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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit fruits or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 1990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

Ā	For the	e 2012 calendar year, or tax year beginning $JUL~1$, 2012 and ending $JUN~3$	30, 20	13				
	Check if applicabl			tification number				
	7	ess change						
	\neg		1-052	3688				
	Initial	Number and street (or D.O. boy of mail is not delivered to street address) Deem/suite F. Tel	lephone nun	nber				
\vdash	Termi	1476 00000000	207-947-6576					
	Amen		oup Exempt	on				
	_		ımber 📂					
G			H Check ▶if the organization is no					
			quired to atta	nch Schedule B				
			orm 990, 99	0-EZ, or 990-PF)				
	Check		eceipts are i	normally not more than				
	\$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). E						
		i, be sure to file a complete return.						
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,						
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	56,686.				
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions	s for Part I)					
_		Check if the organization used Schedule O to respond to any question in this Part I		X				
	1	Contributions, gifts, grants, and similar amounts received	1	51,536.				
	2	Program service revenue including government fees and contracts	2					
	3	Membership dues and assessments	3					
	4	Investment income SEE SCHEDULE O	4	<u>5,150.</u>				
	5a	Gross amount from sale of assets other than inventory 5a	_					
	Ь	Less: cost or other basis and sales expenses 5b	<u>.</u>					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					
	6	Gaming and fundraising events						
a	a	Gross income from gaming (attach Schedule G if greater than						
Revenue		\$15,000) 6a	_					
ě	Ь	Gross income from fundraising events (not including \$ of contributions						
<u> </u>		from fundraising events reported on line 1) (attach Schedule G if the sum of such						
		gross income and contributions exceeds \$15,000) 6b	_					
	С	Less: direct expenses from gaming and fundraising events	_					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d					
,	7a	Gross sales of inventory, less returns and allowances 7a	_					
5	b	Less: cost of goods sold	_					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
•	8	Other revenue (describe in Schedule O)	8	·				
• ゝ—	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>56,686.</u>				
j	10	Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members	10					
	11	Benefits paid to or for members	11					
J.S	12	Salaries, other compensation, and employee benefits	12					
	13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors JAN 2 1 2014	13					
zez Zez	14	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	14					
d H	15	Printing nublications postage and shipping	15					
SCEXPENSES Expenses	16	Other expenses (describe in Schedule 0)	16	60,686.				
<i></i>	17	Total expenses. Add lines 10 through 16	17	60,686.				
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u><4,000.</u> >				
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))						
AS		(must agree with end-of-year figure reported on prior year's return)	19	<u>210,962.</u>				
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O	20	<u> 12,391.</u>				
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>219,353.</u>				

