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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)

OMB No 1545-0047

Form 990 (2012)

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

Open to Public Inspection

<u>A</u> I	For the	2012 calendar year, or tax year beginning an	d ending	-	
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres	S Alfond Scholarship Foundation			
	Name change	David Business As		26-17	765514
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone number	
	Termin	· · · · · · · · · · · · · · · · · · ·			3 <u>47-8638</u>
Ē	Amend Preturn		G Gross receipts \$	3,155,108.	
	Applica			H(a) Is this a group re	turn
	pendin			for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates incl	uded? Yes No
$\overline{\Gamma}$	Tax-exe	mpt status X 501(c)(3)	I) or 52		list (see instructions)
		e: ▶ www.500forbaby.org		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Yea		State of legal domicile: ME
		Summary			
		Briefly describe the organization's mission or most significant activities The	ASF m	ission is to	provide
Governance		incentive scholarship grants to Maine cl	hildre	n for their l	nigher
'n	1 .	Check this box if the organization discontinued its operations or disp			
, ve	-	Number of voting members of the governing body (Part VI, line 1a)		3	11
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	11
ος V		Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)	,	5	0
/tie		Total number of volunteers (estimate if necessary)		6	20
Activities &	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď		Net unrelated business taxable income from Form 990-T, Ine 34		7b	0.
_	1			Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		3,083,750.	3,155,064.
Revenue	9	(5.1)		0.	0.
ķ	10	nvestment income (Part VIII, line 2g)		77.	44.
	11	Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 1/e)		0.	0.
Ē		Total revenue - add lines 8 through 11 (must equal Rain(VII), column (A), line 12)	, [3,083,827.	3,155,108.
>		Grants and similar amounts paid (Bart IX, column (A), lines 1.3)		2,466,500.	2,516,814.
9	14	Benefits haid to or for members (Part IX columns(A) line 4)		0.	0.
2013 Expenses	15	Salaries, other compensation, employee be ensited (Patrix, eelumn (A), lines 5-10))	63,260.	83,641.
	16a	Professional fundraising fees (Part X column (A), line 11e)		0.	0.
ber	ь.	Total fundraising expenses (Part IX, column (D), line 25)	0.		•
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		537,457.	581,652.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,067,217.	3,182,107.
	19	Revenue less expenses Subtract line 18 from line 12		16,610.	-26,999.
OF.	3		E	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		35,447.	52,559.
ASS	21	Total liabilities (Part X, line 26)		1,616.	45,727.
Net Assets or Find Balances	22	Net assets or fund balances Subtract line 21 from line 20		33,831.	6,832.
Р	art II	Signature Block			
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedu	ules and state	ments, and to the best of my	/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepar	er has any knowledge.	
		Ay Be		4/17/	13
Sig	ın İ	Signature of officer		Date	
He		Henry Bourgeois, President			
		Type or print name and title			
		Print/Type preparer's name) -	Date Check	PTIN
Pai	d	Richard E. Emerson, Jr., Julan C. Grenn	h GA	04/10/13 self-employe	P00095846
Pre	parer	Firm's name Purdy Powers & Company		Firm's EIN	01-0463013
	Only	Firm's address 130 Middle Street			
	•	Portland, ME 04101		Phone no. 2	07-775-3496
Ma	ıv the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

