ш	15	Printing, publications, postage, and shipping		15	
		16	Other expenses (describe in Schedule O) OGDEN, UT SEE SCHEDULE O		16	49,546.
		17	Total expenses. Add lines 10 through 16		17	49,546.
	S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,303.
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			-
	As	1	(must agree with end-of-year figure reported on prior year's return)		19	202,397. 262.
	Ne t	20	Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O		20	
		21	Net assets or fund balances at end of year Combine lines 18 through 20	<u> </u>	21	210,962.
	1 4/	\ For	Panarwork Reduction Act Notice, see the senarate instructions			Form 990-F7 (2011)

1

Page 2

P	Check if the organization used Schedule O to re		on in this Part II			X
			A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		202,597	• 22		210,962.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)	<u> </u>		24		
25	: 		202,597			210,962.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE (O	200			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		202,397			210,962.
P	art III Statement of Program Service Accomplishme					penses for section
	Check if the organization used Schedule O to re		on in this Part III	LA		and 501(c)(4)
	at is the organization's primary exempt purpose? SEE SCHEDULE (ons and section) trusts, optional
	cribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant infor		es In a clear and concise		for others	
	THE FOUNDATION MANAGES INVESTMENT		THE BANGOR			
20	CHRISTIAN SCHOOLS					
	(Grants \$) If this amount includes foreign	grants, check here			28a	45,297.
29						
				_	,	
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	<u>. </u>	29a	
30						
	(Grants \$) If this amount includes foreign	grante chack here			30a	
31	(Grants \$) If this amount includes foreign Other program services (describe in Schedule O)	giants, check here			1000	
٠.	(Grants \$) If this amount includes foreign	grants, check here	•		31 a	
32	Total program service expenses (add lines 28a through 31a)				32	45,297.
P	art iV List of Officers, Directors, Trustees, and Key	Employees. List each one	even if not compensated (see the	instructions t	or Part IV)
	Check if the organization used Schedule O to re	spond to any question	on in this Part IV			
		(b) Title and average hours	(C) Reportable compensation (Forms	(d) He	alth benefits,	(e) Estimated
	(a) Name and address	per week devoted to position	W-2/1099-MISC) (if not paid, enter -0-)	empl	oyee benefit and deferred	amount of other compensation
~	ADDOLL CONTEX ID 12 CANDY DEACH	DIRECTOR	(if not paid, enter -o-)	com	pensation	00
	ARROLL CONLEY, JR, 12 SANDY BEACH ANE, LOT 19, GLENBURN, ME 04401	1.00	0.		0.	0.
		CHAIRMAN	· · · · · · · · · · · · · · · · · · ·		- 0.	- 0.
$\frac{W}{1}$	710 ESSEX STREET, BANGOR, ME 04401	1.00	0.		0.	0.
	EAN SCHROEHER, 15 CEDAR BREEZE	TREASURER	- 0.			
<u>C</u> E	ENTER, GLENBURN, ME 04401	1.00	0.		0.	0.
	AMES FROST	DIRECTOR	<u> </u>			
	2 SUNSET STRIP, BREWER, ME 04412	1.00	0.		0.	0.
	ASON HOBERT	DIRECTOR				
	176 BROADWAY, BANGOR, ME 04401	1.00	0.		0.	0.
MA	ARTHA BOONE	DIRECTOR				
	176 BROADWAY, BANGOR, ME 04401	1.00	0.		0.	0.
	AVID COLE	DIRECTOR				
16	501 BROADWAY, BANGOR, ME 04401	1.00	0.		0.	0.
_		_				
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		-				
			+			
_		_				
		· · · · · · · · · · · · · · · · · · ·				
_						<u> </u>
132	172 06-12				Form	990-EZ (2011)

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	ns Pa	rt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
00	activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
	, · · · · · · · · · · · · · · · · · · ·	34		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	05.		Х
	on lines 2, 6a, and 7a, among others)?	35a	NT /	
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	Α
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			.,
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
40.0				
40 a				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			v
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •O.			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► DEAN SCHROEHER Telephone no ► 207-94			
	Located at ► 1476 BROADWAY, BANGOR MAINE ZIP+4 ► C	440	1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	Nο
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
770	Form 990-EZ	44a		Х
L	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	776		- -
IJ		446		Х
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	440		, A
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		1	
	in Schedule O	44d		- -
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			١
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	L	X
		Form 9	90-EZ	(2011)