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

	990-EZ (2012) BANGOR CHRISTIAN SCHOOLS		(01-	052368	38	Page 2
Pa	Balance Sheets (see the instructions for Part II)		oction in this Dart II				Γ
_	, Check if the organization used Schedule O to re	spond to any que	(A) Beginning of year		(B) En	id of year	<u> </u>
00	Cash, savings, and investments		210,962	. 22		219,	
22 23	Land and buildings		210,002	23		<u> </u>	<u> </u>
24	Other assets (describe in Schedule O)			24			
25	Total assets		210,962	_		219,3	353.
26	Total liabilities (describe in Schedule 0)		0				0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21))	210,962	$\overline{}$		219,3	353.
Pa	art III Statement of Program Service Accomplishme		ructions for Part III)			enses	
	Check if the organization used Schedule O to re	spond to any que	estion in this Part III	\mathbf{x}	(Required f 501(c)(3) a		
Wha	it is the organization's primary exempt purpose? SEE SCHEDULE	0			organizatio		
Desc	ribe the organization's program service accomplishments for each of its three largest progran	n services, as measured by e	xpenses In a clear and concise		4947(a)(1) for others.)		otional
manı	ner, describe the services provided, the number of persons benefited, and other relevant infor				101 0111615.)		
28	THE FOUNDATION MANAGES INVESTMENT	PROPERTY FO	R THE BANGOR				
	CHRISTIAN SCHOOLS						
					00-	E 6	400
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	<u> </u>	28a	30,4	<u> 489.</u>
29				_			
			<u></u>				
	(Grants \$) If this amount includes foreign	grants, check here			29a		
30	Taranto V) In this amount instages levelyn	grante, encontrore					
•		_·					
	(Grants \$) If this amount includes foreign	grants, check here			30a		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign	grants, check here			31a		
	Total program service expenses (add lines 28a through 31a)				32		<u>489.</u>
P	art IV List of Officers, Directors, Trustees, and Key				instructions fo	r Part IV)	
	Check if the organization used Schedule O to re						
		(b) Average hour per week devoted	1 7	contr	alth benefits, ibutions to	(e) Esti amount	
	(a) Name and title	per week devoted	W-2/1099-MISC) (if not paid, enter -0-)	plans,	oyee benefit and deferred	comper	
<u></u>	ARROLL CONLEY, JR		· · · · ·	com	pensation		
	RECTOR	1.00	o.		0.		0.
	LYMAN PHILLIPS	1.00	<u> </u>		0.	···-	
	IAIRMAN	1.00	0.		0.		0.
	AN SCHROEHER	1.00					
	REASURER	1.00	0.		0.		0.
	MES FROST						
_	RECTOR	1.00	0.		0.		0.
	ASON HOBERT						
DI	RECTOR	1.00	0.		0.		0.
MZ	ARTHA BOONE						
	RECTOR	1.00	0.	<u> </u>	0.		0.
_	AVID COLE						
<u>D</u>]	RECTOR	1.00	0.		0.		<u> </u>
				<u> </u>			
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<u>Forn</u>	990-EZ (2012) BANGOR CHRISTIAN SCHOOLS FOUNDATION 01-052			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ııs Par		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33_		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	1		
	on lines 2, 6a, and 7a, among others)?	35a	ļ. <u></u> ,	_X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	Α
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	1		l
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			٦,
07 -	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the appropriate of the Fig. 1400 Political transfer of the Fig. 1400 Politic			.,
	Did the organization file Form 1120-POL for this year?	_37b		X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	000		~
	In a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A	38a		X
39	Section 501(c)(7) organizations. Enter:	\dashv		
JJ 9	Initiation fees and capital contributions included on line 9 39a N/A			
a h	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
ں د 40	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	\dashv		
70 U	section 4911 0 • ; section 4912 0 • .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
Ĭ	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	40b	İ	x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of \blacktriangleright DEAN SCHROEHER Telephone no. \blacktriangleright 207 -9			
	Located at ► 1476 BROADWAY, BANGOR MAINE ZIP+4 ►	<u>0440</u>	1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	+
	account)?	42b	<u> </u>	X
	If "Yes," enter the name of the foreign country:		ł	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			٠,,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c_	L	X
40	If "Yes," enter the name of the foreign country:		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	BT / 7		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Voc	No
44.	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		165	NO
+ - a	Form 990-EZ	445		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a	┼	╁╌
U	of Form 990-EZ	446		X
^	Did the organization receive any payments for indoor tanning services during the year?	44b_	\vdash	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	440	+-	↑ ^
u	In Schedule O	444		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	 	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	408	 	1
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X
	21 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	Form 9	990-F7	
		1 011111		,