			For	m 990 (2012)
4e		037,201.		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grains)	ats of \$) (Revenu	ue \$)	
A A ¹	Other program convece (Decembe in School to C.)			
4 0	(Code) (Expenses \$	including grants of \$) (Revenue \$	/
4c	lon Ven) (0	· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	SHO HALDIA AITOMA COITA	-gc charrenge program.		
	The ASF is responsible for of the Harold Alfond Colle	coversight, promotion	<u>, and financial su</u>	
4a	(Code) (Expenses \$ 3,037,20	11. including grants of \$ 2,516,	814.) (Revenue \$)
	Section 501(c)(3) and 501(c)(4) organizations are re revenue, if any, for each program service reported			es, and
4	Describe the organization's program service accom-			
3	Did the organization cease conducting, or make sig If "Yes," describe these changes on Schedule O	nificant changes in how it conducts, any pr	ogram services?	es X No
•	If "Yes," describe these new services on Schedule			v
2	Did the organization undertake any significant prog the prior Form 990 or 990-EZ?	ram services during the year which were no		es X No
	children for their higher aspirations and access to	and preparation for,	higher education.	R
	The ASF mission is to prove			
1	Briefly describe the organization's mission.			
rai	Check if Schedule O contains a response to			
	t III Statement of Program Service Ac	complishments	20-1/0551	4 Page ∠

	990 (2012) Alfond Scholarship Foundation 26-17	<u>65514</u>	<u>P</u>	age 3
Pai	rt IV Checklist of Required Schedules			т
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			İ
	public office? If "Yes," complete Schedule C, Part I	3_	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection	ect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X_
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		X
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, Par	rt <u>6</u>	ļ	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permane	nt		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		Feb. 10	,
	as applicable	75 -	- 1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 _		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	4	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	↓	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	ļ
	Schedule D, Parts XI and XII	12a	X	ļ
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	· · · · · · · · · · · · · · · · · · ·	14a	┼	X
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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			7.7
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	+	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1	1	1

20b Form **990** 2012)

X

X

X

16

17

18

19 20a

located outside the United States? If "Yes," complete Schedule F, Parts III and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

₹

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		·	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			_
	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		Х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	7, 74 # 1,00~ (,
	instructions for applicable filing thresholds, conditions, and exceptions)	- 4		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	7		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any guestion in this Part VI.			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing	7	٠.,	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			٠
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u>.</u>		5q -
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	15. 1	· · · · ·	147
~	officer, director, trustee, or key employee?	2	la .	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6	Did the organization have members or stockholders?	-		Λ
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	 		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.5
	persons other than the governing body?	7b	ř	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1:	-	-5
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			ļ
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		4	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	79Fr-		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, "-	[T - T -	- ,- ,"
_		15a	x	
a	The organization's CEO, Executive Director, or top management official	15b	X	
D	Other officers or key employees of the organization	130	<u> </u>	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		12.75	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		' '	v
	taxable entity during the year?	16a	7.5	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		-:: -:::	, F
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	, -	' '	-, -;; -
	exempt status with respect to such arrangements?	16b	<u> </u>	L
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ME			
40	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
18	for public inspection. Indicate how you made these available. Check all that apply			
18				
18	Own website Another's website X Upon request Other (explain in Schedule O)			
18	· · · · · · · · · · · · · · · · · · ·	nd finar	ncial	
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	nd finar	ncial	
	· · · · · · · · · · · · · · · · · · ·			