Form 990-EZ (2	2011)	BANGOR CHRISTIA	N SCHOOLS	FOUNDATI	ON		01-0	5236	88 Page 4
									Yes No
	-	engage, directly or indirectly, in pol	litical campaign activit	ies on behalf of or i	n oppositior	to candidates for pi	ublic offic	e?	
		hedule C, Part I							16 X
		501(c)(3) organizations			-			-	
	_	ons and section 4947(a)(1) non			=		and con	nplete th	e tables
	tor lines 5	0 and 51. Check if the organiza	ition used Schedule	e O to respond to	any quest	ion in this Part VI			Yes No
47 Did the or	roanization.	engage in lobbying activities or hav	re a caction 501/h) ala	otion in affect durin	n the tay ve	ar2 if "Vec " complete	sch C	Dart II	Yes No
	•	school as described in section 170	, ,		-	air ii 165, completi	s our o,		18 X
-		make any transfers to an exempt no		· · · · · ·	_			-	9a X
	-	ed organization a section 527 orga						_	9b
		or the organization's five highest co		es (other than office	rs, directors	, trustees and key er	nployees) who eac	h received more
than \$100	0,000 of co	mpensation from the organization	ff there is none, enter	"None "			·		
	1 (a)	Name and address of each employe	е	(b) Title and avei	•	(C) Reportable compensation (Forms	(d) Health		(e) Estimated
		paid more than \$100,000		per week dev		W-2/1099-MISC)		e benefit	amount of other compensation
		NON	IE	position	····	~	compe		Compensation
				_			ĺ		
	_			+			1		
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		·					}		
				_					
						l	l		
		er employees paid over \$100,000		lant contractors who		und mare than \$100	000 of oo		f th-
		or the organization's five highest co is none, enter "None" NON		ient contractors with	J each recer	veu more man \$100,	,000 01 00	inpensati	on monn me
		f each independent contractor paid			(b) Type o	f service		(c) Co	mpensation
						<u> </u>			
								<u>.</u>	
							İ		
					·				
d Total nur	nber of othe	er independent contractors each rec	ceiving over \$100,000)		>			
52 Did the o	rganization	complete Schedule A? Note. All se	ction 501(c)(3) organ	izations and 4947(a)(1) nonexe	mpt			
charitable	trusts mus	st attach a completed Schedule A				- A - A		▶ X	Yes No
Declaration of pre	eparer (other t	clare that I have examined this return, inchangether is based on all information of	which preparer has any kr	nowledge	, and to the be	est of my knowledge and	Deller, it is	true, corre	ct, and complete
Sign	Signature	of officer	·		· · · · · · · · · · · · · · · · · · ·		Date	143	1/n
Here	Signature (JOANS SCHRUBAON	-	TRUMBUR	in				
	Type or pri	int name and title	-	1 Konsur					
	Print/Typ	pe preparer's name	Preparer's signature	 e	Date	Check	ıf P	TIN	
Paid		, o proparer o manno	, and the second second			self- emplo	yed		
Preparer	VICK:	I J VINCENT	Vick Q	Vincent	12.10.	ia	}	P001	58538
Use Only	Firm's na		STEY & CU	RRAN LLC		Firm's EIN	▶ 01	-027	1013
_	Firm's ad	idress ► 8 COMMERCE				Phone no	20	7-94	5-5695
		HAMPDEN, ME	04444-15	38					
May the IRS di	scuss this i	return with the preparer shown abo	ve? See instructions					▶ X	
								Fo	rm 990-EZ (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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 Inspection

Name of the organization

BANGOR CHRISTIAN SCHOOLS FOUNDATION

Employer identification number 01-0523688

Pa	rt [Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t.) See inst	tructions.				
he c	organi	zation is not a	private foundation l	because it is: (For lines	1 through	11, check d	only one b	ox.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3		A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization o	operated in conjunction	with a hos	pital descr	ıbed ın se	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ie,
		city, and state	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a governi	mental uni	it describe	d In		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6		A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1	1)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	rıbed ı	n
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	X	An organizati	on that normally rec	eives. (1) more than 33	1/3% of its	support fr	rom contri	butions, m	nembershi	p fees, and	d gross red	ceipts	from
		activities rela	ted to its exempt fur	actions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	s support fi	rom gross	ınvest	ment
				exable income (less sect									
			509(a)(2) . (Complete										
10		An organizati	on organized and or	perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	4) .				
11		An organizati	on organized and op	perated exclusively for th	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes o	of one	or
		more publicly	supported organiza	itions described in secti	on 509(a)(1) or sectio	on 509(a)(2	2). See se c	ction 509((a)(3). Chec	ck the box	that	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	1 1h						
		a Type I	1 b 🗀	Type II o	с 🔙 Тур	e III - Func	tionally in	tegrated		d 🗀	Type III - 0	Other	
е		By checking	this box, I certify tha	it the organization is not	controlled	directly or	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	ก
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	tions des	cribed in s	ection 50	9(a)(1) or se	ection 509	(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									
9		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
		(i) A person	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	ın (II) and ((III) below,		Yes	No
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i)	or (II) abov	e [?]					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
_ (i)	Name	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	1 ()		organization in col		organization in col		(vii) Amount o support		f
(.,		inization	` '										
				above or IRC section	governing	document?	(I) of you	r support?	US	5.2			
				(see instructions))	Yes	No	Yes	No	Yes	No			
						<u> </u>							
						1							
					ļ				ļ	<u> </u>			
_										1			
					-			<u> </u>		-			
Γota	ıl												

