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# -orm 990-PF

### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

				x year beginning	Jul	1	, 2011	, and ending	Jun	30		2012		
DO	N I		AN FOUNDAT							Α	Employer ide 13-330	entification nu 17700	mber	
c/	0 5	HUE	•	er if mail is not delivered to AVILION 261		•		Room/suite 720		B 		umber (see the 884 - 567		
-	or tov	vn E <b>NT</b> C	)WN					ZIP code 19046	,	С	If exemption	application is	pending, check he	ere 🕨 🗌
G	Che	ck al	I that apply	Initial return	[] Ini	tial Return	of a for	rmer public cha	arity	D 1	Foreign orga	nızatıons, che	ck here	▶ □
			_	Final return	—	mended retu			ŀ				ting the 85% test,	rheck
H	C	heck	type of organiza	Address change tion X Section		ame change 3) exempt p		foundation				ach computati		
_	[			nonexempt charitat				<del></del>		E		undation statu n 507(b)(1)(A	s was terminated	▶ □
1			ket value of all asset <i>rt II, column (c), line</i>	s at end of year 16)	$\overline{}$	ing method (specify)	X C	Cash	1	F			), check here )-month termination	n LJ
	<b>►</b> \$				· ·	· '	st be o	n cash basis.)				n 507(b)(1)(B		<u> </u>
Ka	intil		nalysis of Re	venue and total of amounts in		a) Revenue		(b) Net inve		t		sted net	(d) Disburse	
		cc	lumns (b), (c), a	and (d) may not nec	es-l	penses per	DOOKS	incom	ie		inco	ome	for charit	
		\$2 (\$	riiy equai the an ee instructions))	nounts in column (a	,					j			(cash basis	s only)
		1	`	grants, etc, received (att s		40,	000.	MATERIAL STATE					COLUMN TO STATE OF THE STATE OF	
		2		undn is <b>not</b> req to att Schings and temporary	B AND		/ 50°C (1986)	SHAPE TAY						
		3	cash investmen	its	Ĺ		22.		22	2.		22.		
		_	Dividends and intere	est from securities		7,	000.	7	7,000			7,000.		
			Gross rents Net rental income	•	2000	THE RESERVE				- Te				
1	R	6a	or (loss) I Net gain/(loss) from	sale of assets not on line	10		S. E. Oliver, S. F. S. S.		100					
1	E V		Gross sales price for assets on line 6a		7.2			Andreas Plate Administra						
	E N	7	Capital gain net inco	me (from Part IV, line 2)				RECEIV	VE	) K				
	א U	8 9	Net short-term	•		7	21 to 628	NOVE SAME	A STATE OF		<del>ol</del>			A CONTRACT
1	E		Gross sales less	ations				-0-5-5-7-1x			3			
			returns and allowances Less Cost of		2000 2000 2000 2000 2000 2000 2000 200	* * * * * * * * * * * * * * * * * * * *			7,44					
		_	goods sold	(all - all)		e de la companya de								
			: Gross profit/(loss) : Other income (a	• •	-		+	<b>CODE</b>	THE STATE OF THE S	<del>21</del> 5				
				ROYALTI	ES		919.		919	7.		919.		
			Total. Add lines			47,	941.	7	7,941			7,941.	No.	
		13 14	Other employee sala	cers, directors, trustees, e	tc								<del> </del>	
		15		employee benefits	<del> </del>		<del></del>			$\dashv$				
Ø	A		Legal fees (attach s	• •										
2	M		Accounting fees (att							$\bot$				
	Ņ		Other prof fees (atta	ach sch)										
GOP OF	Š	18	Interest	e instrs) See Line 18 S	tmf		78.	<del> </del>		+	<del></del>			
c ok	R		Depreciation (at	ttach						十				
띰	Ţ	20	sch) and deplet Occupancy	ion .						-				
o <sup>©</sup>	Ě	21		nces, and meetings	-					$\dashv$				
∐.A	Ę	22	Printing and pul	blications										
SCANNED DE	P	23	Other expenses	(attach schedule)  BANK FE	20		360.							
S	N S	24	Total operating	and administrative			300.			+				
S	Š		expenses. Add	lines 13 through 23			438.	Considerate Consideration (Constitution	ri urusi i mac	-	CON HILAND, 100	Well and the second second		
			Contributions, gifts,	-	_	38,	000.			冰湖	A. 18 2 4 8 4	1200 2 2 4 4		
			Add lines 24 an				438.							
			Subtract line 26			<b>2.12</b> 2.3								
	]	а	and disburseme	nue over expenses ents		9.	503.							
	- 1	b		me (if negative, enter -0-)					,941					
	}			(if negative, enter -0-)		<b>新教育</b>						7,941.	PORT DE LES	