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

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

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

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

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

(A)	(B)			(0	2)			ed any current officer, o	(E)	(F)
Name and Title	Average	(do			POSITION eck more than one		one	Reportable	Reportable	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations	Indiwdual trustee or director	Institutional trustee		lloyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
	below line)	Individu	Institution	Officer	Key employee	Highest	Former			organizations
(1) Henry Bourgeois	25.00									
President, Treasurer		X		X	$ldsymbol{ld}}}}}}$			83,641.	0.	
(2) Lawrence Pugh	2.00									
Chairman		X		X		<u> </u>		0.	0.	0.
(3) Joseph Foley	2.00]					ŀ			_
Vice Chair		X	_	X		L		0.	0.	0.
(4) Elizabeth Bordowitz	1.00			l					0	0
Secretary	1 00	X		X		⊢	-	0.	0.	0.
(5) Stephen Bowen	1.00	.,							0	0
Director	1 00	X	-			┝		0.	0.	0.
(6) Colleen Quint	1.00	x						0.	0.	0.
Director	1.00	^				╁╌			<u> </u>	
(7) Dr. John Fitzsimmons Director	1.00	X					}	0.	0.	0.
(8) Jean Deighan	1.00					\vdash				
Director		x					l	0.	0.	0.
(9) Scott Bullock	1.00									
Director		X	<u> </u>					0.	0.	0.
(10) Steven Michaud	1.00	j								
Director		Х	_			<u> </u>		0.	0.	0.
(11) Bruce Poliquin	1.00									_
Director		X				_		0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)	
(A)	(B)	ļ			C)			(D)	(E)	(F)
Name and title	Average	مادر	no+ -	Pos		1 than	ore	Reportable	Reportable	Estimated
	hours per					ı than ıs bot		compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor				1		the	organizations	compensation
	hours for	Individual trustee or director	ì		Ì	B	1	organization	(W-2/1099-MISC	c) from the
	related	lee o	stee			ast		(W-2/1099-MISC)		organization
	organizations	trus	Institutional trustee		ě	Highest compensated employee				and related
	below	dua	흌	₩.	Key employee	esto	뉼			organizations
	line)	lag.	1 1	Officer	Key	돌를	Former			
							 			
		1	İ							
	}		╁	-	-	}				
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			ŀ			-				
1b Sub-total						▶		83,641.		0.
c Total from continuation sheets to Part V	II Section A							0.		0. 0.
d Total (add lines 1b and 1c)	.,, 00000							83,641.		0. 0.
Total (add lines ib and ic) Total number of individuals (including but i	not limited to the		licte		bov	م بورا	ho r			
	iot iii iiited to ti	1036	, not	su a	DOV	C) W	110 1	cceived more than wrot	,,000 or reportable	(
compensation from the organization	·	—								Yes No
										103 105
3 Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	1 1 2
line 1a? If "Yes," complete Schedule J for										3 X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d ot	ther compensation from	the organization	
and related organizations greater than \$15	0,000? If "Yes,	," cc	mpl	ete :	Sch	edul	e J i	for such individual		4 X
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion	from	any	y uni	relat	ted organization or indiv	idual for services	
rendered to the organization? If "Yes," con								· ·		5 X
Section B. Independent Contractors					, \					
Complete this table for your five highest co	omnensated in	den	ende	ent c	nnt	racto	ore t	that received more than	\$100,000 of comp	ensation from
the organization Report compensation for										
	trie caleridar y	ear	enu	iig v	VILII	OI W	/11/11/		year	
(A) Name and business	addross		^**	_			1	(B) Description of s	envices	(C) Compensation
Ivalite and business		N	ON	<u> </u>				Description of a	SCI VICCS	
	·									
	· -						Ţ			
· · · · · · · · · · · · · · · · · · ·							\neg			
										
									Ì	
									10.5	That I show
2 Total number of independent contractors	(including but r	not l	ımıte	d to	tho	se li	stec	d above) who received n	nore than	
\$100,000 of compensation from the organ	ization 🕨					<u>0_</u>				
	· · · · · · · · · · · · · · · · · · ·									Farm 000 0010