Dot the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?	orm 990-EZ (2	BANGOR CHRISTIAN SCHOOLS	FOUNDATION		<u>01-0523</u>			age 4
All section 501(c)(3) organizations only All section 501(c)(3) organizations was used answer questions 47.49b and 52, and complete the tables for lines 50 and 51 Chack if the organization used Schedule 0 to respond to any question in this Part VI 70 bill the organization engage in Icobying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 X X 80 is the organization assessment of the section 170(b)(1)(A)(ii)* If "Yes," complete Schedule E 80 bill the organization assessment of section 170(b)(1)(A)(ii)* If "Yes," complete Schedule E 81 is the organization assessment of the section 170(b)(1)(A)(ii)* If "Yes," complete Schedule E 82 bill "Yes," was the related organization assessment of the section 170(b) (1)(A)(ii)* If "Yes," was the related organization of the related organization organization. If there is none, enter "None." (a) None 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 3 Total number of other employees paid over \$100,000 4 Total number of other employees paid over \$100,000 5 Total number of other employees paid over \$100,000 6 Total number of other employees paid over \$100,000 6 Total number of other employees paid over \$100,000 9 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 3 Total number of		ganization engage, directly or indirectly, in political campaign activity		ion to candidates for pu	ublic office?		Yes	
All section 501 (c)(3) organizations must answer questions 47-405 and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule 0 to respond to any question in this Part VI 70 bit the organization as described in section 170(0)(1)(A)(ii)" 1"Ves," complete Schedule E 81 is the organization as described in section 170(0)(1)(A)(ii)" 1"Ves," complete Schedule E 82 bit the organization as described in section 170(0)(1)(A)(ii)" 1"Ves," complete Schedule E 83 bit 1"Yes," was treated organization? 94 bit 1"Yes," complete Schedule E 95 bit 1"Yes," complete Schedule E 96 bit 1"Yes," complete Schedule E 97 bit 1"Yes," complete Schedule E 98 bit 1"Yes," complete Schedule E 99 bit 1"Yes," complete Schedule E 99 bit 1"Yes," complete Schedule E 99 bit 1"Yes," complete Schedule E 90 bit 1"Yes," complete Schedule Schedule A 90 bit 1"Yes," complete Schedule Schedule A 90 bit 1"Yes," complete Schedule Schedule A 90 bit 1"Yes," complete Schedule A 90 bit 1"Yes," complete Schedule A 91 bit 1"Yes," complete Schedule A 92 bit 1"Yes," complete Schedule A 93 bit 1"Yes, the schedule In the schedul						40		
Check if the organization used Schedule O to respond to any question in this Part VI Ves No 17 Old the organization engage in lobbying activities or have a section 50 (h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 X X 49. 18 Did the organization make any transfers to an eximpt in ordanization related organization? 19 Did the organization makes of the capacities for an eximpt in ordanization related organization? 10 If "Yes," was the related organization a section 527 organization? 11 Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees and key employees) who each recovered more than \$100,000 of compensation from the organization. If there is none, enter "None. 11 Total number of other employees paid over \$100,000 12 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "Rone." 12 Total number of other employees paid over \$100,000 13 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "Rone." 14 Total number of other employees paid over \$100,000 15 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "Rone." 15 Total number of other independent contractors each receiving over \$100,000 16 Total number of other independent contractors each receiving over \$100,000 17 Dot the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt observable or the organization of the properties of the organization organization organization. The organiz			7.49h and 52, and comple	ata tha tables for line	s 50 and 51			
Vot No No No No No No No				ste the tables for line	.5 00 and 01			
17 Total number of other employees paid over \$100,000 NONE 18 Total number of other employees paid over \$100,000 NONE 19 Total number of other employees paid over \$100,000 None		orice in the organization used ochedule of to respond to an	ly question in this rait vi		· - · · · · · · · · · · · · · · · · · ·		Yes	No
8 Is the organization as should as described in section 170(b)(1)(A)(n)* If "Yes," complete Sinedule E 48	47 Did the or	ragnization engage in lobbying activities or have a section 501/h) els	action in affact during the tax	vear2 If "Vec " complete	Sch C Part II			
199 Dit the organization make any transfers to an exempt non-charable related organization? 498 X 289 1 1974			· ·	year in 163, complete	0,7 411 11			
b if Yes, was the related organization a section \$27 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustizes and key employees) who such roceved more than \$100,000 of compensation from the organization. If there is none, enter Wone? (a) Name and the of sech employee paid more than \$100,000 NONE (b) Average hours previously the experiment of the previously the previously the experiment of the employees paid over \$100,000 NONE (c) Neontain the organization of the organization of the previously the experiment of the organization. If there is none, enter Yone? (d) Average hours previously the experiment of the organization of the organization of the organization of the organization. If there is none, enter Yone? (e) Compensation of the organization of t								
10 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter *None.* (a) Name and site of each employee paid more than \$100,000 (b) Average hours per week devoted to position			or gamzation.					
