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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

<u>A</u>	For the	2012 cale	endar year, or tax year			<u>, 2012, a</u>	<u>nd ending</u>			, 20	
В	Check rf	applicable:	C Name of organization V	Valter Bisbee T	rust				D Employ	er identification	number
П	Address	change	Doing Business As Ch	aritable Trust						01-6011528	
$\overline{\Box}$	Name ch	-	Number and street (or P		not delivered to stre	et address)	Room/suit	е	E Telecho	ne number	
Ħ	Initial ret	•	117 Shendan Street			,	ļ	4		207-671-2654	
H			City, town or post office	•		207 07 1 200 1					
H	Terminat			, state, and ZIF C	oce .						288,712.86
님	Amende		Portland, ME 04101						G Gross n	-	
ш	Applicati	ion pending	F Name and address of pr	incipal officer:				H(a) is this a	group return	for affitiates? \square Ye	
_						s		H(b) Are al			ss 🗌 No
<u></u>	Tax-exer	npt status:	☑ 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527	If "N	o," attach a	a list. (see instruct	ions)
J	Website	: ▶						H(c) Group	exemption	n number ▶	
K	Form of c	organization:	Corporation Trust	Association	Other ▶	L Yea	r of formation	on: 1999	M State	of legal domicile:	ME
	art I	Summ				1				<u> </u>	
_	1		escribe the organizati	on's mission	or most significa	ant activities:	The sole	purpose of	the trust is	s to provide sup	port
	1 -	-	neficiary, Maine School A		_						
8			organization		20, 04/100/11/11/10	Tilgit concei, ti			- COG!!!ECU	ao a idiiy	
Activities & Governance											
Ē	l _										
<u> </u>			is box ▶☐ if the orga		-		sposed of	more than		its net assets	•
- es	3	Number	of voting members of	the governing	g body (Part VI,	line 1a) . .			3		1
8	4	Number	of independent voting	members of	the governing I	oody (Part VI,	line 1b)		4		1
Ě	5	Total nur	nber of individuals en	nployed in cal	endar year 201:	2 (Part V, line	2a) .		5		0
둉	6	Total nun	nber of volunteers (es	stimate if nece	essary)				6		0
⋖			elated business rever			. line 12			7a		0
	b		ated business taxable						7b	,	0
-		1101 01110	diod bdoillood taxabi	C II IOOM O II ON	17 01111 000 7, 11	11007	 i	Prior Ye	_	Current 1	
	8	Contribut	tions and grants (Part	· \/III line 1h\							
Revenue				-	· · · · ·		∵ . ⊢				
é		_	service revenue (Parl	07	0.000.00		00 740 00				
ě			nt income (Part VIII, o		-		•• ⊢	2/	0,059.92	2	88,712.86
_			renue (Part VIII, d <mark>olum</mark>				· · L				
			enue—add lines 8 thro				e 12)	27	0,059.92	2	88,712.86
	13	Grants ar	nd similar amounts pa	aid (Part IX, co	Siumn (A), ligies	1–3)	L	26	6,100.00	2	52,600.00
	14	Benefits	paid to or for membe other compensation, e	rs,(RaiftlX), oco	lumma (A), lime (4)		[0		0
9	15	Salaries,	other compensation, e	mployee bene	fits (Part IXV)colu	ımn (A), lines 5	5–10)	3	1,881.06		34,406.57
Ž	16a	Professio	nal fundraising fees (Part IX, colun	n-(A);-line-i (e)		Г		0	-	0
Expenses	Ь	Total fund	draising expenses (Pa		(D) line 25)				. ,		*, *, *, *,
Ш			oenses (Part IX, colum			e)			0		0
			enses. Add lines 13-				∵ : ⊢	29	7,881.06	2	87,006.57
			less expenses. Subtr				'		,821.14)		1,706.29
- ·		1 icvoilue	iess expenses. Subti	act into 10 iic	111111111111111111111111111111111111111		· ·	eginning of Cu		End of Y	
Net Assets or Fund Balances		T-4-1	-t- (Dt-)/ !! 40)				-				
888 888	20		ets (Part X, line 16)				• • _	9,33	1,548.62	10,0	38,478.65
돌	21		ilities (Part X, line 26)				· · _		0		0
			ts or fund balances. S	Subtract line 2	1 from line 20		<u> </u>	9,33	1,548.62	10,0	38,478.65
Pa	art II	Signat	ure Block								
Ųn	der penal	ties of peny	ry, declare that I have, exa	mingd this return	, including accompa	anying schedules	and statem	ents, and to th	e best of n	ny knowledge an	d belief, it is
tru	e, correct	, and complete	ete. Declaration of preparer	other than office	or) is based on all inf	formation of which	h preparer h	as any knowle	edge.		
			//IMU XI.()	Del.	huster.	•			4/8/2	013	
Sig	n l	Signa	ure of officer					Dat	e		
He	re		JAMES G.	O'ROURK	E, TRUST	765_					
		Type	or print name and title	waite	· · · · · · · · · · · · · · · · · · ·						
_		<u>, , , , , , , , , , , , , , , , , , , </u>	oe preparer's name	Pren	arer's signature		Date	<u> </u>	Τ	IPTIN	
Pa		1						-	Check [_ if	
	epare								self-emp	noyeu	
Us	e Only							Firm	's EIN ▶		
Mari	v the ID		ddress >					Pho	ne no.		
			this return with the p			instructions)			· · ·		s No
For	Paperw	ork Reduc	ction Act Notice, see ti	he separate in:	structions.		Cat. No.	. 11282Y		Form	990 (2012)