		Check if Schedule O cont	tains a response to any questio	n in this Part VIII			
1 m 2 dg 2 m	11, 7	The second secon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	nts, and	Table of		Tel.	y, Š
Sontribu	g	similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	<u></u>	<u> </u>	17.7		
-		Total. Add lines Tarti	Business Cod				
o l	2 a	·		<u></u>			
Š	b						
Ser	c						
e ve	d						
Program Service Revenue	е						
خّ	f	All other program service reve	enue				
	g	Total. Add lines 2a-2f				1 2	
	3	Investment income (including	dividends, interest, and				
		other similar amounts)	•	44.			44.
	4	Income from investment of ta	x-exempt bond proceeds				
	5	Royalties					
			(i) Real (ii) Personal				
	6 a	Gross rents				ļ.,	
	b	Less rental expenses				, E	,
Ì	С	• • •		_ ·			
		Net rental income or (loss)	<u> </u>	ar :		11 4 7	1 0.1-
	7 a	Gross amount from sales of	(i) Securities (ii) Other	- 1 · · · ·		1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		assets other than inventory					
	b	Less cost or other basis				3 7 7 5	- 1
		and sales expenses			1 1 -	1	' ''
		Gain or (loss)		-	, -		-
e		Net gain or (loss) Gross income from fundraisin	- 1	-			
Other Revenu		including \$contributions reported on line	of e 1c) See		g a top	E 2 5	
<u>ē</u>		Part IV, line 18	a		-	4	
₹		Less direct expenses	b	-	1	t int	, ,
		: Net income or (loss) from fun			- 1. 1		1
	9 а	Gross income from gaming a		 .		ř	
		Part IV, line 19	a b			, ,	
		 Less direct expenses Net income or (loss) from gan 			figirine se	3	
		Gross sales of inventory, less		1		1,5	Dat B
	IU a	and allowances	a				-1 -1 -1 -1 -1
	h	Less. cost of goods sold	b			-	
		: Net income or (loss) from sale		- n			
		Miscellaneous Revent		de .			
Ì	11 a						
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	<u> </u>	•	-11	9	4.1 - F
	12	Total revenue See instructions.	•	3,155,108.	0.	0.	44.

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	omplete column (A)	
9001	Check if Schedule O contains a respon			mpiolo colarii (i y	
	not include amounts reported on lines 6b, 8b, 9b, 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			and the second	
	organizations in the United States. See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	2,516,814.	2,516,814.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To a little for an
3	Grants and other assistance to governments,		ļ		
	organizations, and individuals outside the		!		
	United States See Part IV, lines 15 and 16			in Tr.	1 ₁₀ 16
4	Benefits paid to or for members			-	- <u>-</u>
5	Compensation of current officers, directors,	02 (41		02 641	
_	trustees, and key employees	83,641.		83,641.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions) Other employee benefits				
9	Payroll taxes				
10	Fees for services (non-employees)				
11	` ` ` `				
a	Management	88.		88.	
b	Legal Accounting	21,172.		21,172.	
d	Lobbying	21,112.		21,172.	
u	Professional fundraising services. See Part IV, line 17		/ "		
f	Investment management fees		 		
g	Other (If line 11g amount exceeds 10% of line 25,		·		
9	column (A) amount, list line 11g expenses on Sch O.)	320,000.	290,000.	30,000.	
12	Advertising and promotion	190,145.	190,145.	, , , , , , , , , , , , , , , , , , , ,	
13	Office expenses	2,929.		2,929.	
14	Information technology	365.		365.	
15	Royalties				
16	Occupancy		· · · · · · · · · · · · · · · · · · ·		
17	Travel	5,811.		5,811.	
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	291.		291.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered		* * 1 _		•
	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 0.)	. 3 - 1 - 1 - 1 - 1 - 1	of the state of th		
а	Fulfillment	40,242.	40,242.		
b	Miscellaneous	391.		391.	
С	Outreach	218.		218.	
d					
е		2 102 127	2 025 001	144 005	
25	Total functional expenses. Add lines 1 through 24e	3,182,107.	3,037,201.	144,906.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (0010)

Form 990 (2012)