than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and title of each employee paid more than \$100,000 per week devoted to position NONE (b) Average hours per week devoted to position (c) Average hours per week devoted to position (d) Health benefits contributions by employee employee employee employees paid over \$100,000 per week devoted to position (d) Health benefits contributions by employees paid over \$100,000 per week devoted to position (e) Position (f) Total number of other employees paid over \$100,000 (g) Estimated amount of other employees paid over \$100,000 (g) Type of service (g) Compensation from the organization. If there is none, enter 'None.' (g) Mame and address of each independent contractor paid more than \$100,000 (b) Type of service (g) Compensation from the organization. If there is none, enter 'None.' (g) Mame and address of each independent contractor paid more than \$100,000 (b) Type of service (g) Compensation or precise (pits this table to other independent contractor paid more than \$100,000 (b) Type of service. (g) Compensation of other independent contractor paid more than \$100,000 (b) Type of service. (g) Compensation of other independent contractor paid more than \$100,000 (b) Type of service. (g) Compensation of precise (pits this office) is ideal of all information of services and statements, and to the beat of my knowledge and belief, it is fine. Complete Services of precise (pits this office) is ideal of all information of services and statements, and to the beat of my knowledge and belief. It is fine. Complete Services and statements, and to the beat of my knowledge and belief. It is fine. Complete Services and statements. (g) Find services and statements and statements. It is fine to complete Services and statements. It is fine to c		-	es (other than officers, directi	ors trustees and key er	ı nnlovees) who e		eived r	more
(a) Name and this of each employee paid more than \$100,000 Position NONE 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Dot the organization. If there is none, enter 'None.' NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Heating the plant to the organization of the plant				oro, tradicion and noy or	inprojectoj wile e	4011.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
paid more than \$100,000 NONE Per week devoted to position Provided to position Prov				(C) Reportable	(d) Health benefit	s. (e)	Estim	ated
NONE Position				compensation (Forms	contributions to	ama		
f Total number of other employees paid over \$100,000 10 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 10 Total number of other independent contractor paid more than \$100,000 11 Total number of other independent contractor paid more than \$100,000 12 Did the organization complete Schedule A? Note: All section \$50(c)(3) organizations and 4947(a)(1) nonexempt charactable trusts must attach a completed Schedule A none penalties of penalties		NONE	position	W-2/1099-MISC)	plans, and deferre		npensa	ation
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All sections 501(c)(3) organizations and 4947(a)(1) nonexempt Charitable fruits must late ha completed Schedule A nonder penalties of perjury. Tacklies that ha completed Schedule A nonder penalties of perjury. Tacklies that ha the nonetical information of the perpurpage of the thin officer) is based of all information of the perpurpage of		110112	1					
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All sections 501(c)(3) organizations and 4947(a)(1) nonexempt Charitable fruits must late ha completed Schedule A nonder penalties of perjury. Tacklies that ha completed Schedule A nonder penalties of perjury. Tacklies that ha the nonetical information of the perpurpage of the thin officer) is based of all information of the perpurpage of			-					
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (d) Total number of other independent contractors each receiving over \$100,000 (e) Did the organization complete Schedule A? Note: All sections 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A nonder penalties of perjury. I declare that I have examined this return, including excompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete penalties of perjury. I declare that I have examined this return, including excompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete penalties of perjury. I declare that I have examined this return, including excompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete penalties of perjury. I declare that I have examined this return, including excompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete penalties of perjury. I declare that I have examined this return, including excompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete penalties of perjury. I have examined this return, including excompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete penalties of perjury in the penalties of perjury in the penalties of perjury in the penalties of					-	\top		
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Sign Here Schrow	charitable	e trusts must attach a completed Schedule A		·	▶ [X Yes	s [☐ No
Sign Here Schrow Schrow Date Date	Under penalties o Declaration of pre	f perjury, I declare that I have examined this return, including accompanying sch parer (other than officer) is based of all information of which preparer has any ki	hedules and statements, and to the nowledge	e best of my knowledge and	belief, it is true, co	rrect, and	comp	ete
Paid Preparer Use Only Firm's name March								
Paid Preparer Use Only Firm's name HAVERLOCK, ESTEY & CURRAN LLC Firm's EIN D1-0271013			- 0		Date	-		
Paid Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check if PTIN self- employed self- employed Proparer's name Proparer's signature Proparer		Dean Schrowthin,	WRODSYVEEN					
Preparer Use Only Firm's name ► HAVERLOCK, ESTEY & CURRAN LLC Firm's address ► 8 COMMERCE COURT Self- employed P00158538 P01-0271013 Phone no. 207-945-5695		Type or print name and title						
Preparer Use Only Vicki j Vincent 1-14-14 P00158538		Print/Type preparer's name Preparer's signatur	e Date	Check	if PTIN		-	
Use Only Firm's name ► HAVERLOCK, ESTEY & CURRAN LLC Firm's EIN ► 01-0271013 Firm's address ► 8 COMMERCE COURT Phone no. 207-945-5695	Paid		.	self- emplo	yed			
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Firm's address ▶ 8 COMMERCE COURT Phone no. 207-945-5695	Use Only		<u> </u>					
	-	Finite Ditter Control of Control						5
			38	i none no	. 20, 3			-
May the IRS discuss this return with the preparer shown above? See instructions	May the IRS dis		· ···			X Ye	s	No