Form	990-	PF (2011) DON MCLEAN FOUNDATION		13-330	7700 Page 2
		Attached schedules and amounts in the description	Beginning of year	End o	of year
T, ai		Balance Sheets column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	114,852.	124,355.	129,089.
	3	Accounts receivable	The second second	ながればいる。	
	]	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable .			A SECTION AND A
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
Ā		Less. allowance for doubtful accounts			
S	8	Inventories for sale or use	<u> </u>		
A S E T	9	Prepaid expenses and deferred charges			
S	1	a Investments – U.S. and state government			
	i	obligations (attach schedule)			
		b Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule)		PARTICIPATION OF THE PARTICIPA	TALES SAME TALES
	11	Investments – land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule) .			
	1	Investments – mortgage loans .			
	13	Investments – other (attach schedule)	arrand the Print State Sec. of California, in the California Printer Sec.	MAC TO ACCOMPTION AND ADDRESS OF THE PARTY O	Carter Committee to a surfaceful state of a service of the
	14	Land, buildings, and equipment: basis ►			
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe			<u></u>
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	114,852.	124,355.	129,089.
	17		114,032.	124,333.	129,009.
Ī	18	Grants payable			
A B					
Ţ	20	Loans from officers, directors, trustees, & other disqualified persons	<del></del>		
L	1	Mortgages and other notes payable (attach schedule)			
Ť	21	., ,		· · · · · · · · · · · · · · · · · · ·	
i E	22	Other liabilities (describe			
<u> </u>	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
E U T N	25	Temporarily restricted .			
' D		Permanently restricted	· · · · · · · · · · · · · · · · · · ·		
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĔÎ	27				
TA	1	Capital stock, trust principal, or current funds			
Č	28	Paid-in or capital surplus, or land, building, and equipment fund	114 050	104 355	
O E R S	29	Retained earnings, accumulated income, endowment, or other funds	114,852.	124,355.	
кэ	30	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances	114,852.	124,355.	
	31	(see instructions)	114,852.	124,355.	
Pär	EIII	Analysis of Changes in Net Assets or Fund Balanc			
	Tota	I net assets or fund balances at beginning of year- Part II, colur		ree with	114 052
2		of-year figure reported on prior year's return).		. 2	114,852. 9,503.
2		r amount from Part I, line 27a	•	. 2	3,503.
3		increases not included in line 2 (itemize)			124 255
4		lines 1, 2, and 3		5	124,355.
5		ases not included in line 2 (itemize)			124 255
	TOTA	I net assets or fund balances at end of year (line 4 minus line 5)	r rait ii, coluinii (b), lir	ic 30	124,355.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Enter qualifying distributions from Part XII, line 4

8

rai	T.VISBU EXCISE Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instr	uctions	<u>s)</u>	
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)	1			
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			159.
	check here ► _ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			<u> </u>	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	2 2 2 2	a revis	0.
3	Add lines 1 and 2	3			159.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			159.
6	Credits/Payments			Sec. Sec.	,
а	2011 estimated tax pmts and 2010 overpayment credited to 2011				
b	Exempt foreign organizations – tax withheld at source 6b				
c	Tax paid with application for extension of time to file (Form 8868) 6c159.			1 A 2 2 2 1 1	
c	Backup withholding erroneously withheld 6d	]		4. A.	
7	Total credits and payments Add lines 6a through 6d	7			159.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0.
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11			
Ŗãĩ	t VII-A Statements Regarding Activities				
1 2	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Ye:	s No
	participate or intervene in any political campaign?			1a	<u> </u>
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b	х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials put or distributed by the foundation in connection with the activities	blishe	∍d		100
c	Did the foundation file Form 1120-POL for this year?			1c	x
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation (2) On foundation managers				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers	on			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	х
_	If 'Yes,' attach a detailed description of the activities			100 THE RESERVE TH	
	· · · · · · · · · · · · · · · · · · ·				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	S		3	Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	x
t	If 'Yes,' has it filed a tax return or Form 990-T for this year?			4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
	If 'Yes,' attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				7
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that c with the state law remain in the governing instrument?	onflic	:t	6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7 X	+
	Enter the states to which the foundation reports or with which it is registered (see instructions)				
oa					
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		_	8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)7f 'Yes,' complete	4942 Part	2()(5) <i>XIV</i>	9	X
	Did any persons become substantial contributors during the tax year If 'Yes,' attach a schedule listing their na and addresses			10	x
	anu auuresses				(0011)