Part X Balance Sheet

<u> </u>		Check if Schedule O contains a response to any	question in this Part Y	,	-	
	•	oncor il conlecture o contains a response to any	question in this ratio	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		24,927.	1	52,559.
	2	Savings and temporary cash investments		520.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,	- 1	1	
	-	trustees, key employees, and highest compensa		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,,	1 1 1
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualif	fied persons (as defined under		F_7 [r	, T _m , '
		section 4958(f)(1)), persons described in section		A L	<u>:</u> -	
		employers and sponsoring organizations of sect	-,	Tis T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		employees' beneficiary organizations (see instr)			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
Q	9	Prepaid expenses and deferred charges		10,000.	9	
	_	Land, buildings, and equipment: cost or other		m To a state of the terms	1 ,1	
	, , , ,	basis Complete Part VI of Schedule D	10a			- m
	h	Less accumulated depreciation	10b		10c	•
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	35,447.	16	52,559.	
	17	Accounts payable and accrued expenses	1,616.	17	45,727.	
	18	Grants payable	=1	18		
	19	Deferred revenue			19	-
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former				
liqu		key employees, highest compensated employee		The state of the s	-	# 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Li		Complete Part II of Schedule L	-, -		22	-
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines				
		Schedule D	, _ ,		25	
	26	Total liabilities. Add lines 17 through 25		1,616.	26	45,727.
		Organizations that follow SFAS 117 (ASC 958), check here		-	1-
ဟု		complete lines 27 through 29, and lines 33 an	••			1 "
JC	27	Unrestricted net assets		33,831.	27	6,832.
aja	28	Temporarily restricted net assets			28	
d B	29	Permanently restricted net assets			29	
Ë		Organizations that do not follow SFAS 117 (A	SC 958), check here			= 1
P.	!	and complete lines 30 through 34.		Had the Page 4	d	The state of the s
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
¥ A	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances	·	33,831.	33	6,832.
	34	Total liabilities and net assets/fund balances		35,447.	34	52,559.

orm	990 (2012) Alfond Scholarship Foundation	26-17	65514	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
				4.00
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,155	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,107.
3	Revenue less expenses Subtract line 2 from line 1	3		,999.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	<u>,831.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	6	,83 <u>2.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			X_
				Yes No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		,	- 7 Hz 3
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		2.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	-,	2
	separate basis, consolidated basis, or both.		uzs [‡]	
	Separate basis Consolidated basis Both consolidated and separate basis		1 , - 1	
ь	Were the organization's financial statements audited by an independent accountant?		2b	x
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		1 4
	consolidated basis, or both			-
	X Separate basis Consolidated basis Both consolidated and separate basis		1 2	·
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.		
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		- E. P	
Ju	Act and OMB Circular A-133?	U =	3a	X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit		-
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
	or according outplant. Tilly ill opiniodate o and docume any otopo tahor to andorgo coor addition			990 (2012)
				, ,

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Alfond Scholarship Foundation