Form 99	0 (2012) Page 2
P art	
	' Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The sole purpose of the trust is to provide support to the beneficiary, Maine School Admin. District #28, Camden Hills High School,
	which is an institution recognized as a fully charitable organization.
	Did it was at later and the same at later the same at later and the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 501 c 3) (Expenses \$ 34,406 57 including grants of \$ 252,600.00) (Revenue \$ 288,712 86)
	######################################
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	4
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	00-7-4
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 34,406.57

Form 99			!	Page 3
Part	V Checklist of Required Schedules		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	•	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		•
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		•
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		•
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
	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		1
	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		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		y
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		•
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
_	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	\dashv	<u>/</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .		990	(2012)

Part	Checklist of Required Schedules (continued)			r
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		•
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	ı	4
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		4
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	;	•
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		4
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		•
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		•
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		·
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		/
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		/
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	<u> </u>	*
97	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		
		For	n 990	(2012)

Part				
	'Check if Schedule O contains a response to any question in this Part V	<u>· · ·</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	• ,,		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	'	Γ.
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	· .	. !	
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		L
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u></u>		***
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	igwdapprox	/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	\vdash	
4a	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		
ь	If "Yes," enter the name of the foreign country: ▶	- -	\vdash	1
_	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	Ш	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ا ۽ ا		١.
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	\longmapsto	*
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	QL.		
7	gifts were not tax deductible?	6b		h
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			.
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	· .		لننا
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		 -
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7.	. 1	1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	· .		, , ,
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	لغشب
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ì
a	Initiation fees and capital contributions included on Part VIII, line 12	.		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	, •	<u> </u>	}
a	Gross income from members or shareholders	, .]
Þ	Gross income from other sources (Do not net amounts due or paid to other sources	·]		
40-	against amounts due or received from them.)	<u> </u>		ائنت
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		$\neg \uparrow$	i
b	Enter the amount of reserves the organization is required to maintain by the states in which	, :	, •	i
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	990	(0040)
		LOUI		(ZU12)