**b** If 'Yes,' did it have excess business holdings in 2011 as a result o(1) any purchase by the foundation or disqualified persons after May 26, 1969,(2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)

**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4b		X
124		
4a		x
3b		
1	133°	التختبنين

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Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)	1:17:18919519:1982938
5a During the year did the foundation pay or incu		n (contian 4045(a))2	Yes X	
(1) Carry on propaganda, or otherwise attemp	-		res &	NO I
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	1 4955); or to carry		No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No The second
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	han a charitable, etc, oi 4940(d)(2)? (see instri	ganization described uctions)	Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), didany of t described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the except ding disaster assistance	ons	5b
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	► 🗌	
<b>c</b> If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	Yes [	No S
If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5-5(d).		
6a Did the foundation, during the year, receive an on a personal benefit contract?			∐ Yes X	No Service Ser
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b. file Form 8870.	iums, directly or indirec	tly, on a personal bene	nt contract?	6b X
7a At any time during the tax year, was the found	dation a party to a prob	ibited tax shelter transa	ction? . Yes X	No
<b>b</b> If 'Yes,' did the foundation receive any proceed	-			7b
Part VIII Information About Officers, D				imployees,
and Contractors				
1 List all officers, directors, trustees, foundation			(d) Contributions to	(e) Expense account,
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
DON MCLEAN				
P.O. BOX 307, CAMDEN	PRES	_	_	_
MA NE 04843	1.00	0.	0.	0.
		_		
2 Compared to a five highest said ample to	a (ather they these inc	luded on line 1 coe inc	tructions) If none ont	or 'NONE '
2 Compensation of five highest-paid employee (a) Name and address of each employee	(b) Title, and average		(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allowances
NONE			osponodion	
0				
0				
0			:	
0			<del></del>	
Total number of other employees paid over \$50,000	<u> </u>			None
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Part VIII Information About Officers, Directors, Trustees, Foundation Maand Contractors (continued)	anagers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see instructions	). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	) Type of service	(c) Compensation
NONE		
	N/A	
Total number of others receiving over \$50,000 for professional services	. •	None
PartilX At Summary of Direct Charitable Activities		
1-13 - 1 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1		
	. <b>-</b>	
		<del></del>
2		
3		
4		
<del></del>		
Partix B Summary of Program-Related Investments (see instructions)		
	<del></del>	
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amount
1		
2	<b></b>	
	. <b></b>	
All other program-related investments. See instructions.		
3	. <b></b>	
Total. Add lines 1 through 3	. •	

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Part X Minimum Investment Return (All domestic foundations must complete this part see instructions.)		foundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: <ul> <li>a Average monthly fair market value of securities</li> </ul>	1 a	
<b>b</b> Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets.	3	0.
3 Subtract line 2 from line 1d	3  -	<u> </u>
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return.Enter 5% of line 5	6	0.
PartXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of and certain foreign organizations check here ► ☐ and do not complete this part		oundations 
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2011 from Part VI, line 5	9.	
b Income tax for 2011 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	159.
3 Distributable amount before adjustments. Subtract line 2c from line 1 .	3	0.