Employer identification number 26-1765514

Part I	Reason 1	or Public Char	ity Status (All organizations must complete this part) See instructions					
The organ	ization is not a	private foundation	because it is (For lines 1 through 11, check only one box)					
1	A church, cor	vention of churche	s, or association of churches described in section 170(b)(1)(A)(i).					
2	A school desc	cribed in section 17	O(b)(1)(A)(ii). (Attach Schedule E)					
з 🔲	A hospital or	a cooperative hospi	tal service organization described in ection 170(b)(1)(A)(iii).					
4	A medical res	earch organization	operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the	hospital's nar	ne,			
	city, and state							
5 🔲	An organizati	on operated for the	benefit of a college or university owned or operated by a governmental unit described	ın				
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)					
6 🔲			ent or governmental unit described in section 170(b)(1)(A)(v).					
7 🔲	An organizati	on that normally rec	eives a substantial part of its support from a governmental unit or from the general pu	blic described	ın			
	-	b)(1)(A)(vi). (Comple						
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi). (Complete Part II)					
9 🗌	An organizati	on that normally rec	eives (1) more than 33 1/3% of its support from contributions, membership fees, and	gross receipts	from			
	activities relat	ted to its exempt fu	nctions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from	om gross inves	tment			
			axable income (less section 511 tax) from businesses acquired by the organization aft					
		509(a)(2). (Complete						
10			perated exclusively to test for public safety See section 509(a)(4).					
11 X			perated exclusively for the benefit of, to perform the functions of, or to carry out the pu	urposes of one	or			
	_	_	ations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check					
			organization and complete lines 11e through 11h					
	a X Type I	b т	ype II c Type III - Functionally integrated d Type III - Non-fi	unctionally inte	grated			
e X	• •		at the organization is not controlled directly or indirectly by one or more disqualified pe	rsons other th	an			
			than one or more publicly supported organizations described in section 509(a)(1) or se					
f			tten determination from the IRS that it is a Type I, Type II, or Type III					
	supporting or	ganization, check t	his box		$\square X$			
g	Since August	17, 2006, has the	organization accepted any gift or contribution from any of the following persons?					
Ū			firectly controls, either alone or together with persons described in (ii) and (iii) below,	Yes	No			
	the governing body of the supported organization?							
	(ii) A family	member of a person	n described in (i) above?	11g(iı)	X			
	(iii) A 35% d	controlled entity of a	person described in (i) or (ii) above?	11g(iii)	X			
h			about the supported organization(s)	-				
(i) Name	of supported	(ii) EIN	(iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. (v	ii) Amount of mo	 onetarv			
(1) 1141110	o, supported	(11) = 11.	(described on lines 1-9 in col. (i) listed in your organization in col.	cunnort	,			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	notify the ion in col.	(vi) Is organizatio (i) organize U.S.	the in in col. ed in the ?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Finance									
Authority of	01-0392006	6	X		X		X	_	360,242.
Educate									
Maine	20-3559947	7	X		X		X		0.
University									
of Maine Sys	01-6000769	6	Х	<u> </u>	X		X		0.
Maine									
Community Co	01-0416015	6	X		X		X		
Maine									
Community Fo	01-0391479	8	Х		X		X		0.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 16 7 4	, - 1-1	1 2 2		al off in the	= -	
Total 6	2.2				-1 <u>F</u>			- i -	360,242.

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

Schedule A (Form 990 or 990-EZ) 2012

See Part IV for Line 11 Continuation

232021 12-04-12 Schedule A (Form 990 or 990 EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

• •	-		
(Complete only if yo	ou checked the box on line 5, 7,	, or 8 of Part I or if the organization failed to qualify under Part III $$ If the organ	ınızatıor
fails to qualify unde	r the tests listed below, please	complete Part III)	

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	•	1.2				
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		· · · · · · · · · · · · · · · · · · ·				
3	The value of services or facilities		,				
	furnished by a governmental unit to		:				
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	, , , , , , , , , , , , , , , , , , , ,	r" #	[] [] [] [] [] [] [] [] [] []	r, - E		
	by each person (other than a	" + = i	= 1	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	governmental unit or publicly	" - f _a ,6",	i ng B	1 1 1 1 1 1	1 1 1 1	, a	
	supported organization) included	14 , E 1		war bright for all	,		
	on line 1 that exceeds 2% of the	-			* -	the a step of the step of the	
	amount shown on line 11,			ī.			
	column (f)			l in the			
6	Public support Subtract line 5 from line 4		1 "	11.0	e i just i i	1 1	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	t um" - "	' 1 br 1' + '	en grant to the	- 1 _{3 a} m	re 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Total support. Add lines 7 through 10		i be if	C talls Till Toll	· -	<u> </u>	
	Gross receipts from related activities,	•	•		•	12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. □
800	organization, check this box and storetion C. Computation of Publ		rcentage				
	Public support percentage for 2012 (column (f)		14	
	Public support percentage from 2011	,		column (i))		15	- <u>/</u>
	33 1/3% support test - 2012. If the c			n line 13, and line	14 is 33 1/3% or n		
iva	stop here. The organization qualifies				14 13 00 17070 01 11	nore, check and bex	▶ □
h	33 1/3% support test - 2011. If the		-		line 15 is 33 1/3%	or more, check this	s box
-	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	•			e 13, 16a, or 16b.	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			· ·		 	ightharpoons
b	10% -facts-and-circumstances tes	=				17a, and line 15 is 1	0% or
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						▶
	•					dula A (Earm 000 a	000 E7\ 0010