Form 99	90 (2012)			F	Page 6		
P,art	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched						
	Check if Schedule O contains a response to any question in this Part VI	· · · · ·	<u></u>				
Secti	on A. Governing Body and Management			Vac	N-		
	man and the second seco	4 Γ		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	-+	* ,		••••		
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.	1.					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	1			` *:		
2	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?						
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person?	direct .	3		•		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4		/		
5	Did the organization become aware during the year of a significant diversion of the organization's assets		5		1		
6	Did the organization have members or stockholders?	· :.	6		✓		
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or all one or more members of the governing body?		7a		1		
b	Are any governance decisions of the organization reserved to (or subject to approval by) men stockholders, or persons other than the governing body?	ı	76		1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	ļ	7b		- 1		
	the year by the following:				1		
а	The governing body?	[8a	>			
b	Each committee with authority to act on behalf of the governing body?	_	8b	\			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		•		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal		e Co	ode.)			
		_		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		4_		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose	_ 1					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the f		10b 11a				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	····	ı ıa	•	÷1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	[-	12a		•		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cor		12b				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If describe in Schedule O how this was done		12c				
13	Did the organization have a written whistleblower policy?		13		V		
14	Did the organization have a written document retention and destruction policy?		14	4			
15	Did the process for determining compensation of the following persons include a review and approxindependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		,	,	1		
а	The organization's CEO, Executive Director, or top management official	[15a	/			
þ	Other officers or key employees of the organization		15b		✓		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment]		
	with a taxable entity during the year?		16a		✓		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguare	rd the	,		+		
	organization's exempt status with respect to such arrangements?	- [1	16b				
	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed Maine Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (available for public inspection. Indicate how you made these available. Check all that apply.	Section :	501(c)(3)s	only)		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co and financial statements available to the public during the tax year.	nflict of	inter	est p	olicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and r organization: ► James G. O'Rourke, Trustee, 117 Sheridan Street, Unit 4, Portland, ME 04101, 207-671-2654	ecords o	f the	•			

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Page	1

Form	gan	1201	2

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations	compensation from the organization and related organizations
(1) James G. O'Rourke, Trustee	38	•						34,406.57		
(2)		•					<u> </u>			
(3)										
(4)										
(5)										
(6)										
<u>(v)</u>										·····
(8)									i	
(9)										
(10)									· · · · · · · · · · · · · · · · · · ·	
(11)										
(12)										
(13)										
(14)							-			

(A) Name and title		(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe	rson irect	than of is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportab compensation related organizatio	n from	other		
		ricurs for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		fro orga and	om the inization related nization	n t
(15)										·				***
(16)							<u> </u>	-						
(17)						<u> </u>			<u> </u>					
18)				_				-			-			
(19)								\vdash			+			
20)				_	_			_						
						ļ		_	1		-			
21)			-											
22)									:					
23)														
24)														
25)														
1b c	Sub-total	VII, Sectio		•	•	 	•	>	34,406.57					
2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organical compensation).							≥ 3) W	34,406.57 ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							mp 	oloy ee , or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of reported that	portal an \$1	bie (150,	000	iper ? <i> t</i>	nsatio f <i>"Ye</i> :	na s,"	nd other comp complete Sch	ensation fro	om the	4		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	lividual	5		·
	on B. Independent Contractors								 		A 400			
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	iress							(B) Description of s	ervices	С	(C) compens		
				-										
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		, , .		