### PariXII Qualifying Distributions (see instructions)

6 Deduction from distributable amount (see instructions)

5 Add lines 3 and 4 .

4 Recoveries of amounts treated as qualifying distributions .

7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
<b>a</b> Expenses, contributions, gifts, etc— total from Part I, column (d), line 26	1a	
<b>b</b> Program-related investments – total from Part IX-B	1 b	·— · · · · · · · · · · · · · · · · ·
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	<u> </u>
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	. <u></u>
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4 .	6	0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
1 Distributable amount for 2011 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2011:			である。	是是認識的
a Enter amount for 2010 only		Carried Control of the Control of th	0.	Law Second Law of the Control of the
<b>b</b> Total for prior years: 20, 20, 20				而是 三世
3 Excess distributions carryover, if any, to 2011:		TO THE PARTY OF TH		門可能認識的
<b>a</b> From 2006 <b>10,000</b> .			是一个人	
<b>b</b> From 2007 0.				
<b>c</b> From 2008 <b>0.</b>				1
<b>d</b> From 2009 0.			the state of the s	
<b>e</b> From 2010 <b>0.</b>	R. T. T. S.			
f Total of lines 3a through e	10,000.	The second second	13 - With a state of state of	
4 Qualifying distributions for 2011 from Part		The state of the s	Land American State The State	
XII, line 4. ► \$		HE WILL	4-4472	
a Applied to 2010, but not more than line 2a	Est Told Title			
<b>b</b> Applied to undistributed income of prior years	The same of the sa			
(Election required — see instructions)			the mind of the second	
c Treated as distributions out of corpus			Mark Control of the C	
(Election required – see instructions)			The second second second	
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus			in the second	LIEU AND PARTY
5 Excess distributions carryover applied to 2011		- risk	A CONTRACTOR OF THE PARTY OF TH	
(If an amount appears in column (d), the same amount must be shown in column (a))				
Same amount must be shown in column (a)			والمراكزية	(A) 10 10 10 10 10 10 10 10 10 10 10 10 10
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	10,000.			Chelds made to come in Water Man
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b	A STATE OF THE PROPERTY OF THE	0.		
c Enter the amount of prior years' undistribut-			The state of the s	
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed	AFT WEEL THE			
d Subtract line 6c from line 6b Taxable				
amount — see instructions	the same of the sa	0.	in marining	La L
e Undistributed income for 2010. Subtract line 4a from		the fifth of the second		
line 2a Taxable amount — see instructions	Edeady moules with the	hand much hard - de be	0.	اللمالية المالية المالية المالية
f Undistributed income for 2011, Subtract lines 4d and 5 from line 1. This amount must be			10-14 15 15 15 15 15 15 15 15 15 15 15 15 15	
distributed in 2012	المستسبعة المستس	- in the state of		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				Land Control of the C
(see instructions)			Line Liver Buch	La sidala Emmana
8 Excess distributions carryover from 2006 not				
applied on line 5 or line 7 (see instructions)	10,000.	L'internation		med and the latest
9 Excess distributions carryover to 2012.		All switch	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Subtract lines 7 and 8 from line 6a	0.	<u></u>		The state of the s
10 Analysis of line 9.				3
a Excess from 2007 0.				
<b>b</b> Excess from 2008 0.		· · · · · · · · · · · · · · · · · · ·		
c Excess from 2009 0.	433		17. 人工成功的	
d Excess from 2010 0.	Marie Marie Control			
e Excess from 2011 0.	li managara	Personal distribution	tillian in the	المنافقة على المنافقة

Form 990-PF (2011) DON MCLEAN FOUND		untions and Dan	t VIII A guastian	13-3307700	Page 10
Part XIV Private Operating Founda					N/A
is effective for 2011, enter the date of the	ruling	that it is a private	operating roundation	, and the ruling	
<b>b</b> Check box to indicate whether the foundation	ition is a private ope	erating foundation o	described in section	4942(j)(3) or	4942(J)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
Income from Part I or the minimum Investment return from Part X for	(a) 2011	<b>(b)</b> 2010	(c) 2009	<b>(d)</b> 2008	(e) Total
each year listed					
<b>b</b> 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test— enter					
(1) Value of all assets			<del> </del>	ļ	······································
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test— enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV# Supplementary Information assets at any time during t	(Complete this he vear – see in	part only if the structions.)	organization ha	d \$5,000 or more	e in
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have DON MCLEAN	have contributed m ve contributed more	than \$5,000) (See	e section 507(d)(2))	_	
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the	own 10% or more of foundation has a 1	of the stock of a col 0% or greater inter	rporation (or an equa rest.	ally large portion of t	ne ownersnip of
2 Information Regarding Contribution, Gra Check here ► x if the foundation only requests for funds. If the foundation mak	makes contributions	to preselected cha	arıtable organizations		
a The name, address, and telephone numb	er of the person to	whom applications	should be addressed	<u> </u>	
n/a					
n/a	ME 1234	5			
<b>b</b> The form in which applications should be <b>NA</b>	submitted and infor	mation and materia	als they should includ	de	
c Any submission deadlines.					<del></del>
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of it	nstitutions, or other f	actors