	(Complete only if you checked fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organizatio			
Sec	ction A. Public Support			· ·		·	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		(47, 2000	(-/	\\	(3, 23	17.53
	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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	i I					
	governmental unit or publicly						
	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						
Sec	ction B. Total Support				-		
Cale	ndar 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,	1					
	dividends, payments received on	1					
	securities loans, rents, royalties	1	-				
	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						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		1		1		
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						<u> </u>
	ction C. Computation of Publi					, , , , , , , , , , , , , , , , , , , 	
	Public support percentage for 2011 (l			column (f))		14	
	Public support percentage from 2010					15	
16a	33 1/3% support test - 2011. If the c	-			14 is 33 1/3% or r	more, check this	box and
	stop here. The organization qualifies		=				▶
b	33 1/3% support test - 2010. If the c	-			d line 15 is 33 1/39	% or more, checl	this box
	and stop here. The organization quali		• • •				▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the *fac				· •	art IV how the or	ganization
	meets the "facts-and-circumstances"	_			_		▶∟
b	10% -facts-and-circumstances test		-				
	more, and if the organization meets th						the
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	icly supported org	anization	▶L

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

(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.)

Se	ction A. Public Support	elow, please comp	lete r art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	10, 2001	10/ 2000	10, 2000	15, 2010	10/2011	Ly Total
•	membership fees received. (Do not						
	include any "unusual grants.")	33,821.	51,833.	45,809.	49,451.	53.077.	233,991.
2	Gross receipts from admissions,	30,321		20,000	7, 1011	0070110	20073311
_	merchandise sold or services per-						
	formed, or facilities furnished in	,	ĺ		ľ		
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513	}	1				
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit to	,	İ				
	the organization without charge	į					
6	Total. Add lines 1 through 5	33,821.	51,833.	45,809.	49,451.	53,077.	233,991.
	Amounts included on lines 1, 2, and	33,021	31,000			00/0110	
•	3 received from disqualified persons	į į	,				0.
Ł	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						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						233,991.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	33,821.	51,833.	45,809.	49,451.	53,077.	233,991.
	Gross income from interest,				·		· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	6,387.	5,434.	4,442.	4,739.	4,735.	25,737.
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	6,387.	5,434.	4,442.	4,739.	4,735.	25,737.
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried 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)	40,208.	57,267.	50,251.	54,190.	57,812.	259,728.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here				***		▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2011 (ine 8, column (f) di	vided by line 13, c	olumn (f))	ļ	15	90.09 %
	Public support percentage from 2010					16	<u>88.89</u> %
	ction D. Computation of Inve						0.01
	Investment income percentage for 20			e 13, column (f))		17	9.91 %
	Investment income percentage from					18	11.11 %
19	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box a						► X
	o 33 1/3% support tests - 2010. If the						. —
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	<u>▶</u>

SCHEDULE O (Form'990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2011
Open to Public Inspection

Name of the organization

BANGOR CHRISTIAN SCHOOLS FOUNDATION

Employer identification number 01-0523688

BANGOR CHRISTIAN SCHOOLS FOUNDATION	01-0	0523688	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:			
DESCRIPTION OF PROPERTY:		AMOUN'	Г:
DIVIDENDS AND INTEREST		4	,735.
REALIZED GAINS ON INVESTMENTS			37.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4		4	,772.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION OF OTHER EXPENSES:		AMOUN	Γ:
BANK SERVICE CHARGE		1,	706.
OTHER EXPENSES			35.
PROFESSIONAL FEES		1,	,250.
DISTRIBUTIONS TO BCS		45	<u>,297.</u>
FUNDRAISING		1,	,258.
TOTAL TO FORM 990-EZ, LINE 16		49	,546.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:			
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUN	r:
UNREALIZED GAIN ON INVESTMENTS			262.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:			
DESCRIPTION BEG. O	F YEAR	END OF	YEAR
ACCOUNTS PAYABLE	200.		0.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FOU INVESTMENT PROPERTY FOR THE BANGOR CHRISTIAN SCHOOLS	NDATION	MANAGES	

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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

Name of the organization

BANGOR CHRISTIAN SCHOOLS FOUNDATION

Employer identification number 01-0523688

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form ,8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2012)

 $\triangleright [X]$ • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print BANGOR CHRISTIAN SCHOOLS FOUNDATION 01-0523688 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 1476 BROADWAY return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BANGOR, ME 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return Return **Application** Application Is For Code Code Form 990-T (corporation) Form 990 01 07 Form 1041-A 80 Form 990-BL Form 4720 09 Form 990-EZ 01 Form 5227 10 Form 990-PF 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) Form 8870 DEAN SCHROEHER The books are in the care of > 1476 BROADWAY, BANGOR MAINE -Telephone No. ► 207-947-6576 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box > ____ . If it is for part of the group, check this box > ____ and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar vear , and ending JUN 30, 2012 JUL 1, 2011 ► X tax year beginning Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ь estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.