	990 (201 t VIII	· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·			Page 9
· Cii	, The same of the	Check if Schedule O contains a response to any que	stion in this Part	VIII		
	٠.	Officer in Octreditie O Contains a response to any que	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1a	Federated campaigns 1a			•	20
Giffs, Grents iler Amounts	ь	Membership dues 1b	1,			
2 8	C	Fundraising events 1c	1	1:	1 16	
₹ }	d	Related organizations 1d	1	, ,		
₽, E	e	Government grants (contributions) 1e	1	·""	,	{
<u> </u>	f	All other contributions, gifts, grants,	1		,	٠
Contributions, Giff and Other Similar		and similar amounts not included above 1f	'	·	, '	
Ēδ	g	Noncash contributions included in lines 1a-1f: \$	1 .			
\$ ₹	h	Total. Add lines 1a-1f	0	1	1	
		Business Code		١,		v *
Program Service Revenue	2a					
2	b					
<u>Ş</u>	C					
్ల	d					
Ē	е					
E	f	All other program service revenue .				
Æ	g	Total. Add lines 2a–2f	0		İ	• .
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	288,712.86			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties		_		
		(i) Real (ii) Personal	<u> </u>			
	6a	Gross rents				1. 1
	b	Less: rental expenses	1	,	* *	
	C	Rental income or (loss)	_		·	
	d	Net rental income or (loss) ▶	ļ			
	7a	Gross amount from sales of (i) Securities (ii) Other]		ζ,	
		assets other than inventory			,	
	Ь	Less: cost or other basis				,
		and sales expenses .	ļ. ·		, ,	•
	С	Gain or (loss)			· · · · · · · · · · · · · · · · · · ·	
	d	Net gain or (loss)				
•	_					
Š	8a	Gross income from fundraising	'		,	· , ,
2		events (not including \$				
Č		of contributions reported on line 1c).	1			
Other Revenue	١.	See Part IV, line 18 a	· · · · ·			
δ		Less: direct expenses b				<u></u> l
		Net income or (loss) from fundraising events .	 	•		
	38	Gross income from gaming activities. See Part IV, line 19				
	_		1	'	, , ,	
	b	Less: direct expenses b Net income or (loss) from gaming activities ▶			<u>*</u> *	
	100	Gross sales of inventory, less	1			· · · · · · · · · · · · · · · · · · ·
		returns and allowances a		• • • • • • • • • • • • • • • • • • •	A Second	
	b	Less: cost of goods sold b	- · · · · ·	ļ: l	r □ de	
	C	Net income or (loss) from sales of inventory	- · · · · · · · · · · · · · · · · · · ·	- 	<u></u>	<u></u>
		Miscellaneous Revenue Business Code		,	* * * * * * * * * * * * * * * * * * * *	
ļ	11a					<u> </u>
	b		1			
	c					
	ď	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	288,712.86			

	90 (2012)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	nalata all aalumaa	All other organization	no must complete o	olumn (A)
Secur	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	252,600.00	252,600.00	garata aparas	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0	, , , , , , , , , , , , , , , , , , , ,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0	u y	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	34,406.57	34,406.57		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a	Other employee benefits				
b c d e f	Legal			-	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14 15 16 17 18	Advertising and promotion				
19 20 21 22 23	Conferences, conventions, and meetings . Interest				
24 a	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.)				e se
b c d					
е 25	All other expenses	287.006.57	287,006.57		

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 following SOP 98-2 (ASC 958-720)

, P	art X	Balance Sheet			Page 1
	,	Check if Schedule O contains a response to any question in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
\$	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		į,	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	9,331,548.62	11	10,038,478.65
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	-	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,331,548.62	16	10,038,478.65
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	, , , , , , , , , , , , , , , , , , , ,	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	,	,	
8		disqualified persons. Complete Part II of Schedule L		22	
ر ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
80		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		بد	
Net Assets or Fund Balances	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
r run		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	, , , , , , , , , , , , , , , , , , , ,	,	
9	30	Capital stock or trust principal, or current funds	9,331,548.62	30	10,038,478.65
	31	Paid-in or capital surplus, or land, building, or equipment fund	-,50,10,000	31	
2	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>5</u>	33	Total net assets or fund balances	9,331,548.62		10,038,478.65
-	34	Total liabilities and net assets/fund balances	9,331,548.62		10,038,478.65

=:-			
		Pa	ige 12
			П
Ė	<u> </u>	288,7	12.86
		287,0	
			06.29
	9,	331,5	
		705,2	23.69
	10	038,47	79 65
L	10,	000,7	76.00
		Yes	No
	٠, `	-	, Y _ Y
in			7
	2a		✔
or			
		,	1
	2h		
•			▼

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 2 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 5 7 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990:

✓ Cash

✓ Accrual

✓ Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled of reviewed on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits **3b** Form **990** (2012)