Rart XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions P	aid Du	ring the Ye	· · · · · · · · · · · · · · · · · · ·		t	<u> </u>
Recipient			If recipient is an individual, show any relationship to any foundation manager or	status of	Purpose of grant or contribution	Amount
Name and address (home	or busii	ness)	substantial contributor	recipient		
a Paid during the year						
MID- COAST HOSPITALIT	Y HOU	JSE				
P.O. BOX 155						
ROCKPORT	ME	04856		N/A	CHARITABLE	10,000.
CAMDEN AREA CHRISTIAN	FOOD	PANTRY				
128 MOUNT BATTIE ST						
CAMDEN	ME	04843		N/A	CHARITABLE	2,000.
BELFAST SOUP KITCHEN						
P.O. BOX 1153						
BELFAST	ME	04915		N/A	CHARITABLE	5,000.
MEALS ON WHEELS						
39 SUMMER STREET						
ROCKLAND	ME	04841		N/A	CHARITABLE	4,000.
ZENITH PROGRAM						
7 LIONS LANE						
CAMDEN	ME	04843	NONE	N/A	CHARITABLE	4,000.
TOXINS ACTION CENTER						
44 WINTER ST. 4TH FLO	OR					
BOSTON	MA	02108	NONE	N/A	CHARITABLE	2,000.
PRESCRIPTIONS POLICY	CHOI	CES				
P.O. BOX 204						
HALLOWELL	ME	04347	NONE	N/A	CHARITABLE	1,000.
ACLU OF MAINE						
121 MIDDLE STREET STE	301					
PORTLAND	ME	04101	NONE	N/A	CHARITABLE	500.
AMANDA WALKER						
C/O CAMDEN HILLS REGIONAL H.S	25 KEE	LSON DRIVE	:	•		
CAMDEN	ME	04843	NONE	N/A	CHARITABLE	2,500.
See Line 3a statement				,		
						7,000.
					<u> </u>	
Total				, · · · · · · · · · · · · · · · · · · ·	► 3a	38,000.
<b>b</b> Approved for future paymer	nt					
					ľ	
				1		
Total .					. ► 3b	

# Part XVI:A Analysis of Income-Producing Activities

				Evoludo	d by postion E12 E12 or E14	
Ente	er gross amounts unless otherwise indicated	(a) Business	ed business income (b) Amount	(c) Exclu-	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program service revenue	code		sion		(See instructions)
а	a					
Ł	b					
C	C		<del></del>			<u> </u>
C	d			ļ		<del>-</del>
e	e			ļ		· · · · · · · · · · · · · · · · · · ·
f						
	g Fees and contracts from government agencies		<u> </u>	<del> </del>		
	Membership dues and assessments	·		<del> </del>		
3 4	Interest on savings and temporary cash investments  Dividends and interest from securities			<del> </del>		
	Net rental income or (loss) from real estate:	**************************************		MEN SAL		es, complete complete size.
	Debt-financed property	8 20 12 14 12 13 13 13 13 13 13 13 13 13 13 13 13 13	TO SEE AT THE SEE SEE ASSESSMENT FOR	232-1-364	ERSTONE TO SERVICE CONTRACTOR	在中心一次是由于14年4年1月1日 11日 11日 11日 11日 11日 11日 11日 11日 11日
	b Not debt-financed property	<del></del>		<del>                                     </del>		
	Net rental income or (loss) from personal property			<del> </del> -		
7					<u></u>	
8	Gain or (loss) from sales of assets other than inventory .					
9	Net income or (loss) from special events					
10						
11	Other revenue	<b>****</b>	THE RESERVE OF THE PERSON OF T	<b>到</b>	聯繫罪遭於認定認	TERRESONE PRO
a	ROYALTIES	999999	919.			
ŧ	b					
•			İ			
•	c				<del></del>	
Ċ	cd					
6	cd de			Z-II-PA CANA		
12	cdeSubtotal. Add columns (b), (d), and (e)		919.			
12 13	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)		919.			919.
12 13	cdeSubtotal. Add columns (b), (d), and (e)		<u> </u>			919.
12 13 See	Cd	tions)			13	919.
12 13 See	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated at the columns (b).  Relationship of Activities to the columns (b).	tions)	shment of Exempt	Purpo	13 ses	
12 13 See	Cd	tions) ne Accompli	shment of Exempt	Purpo	ses contributed importantly	to the
12 13 See Par	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular  EXVI:B: Relationship of Activities to the No.  Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli	shment of Exempt	Purpo	ses contributed importantly	to the
12 13 See Par	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular  EXVI:B: Relationship of Activities to the No.  Explain below how each activity for which accomplishment of the foundation's exemptions.	ne Accompli Income is report purposes (ot	shment of Exempt	Purpo	ses contributed importantly	to the
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12 13 See Par	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular  EXVI:B: Relationship of Activities to the No.  Explain below how each activity for which accomplishment of the foundation's exemptions.	ne Accompli Income is report purposes (ot	shment of Exempt	Purpo	ses contributed importantly	to the
12 13 See Par	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular  EXVI:B: Relationship of Activities to the No.  Explain below how each activity for which accomplishment of the foundation's exemptions.	ne Accompli Income is report purposes (ot	shment of Exempt	Purpo	ses contributed importantly	to the
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12 13 See Par	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular  EXVI:B: Relationship of Activities to the No.  Explain below how each activity for which accomplishment of the foundation's exemptions.	ne Accompli Income is report purposes (ot	shment of Exempt	Purpo	ses contributed importantly	to the
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12 13 See Par	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular  EXVI:B: Relationship of Activities to the No.  Explain below how each activity for which accomplishment of the foundation's exemptions.	ne Accompli Income is report purposes (ot	shment of Exempt	Purpo	ses contributed importantly	to the