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		BANGOR	CHRISTIAN SC	HOOLS	FOUN	DATIO	N		0_	1-0523	688	
Part I	Reason	for Public Char	ity Status (All organız	ations mus	st complet	e this part) See inst	ructions				
he organ	zation is not a	private foundation	because it is (For lines 1	through 1	1, check	only one b	ox)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(A)(iii).					
4 🔲	A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter t	the hospital	s nam	e,
	city, and state	e										
5	-	•	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental unit	t describ	ed ın		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6	A federal, sta	te, or local governm	ent or governmental unit	described	in sectio	n 170(b)(1)(A)(v).					
7 📖			eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desci	rıbed ı	n
		b)(1)(A)(vi). (Comple										
8 🖳			ection 170(b)(1)(A)(vi).									
9 X	•	-	eives (1) more than 33 1							-	-	
		•	nctions - subject to certa	•	•	•				_		
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June 3	0, 197	5.
		509(a)(2). (Complete						_				
10	=		perated exclusively to te	-	•			•			_	
11	•		perated exclusively for the		•			-				or
			ations described in section		•	, ,,) See sec	ction 509(a	a)(3). One	eck the box	tnat	
	F	· · · · · · · · · · · · · · · · · · ·	organization and comple		•		_		- III - NI	- f t 11		
	a Type I	•	•	ype III · Fui	-	-		• •		n-functionall	-	_
e			at the organization is not									11
		-	han one or more publicly		-				(a)(1) OI	Section 509	(a)(2)	
f	_		tten determination from t	ine ino tria	шизату	pe i, Type	ii, or Type	7 111				
~	• • •	rganization, check th	ris box organization accepted ar	w outh or or	antribution	from onv	of the fell	owing nore	20202			
g	=		lirectly controls, either al			=					Yes	No
	• • •	•	upported organization?	one or tog	eulei wilii	persons d	iescribed i	iii (ii) ai iu (i	iii) beleve,	11g(i)	163	140
			n described in (i) above?							11g(ii)		<u> </u>
		•	person described in (i) o		2					11g(iii)		
h			about the supported or	• •								·
	Trovide the N	onowing information	about the supported of	garnzation	, 3).							
(i) Name	of augoorted	(::) CIN	(iii) Tuna of organization	(iv) Is the o	rganization	(v) Did voi	i notify the	(vi) Is	the	(with Amount	of mo	natanı
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) he				Lorganizatio	on in col.	(vii) Amount	port	i i e tai y
orge	inzation	above or IRC section governing document? ((i) of your support?				Зир	port			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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		-										
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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)	(b)(1)(A)(vi)