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name	of the organization			•				Employer i	dentificatio	n number		
Walte	r Bisbee Trust								01-60			
Par			rity Status (All orga						instructio	ons.		
The c 1 2 3 4	☐ A church, con ☐ A school desc ☐ A hospital or a ☐ A medical resc	vention of churce ribed in section a cooperative ho earch organization	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun-	churche ch Sched ation des	s describe lule E.) cribed in	ed in se d section	tion 170 170(b)(1)	(b)(1)(A)((A)(iii).		(iii). Ente	er the	
5	☐ An organization	ne, city, and stat on operated for o)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernment	al unit o	lescrit	oed ir
6 7	☐ A federal, stat	e, or local gover on that normally	nment or government receives a substantia (A)(vi). (Complete Pal	al part of					nit or fron	n the ge	neral	public
8 9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A receives: (1) more that to its exempt functent income and unreufter June 30, 1975. Se	an 331/39 tions—su lated bu	6 of its subject to object to siness ta	upport fro certain e xable inc	ceptions	s, and (2 ss section) no more	than 3	3¹/₃%	of its
10 11	An organization purposes of o	on organized ar one or more put	I operated exclusively nd operated exclusive plicity supported organ describes the type of	ely for th	ne benefi describe	t of, to o	perform ion 509(a	the func a)(1) or s	tions of, ection 50	9(a)(2). S		
e f	other than four or section 509 If the organiz organization, o	Indation manage (a)(2). ation received a check this box	II c Type II that the organization ers and other than one a written determination the organization accept	is not co e or more on from	ntrolled depublicly	firectly or support	indirectied organ a Type	y by one izations o	described II, or Typ 	disqualif in secti	ied pe on 50	ersons 9(a)(1)
	following pers (i) A person v		ndirectly controls, eiti	her alone	or toget	her with	persons	describe	d in (ii) ar	nd	Yes	No
h	(ii) A family m (iii) A 35% cor	ember of a persentrolled entity of	ody of the supported on described in (i) about a person described in the support in about the support	ove? ı (î) or (ii) :	 above? .					11g(i 11g(i 11g(i)	4
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c in col. (i) is governing	organization sted in your document?	the organ col. (i) sup	ou notify nization in of your port?	organiza (ii) organ U.	tion in col. zed in the S.?	(vii) Amou si	nt of mo	onetary
MS	SAD #28. Camden			Yes	No	Yes	No	Yes	No			
(A) Hil	ls High School	01-0269114	School	•							252,6	00.00
(B)												
(C)												
(D)	-											
(E)										i		
Total	·		* •	· ,			ı ,	,			050.6	00 00

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047	2012
	l

Open to Public Inspection

Employer identification number

01-6011528

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ► Attach to Form 990. General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization Walter Bisbee Trust

Parti

=	the selection criteria used to award the grants or assistance?	award the grants (or assistance?					•		S	
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fu	nds in the United	States.				3	?
art II	Grants and Other Assistance to Governments a	sistance to Go	vernments and	and Organizations in the United States. Complete if the organization answered "Yes" to Form 990.	in the United St	ates. Comple	ete if the	organiza	tion answer	ted "Yes" to	Form 990
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	y recipient that	received more the	nan \$5,000. Part	Il can be duplica	ted if additio	nal space	e is need	ed.	; }	
1 (a) Ng	1 (a) Name and address of organization	(Q)	(c) IRC section	(c) IRC section (d) Amount of cash (e) Amount of non- (M) Method of valuation	(e) Amount of non-	(f) Method of value	ation	(g) Description of	on of	(h) Purpose of grant	e of grant

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Maine School Admin Dist. #28, Camden Hills High School	01-0269114		252,600.00			None	Education
(2)							
(6)							
(4)							
(9)							
(9)							
(<i>u</i>)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 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	501(c)(3) and gov ganizations listed	emment organiza	tions listed in the li	ne 1 table			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		ð	Cat. No. 50055P		Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Walter F. Bisbee Trust	01-6011528
	· · · · · · · · · · · · · · · · · · ·
Responses to Questions 11 and 19 Part VI	
11. Charitable Trust with solo Trustee, 990 prepared and reviewed by Trustee	
444444444444444444444444444444444444444	
19. Governing documents available from Knox County Probate Court, Rockland, ME. Also, available upon re	quest. 990 and Financial statements
files with Attorney General, State of Maine and available on request.	
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