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	i					
	include any "unusual grants ")				-		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					-	
	a Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	h p 1 1 1 1 1 1 1 1 1	- <u>- </u> ,		· Property of the second secon	E	
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here		<u>:</u>				
	ction C. Computation of Publ					T T	
	Public support percentage for 2012 (column (f))		15	%
	Public support percentage from 201					16	%
	ction D. Computation of Inve					T	
	Investment income percentage for 20			ne 13, column (t))		17	9/
	Investment income percentage from			on line 14	0 1E 10 mars than	18	9/ 17 is not
198	a 33 1/3% support tests - 2012. If the	_					I / IS NOT ▶
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the	•	-		., -		and
	line 18 is not more than 33 1/3%, che	eck this box and sf	top here. The org	anızatıon qualıfıes	as a publicly supp	orted organization	▶ <u>□</u>
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

Part IV Supplemental Information (Schedule A, Part I, Line 11h · Information regarding supported organizations (continuation) (iv) Is the organiza-tion in col. (i) listed in your governing document? (vi) Is the organization in col. (iii) Type of (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col. support organization (i) organized in the U.S.? (described on lines 1-9 (i) of your support? above or IRC section (see instructions)) No No Yes Yes Yes Νo Sen. George J. Mitchell 01-0523390 8 0. X X Х **Continuation Total**

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990) -

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Alfond Scholarship Foundation

Employer identification number

26-1765514 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		<u>Scholarship</u>				<u> 26-176</u>		
Par	t III Organizations Maintaining C							
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that are a	significant	use of its co	ollection it	ems
	(check all that apply) .							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain h	now they further th	he organization's exc	empt purpo	ose in Part >	(III	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma	untained as part of the	organization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Complete	of the organization	n answered "Yes" to	Form 990), Part IV, lin	e 9, or	
	reported an amount on Form 990, Part	t X, line 21.		_				
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contribution	s or other assets no	t included		_	
	on Form 990, Part X?						Yes [No
b	if "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table.					
	-					F	Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2°	1?				Yes [No
b	If "Yes," explain the arrangement in Part XIII	Check here if the expl	anation has been	provided in Part XIII			[
	Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	ears back ((e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment	ç	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%						
За	Are there endowment funds not in the posses	ssion of the organizati	on that are held a	nd administered for	the organi	zation	_	
	by.						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R?				_3b	
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds					
Pai	rt VI Land, Buildings, and Equipm	ent. See Form 990, F	Part X, line 10					
	Description of property	(a) Cost or oth	er (b) Cost	or other (c)	Accumulat	ed (d) Book v	alue
		basis (investme	ent) basis	(other) de	epreciation	<u> </u>		
1a	Land			2 4 = 3 8 "	4			
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other							
Total	LAdd lines 1a through 1e (Column (d) must e	gual Form 990. Part X.	column (B), line 1	10(c))				0.

Schedule D (Form 990) 2012

 \mathbf{X}

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2012 Alfond Scholarship Foundat				1765514	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F	leturn		
1	Total revenue, gains, and other support per audited financial statements			1	3,155	,108.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		, ,		
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b_				
С	Recoveries of prior year grants	2c		-41		
d	Other (Describe in Part XIII)	2d_				
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	3,1 <u>55</u>	<u>,108.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			34 ",		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_				
b	Other (Describe in Part XIII)	4b				
C	Add lines 4a and 4b			4c		<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,155	<u>,108.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	<u>ents Y</u>	Vith Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	3,182	<u>,107.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			- 5		
а	Donated services and use of facilities	2a		<u> </u>		
b	Prior year adjustments	2b		af to to		
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d		47 17		
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	<u>3,182</u>	<u>,107.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u>'</u> 1		
b	Other (Describe in Part XIII.)	4b		<u> </u>		
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,182	<u>,107.</u>
Pa	rt XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III, lines 1	1a and 4, Part IV, lines 1	b and 2	b, Part V, line	4, Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to					
Pa:	rt X, Line 2: 990 Part IV Line 11: Managem	ent	of the Found	latio	on	
be:	lieves it has no material uncertain tax po	siti	ons and, acc	ord	ingly it	t
wi.	ll not recognize any liability for unrecog	nize	d tax benefi	.ts.		
				Caba	lulo D (Form (200) 2012
				SCHEO	lule D (Form 9	200) ZU 1Z