Page **13** 

# Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describer relating  a Transfer  (1) Cas  (2) Other transfer  (1) Sale  (2) Puro  (3) Ren  (4) Reir  (5) Loan  (6) Pero  c Sharing	ed in section 501( to political organics from the report is an assets from the sections es of assets to a rechases of assets intal of facilities, editions or loan guarant formance of service of facilities, equipment of facilities, equipment for facilities.	(c) of the Code (or izations? Iting foundation to moncharitable exertion a noncharitation and itingements of the code of the c	engage in any of the following wither than section 501(c)(3) organization and organization and organization are assets  are or fundraising solicitations at sets, other assets, or paid employ complete the following schedule by the reporting foundation. If the organization of the column (d) the value of the second column (d) the value of the second column (d) the value of the column (d) the column (d) the column (d) the column (d) the value of the column (d)	nizations) or in section ration of.	527,	1a (1) X 1a (2) X 1b (1) X 1b (2) X 1b (3) X 1b (4) X 1b (5) X 1c X  arket value of et value in d
		I				
(a) Line no	(b) Amount involved	d (c) Name	of noncharitable exempt organization	(d) Description of tra	ansfers, transactions, and	sharing arrangements
				1		
			·		<del></del>	
<del></del>		<del></del>	<del></del>	·		· · · · · · · · · · · · · · · · · · ·
						<del></del>
			·			
describe  b If 'Yes,'	oundation directly ed in section 501( complete the follon) Name of organia	c) of the Code (o owing schedule.	ated with, or related to, one or rether than section 501(c)(3)) or in (b) Type of organization	section 527? .	(c) Description of re	Yes X No
Under correge,	penalties of perjury, I de any complete Declara	eclare that I have exam	nined this return, including accompanying so than taxpayer) is based on all information of	hedules and statements, and to the statements of the statements of the statements and the statements of the statement of the stat	io the best of my knowledg	ge and belief, it is true,
Sign Here	ature of officer or trustee	Moseun	-   u/e4/12-	FDN PRESID	ENT	May the IRS discuss this return with the preparer shown below (see instructions)?  Yes No
	Print/Type preparer's	нате	Prefarer's signature	LIPA Date	Check ıf	LIM
Paid	STEVEN M.		P.A. WWW.	7,47  10/04/12	self-employed	P00142230
reparer	Firm's name	SHUBERT GO	ODMAN AND HUTTNER LL	P	Firm's EIN ► 23-2	983324
Jse Only	Firm's address	261 OLD YO	RK ROAD SUITE 720			— ·· —
		JENKINTOWN		A 19046	Phone no (215	) 884-5678
BAA						Form <b>990-PF</b> (2011)