Page 2

	(Complete only if you checked fails to qualify under the tests				on failed to qualify	under Part III If the	e organization
Sec	tion 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						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						_
5	The portion of total contributions						
	by each person (other than a		1				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4 ction B. Total Support		<u> </u>	<u> </u>			<u> </u>
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)					 	
	Total support. Add lines 7 through 10			<u> </u>		 	
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi		ercentage				<u>▶</u>
	Public support percentage for 2012 (li			column (f))		14	
15	Public support percentage from 2011	Schedule A, Par	t II, line 14	• • • • • • • • • • • • • • • • • • • •		15	
16a	33 1/3% support test - 2012. If the o	rganization did n	ot check the box of	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies a	as a publicly sup	oorted organizatio	n			▶□
b	33 1/3% support test - 2011. If the o		_		d line 15 is 33 1/3º	% or more, check t	his box
	and stop here. The organization quali	-				•	►□
17a	10% -facts-and-circumstances test	•	• • •		ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac-		_				
	meets the "facts-and-circumstances"			-	•	ŭ	►□
b	10% -facts-and-circumstances test	-	•		=	17a, and line 15 is	10% or
	more and if the organization meets th		₹				

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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	below, please comp	iete Part II)			<u>.</u>	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	107 2000	(4) 23 3			
membership fees received (Do not						
include any "unusual grants.")	51,833.	45,809.	49,451.	53,077.	51.536.	251,706.
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	31,333	20,003.	25 / 25 25			
3 Gross receipts from activities that						
are not an unrelated trade or bus-					ļ	
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	51,833.	45,809.	49,451.	53,077.	51,536.	251,706.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1					0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						251,7 <u>06</u> .
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨		(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	51,833.	45,809.	49,451.	53,077.	<u>51,536.</u>	251,706.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,434.	4,442.	4,739.	4,735.	4,218.	23,568.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	3					
c Add lines 10a and 10b	5,434.	4,442.	4,739.	4,735.	4,218.	23,568.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3		,			
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	57,267.	50,251.	54,190.	57,812.	55,754.	275,274.
14 First five years. If the Form 990 is f	or the organization's	s first, second, third	I, fourth, or fifth ta	ax year as a section	n 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Pul	olic Support Pe	rcentage	<u></u>			
15 Public support percentage for 2012	! (line 8, column (f) di	ivided by line 13, co	olumn (f))		15	91.44 %
16 Public support percentage from 20					16	<u>90.09 %</u>
Section D. Computation of Inv	estment Incom	e Percentage				
17 Investment income percentage for 3	2012 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	8.56 %
18 Investment income percentage from					18	9.91 %
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box b 33 1/3% support tests - 2011. If the	•	=				and X
line 18 is not more than 33 1/3%, c	heck this box and st	top here. The orga	nization qualifies	as a publicly supp	orted organizatior	▶ □
20 Private foundation. If the organization	tion did not check a	box on line 14, 19a	i, or 19b, check th	nis box and see ins	structions	_

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BANGOR CHRISTIAN SCHOOLS FOUNDATION

Employer identification number 01-0523688

BANGOR CHRISTIAN SCHOOLS FOUNDATION U	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDENDS AND INTEREST	4,218.
REALIZED GAINS ON INVESTMENTS	932.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	5,150.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK SERVICE CHARGE	1,847.
PROFESSIONAL FEES	1,250.
DISTRIBUTIONS TO BCS	56,489.
FUNDRAISING	1,100.
TOTAL TO FORM 990-EZ, LINE 16	60,686.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN ON INVESTMENTS	12,391.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FOUNDATION	ON MANAGES
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT OF THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS	, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	(Form 990 or 990-E7) (2012)

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

 $\triangleright X$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print 01-0523688 BANGOR CHRISTIAN SCHOOLS FOUNDATION File by the Social security number (SSN) Number, street, and room or suite no. If a P O box, see instructions. filing your 1476 BROADWAY return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions. BANGOR, ME 04401 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code Is For Code 07 Form 990 or Form 990-EZ 01 Form 990-T (corporation) 80 Form 1041-A Form 990-BL 02 09 03 Form 4720 Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 12 Form 990-T (trust other than above) 06 Form 8870 DEAN SCHROEHER 04401 The books are in the care of \triangleright 1476 BROADWAY, BANGOR MAINE -Telephone No \triangleright 207-947-6576 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X tax year beginning JUL 1, 2012 and ending JUN 30, 2013 If the tax year entered in line 1 is for less than 12 months, check reason __ Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any За nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

by using EFTPS (Electronic Federal Tax Payment System) See instructions

Balance due, Subtract line 3b from line 3a Include your payment with this form, if required,