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury internal Revenue Service
Name of the organization SCHEDULE 1 (Form 990)

Open to Public Inspection

Name of the organization							Employer identification number
Part General Information on Grants and Assistance	NOTAL SULD Ind Assistance	roundarion					#TCC0/T-07
8	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	oring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Com	Governments and	d Organizations in the	e United States.	Somplete if the orga	inization answered "\	ions in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	V, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	and government or	ganizations listed in the table	ne line 1 table				A A

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

Schedule I (Form 990) (2012)

Alfond Scholarship Foundation Schedule I (Form 990) (2012)

Page 2

26-1765514

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Part

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) January 1, 2009. Every Maine resident baby is eligible. The Foundation has which FAME will accept, invest and manage the scholarship funds as Section ಹ responsible for oversight, promotion, and financial support of the Harold Alfond College Challenge program. The Harold Alfond College Challenge is a contractual arrangement with the Finance Authority of Maine (FAME) for new program that will provide a \$500 grant to every Maine baby to start college education. This \$500 grant is for Maine babies born on or after college investing account and help Maine families plan for a child's Part I, Line 2: The Alfond Scholarship Foundation is (d) Amount of non-cash assistance o 2,516,814 (c) Amount of cash grant 5024 (b) Number of recipients Harold Alfond College Challenge "NextGen" Section 529 plan grant administered by the Finance (a) Type of grant or assistance Authority of Maine (FAME). Schedule I,

Schedule (Form 990) Alfond Scholarship Foundation Part IV Supplemental Information	<u> 26-1765</u>	<u> 514</u>	Page 2
Part IV Supplemental Information			
529 plans. As accounts of participating children become eli	gible, F	'AME	will
disburse the account funds for eligible qualified higher ed	ucation		
expenses.			
		-	
			·-
	-		
			-
			·
	-		

SCHEDULE O

(Form 990 of 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

omplete 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.

OMB No 1545-0047

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Alfond Scholarship Foundation

Employer identification number 26-1765514

Form 990, Part I, Line 1, Description of Organization Mission:
education and to support Maine's children's aspirations and access to,
and preparation for, higher education.
Form 990, Part VI, Section B, line 11: The President and Finance Manager
are part of the 990 preparation process and review in final form before
filing with the IRS.
Form 990, Part VI, Section B, Line 12c: All officers and directors of the
Foundation are required to sign a disclosure annually after receiving a
copy of the conflict of interest policy.
Form 990, Part VI, Section B, Line 15: The President/CEO is reviewed by
the Board Chair and Vice Chair. Officers do not receive compensation.
Form 990, Part VI, Section C, Line 19: The organization provides copies
upon request.
Form 990, Part IX, Line 11g, Other Fees:
FAME Project Ldr & Adm Asst:
Program service expenses 120,000.
Management and general expenses 0.
Fundraising expenses 0.
Total expenses 120,000.

<u>Schedule O (Form 990 or 990-EZ) (2012)</u> Name of the organization	Page 2 Employer identification number
Alfond Scholarship Foundation	26-1765514
Program service expenses	170,000.
Management and general expenses	30,000.
Fundraising expenses	0.
Total expenses	200,000.
Total Other Fees on Form 990, Part IX, line 11g, Col A	320,000.
Form 990 Part XII, Line 2c	
Oversight of Audit	
The oversight of the audit has not changed from previous	years.