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization	Employer identification number				
DON MCLEAN FOUNDATION	13-3307700				
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ		501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust trea 501(c)(3) taxable private foundation	onexempt charitable trust treated as a private foundation			
Check if your organization is covered <b>Note.</b> Only a section 501(c)(7), (8), o	by the <b>General Rule</b> or a <b>Special Rule</b> r (10) organization can check boxes for both the General	Rule and a Special Rule. See instructions			
General Rule					
x For an organization filing Form 95 contributor. (Complete Parts I and	90, 990-EZ, or 990-PF that received, during the year, $5.0$ d II.)	000 or more (in money or property) from any one			
Special Rules					
509(a)(1) and 170(b)(1)(A)(vi), ar	on filing Form 990 or 990-EZ that met the 33-1/3% suppond received from any one contributor, during the year, a consequence of the year, a consequence of the year, a consequence of the year, and the year, a consequence of the year, and year, year, and year, and year, ye	ontribution of the greater of \$5,000 or			
total contributions of more than \$	0) organization filing Form 990 or 990-EZ that received from 1,000 for useexclusively for religious, charitable, scientific en or animals. Complete Parts I, II, and III.	om any one contributor, during the year, , literary, or educational purposes, or			
If this box is checked, enter here	<ol> <li>organization filing Form 990 or 990-EZ that received from religious, charitable, etc., purposes, but these contributions that were received during the year the parts unless the General Rule applies to this organizat</li> </ol>	for aexclusively religious, charitable, etc.			
religious, charitable, etc, contribu	tions of \$5,000 or more during the year	<b>►</b> \$			
990-PF) but it must answer 'No' on P	covered by the General Rule and/or the Special Rules doe art IV, line 2, of its Form 990; or check the box on line H ot meet the filing requirements of Schedule B (Form 990,	of its Form 990-EZ or on Part I, line 2, of its			
BAA For Paperwork Reduction Act 990EZ, or 990-PF.	Notice, see the Instructions for Form 990,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)			

	_	_
Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1
Name of organization	Employer id	lentif

Page 1 of 1 of Employer identification number

1 of Part 1

DON MC	LEAN FOUNDATION	13-33	307700
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	P.O. BOX 307  CAMDEN ME 04843	\$40,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there
I		l .	is a papacab contribution

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

I —	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
NY ANNUAL FILING FEE	60.			
EXCISE TAX	18.			

Total

78.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient			If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business
Name and	addres	ss	show any	status		Checkbox
(home or b	usines	s)	relationship to	of re-		
(		-,	any foundation	cipient		Amount
			manager or	J Sipioni		, who are
			substantial			
			contributor			
			Continuator			
a De datament the second						
a Paid during the year						
ABBY J ULMER						Person or X
C/O CAMDEN HILLS REGIONAL H.S 25 KEELSON			<b>-</b>			Business
CAMDEN	ME	04843	NONE	N/A	CHARITABLE	2,500.
SAMANTHA GILBER	<u> </u>		 			Person or X
33 HALIFAX ST #	2	· <b>-</b>				Business
WINSLOW	ME	04901	NONE	N/A	CHARITABLE	2,500.
CYNTHIA ANDREW						Person or X
C/O DEB ANDREWS,	P.O.	BOX 63				Business
SEAL HARBOR	ME	04675	NONE	N/A	CHARITABLE	2,000.

Total

7,000.

# (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. 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 filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Part I 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. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print X 13-3307700 DON MCLEAN FOUNDATION File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) filing your return See instructions C/O SHUBERT, THE PAVILION 261 OLD YORK RD, #720 City, town or post office, state, and ZIP code. For a foreign address, see instructions JENKINTOWN 19046 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Application Is For Return Return Code Code Form 990-T (corporation) Form 990 01 07 Form 990-BL 02 Form 1041-A nα Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 12 Telephone No ► (215) 884-5678 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, If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members check this box the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until  $\underline{\text{Feb}}$   $\underline{15}$  \_\_\_ , 20  $\underline{13}$  \_ , to file the exempt organization return for the organization named above. The extension is for the organization's return for. calendar year 20 or tax year beginning  $Jul 1 _{-}$ , 20 11, and ending  $Jun 30 _{-}$ , 20 12. 2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return | | Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 159. nonrefundable credits See instructions За b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit **3b**|\$ 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c |\$ 159. 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. BAA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev 1-2012) FIFZ0501 01/04/12