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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 20 For the 2014 calendar year, or tax year beginning 2014, and ending D Employer identification number C Name of organization Walter Bisbee Trust Check if applicable: Address change Doing business as Charitable Trust 01-6011528 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return 207-671-2654 25 Kimberly Court City or town, state or province, country, and ZIP or foreign postal code  $\Box$ Final return/terminated Amended return Portland, ME 04103 G Gross receipts \$ 261,020.98 Application pending F Name and address of principal officer: H(a) is this a group return for subordinates? Yes No H(b) Are all subordinates included? 🔲 Yes 🔲 No James G. O'Rourke, Trustee, 25 Kimberly Court, Portland, ME 04103 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list. (see instructions) 501(c) ( Tax-exempt status. Website: ▶ H(c) Group exemption number ▶ Form of organization: ☐ Corporation ✓ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile: ME Briefly describe the organization's mission or most significant activities: The sole purpose of the trust is to provide support to the beneficiary, Maine School Administrative District # 28, Camden Hills High School, which is a fully Governance charitable organization Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) Activities & 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) . . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) . Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 270,370.65 261,020.98 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 270,370.65 261,020.98 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . 13 269,400.00 261,000.00 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

Professional fundraising fees (Part IX, Column (A), line-11e)

Total fundraising expenses (Part IX, Column (D), line 25)

Other expenses (Part IX, Column (D), lines 11a-11d, 14f-24e) 15 42,826.07 60,027.56 16a b 17 (must equal Part IX column (A), line 25) 18 Total expenses. Add lines 13-1 312,226.07 321,027.56 Subtract-line 18 frem line Revenue less expenses. 19 (41,855.42)(60,006.58)End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 11,403,869.37 12,388,197.06 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 11,403,869.37 Part II Signature Block d this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and co than officer) is based on all information of which preparer has any knowledge Sign O'ROURKE, Here TRUSTES Type or print name and title Print/Type preparer's name Preparer's signature Paid Check | f self-employed Preparer Firm's name Firm's EIN > **Use Only** Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

orm 99	0 (2014) Page <b>2</b>
Part	_
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	The sole purpose of the trust is to provide support to the beneficiary, Maine School Administrative District # 28, Camden Hills
	High School, which is a fully charitable organization
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	(Onder 504 of ) (Frances & CO 007 56 including such a 60 000 00) (Frances & 004 000 00)
4a	(Code: 501 c 3 ) (Expenses \$ 60,027.56 including grants of \$ 261,000.00 ) (Revenue \$ 261,020.98 )
	•••••••••••••••••••••••••••••••••••••••
	***************************************
	***************************************
	(O. d., ) (D. d., )
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	***************************************
4-	/Codes \/Common \
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	***************************************
4-1	Other present and the Color of the Indian Color of the Co
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 60,027.56
	TOTAL DI VICE ONDERIOS P UVIVELLIOU

Form 990 (2014)

Part	Checklist of Nequired Schedules		1 34	T
	1. the second standard of the control of the contro	Γ	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Ĺ	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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	-	1
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>▼</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>v</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>▼</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>∀</b>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
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	35b 36		1
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,			
38	Part VI	37	,	1
	10: 140 to 7:11 0:111 0:00 meno are required to complete obligable ()	38	<b>000</b>	(2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>	Yes	· L No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	J-	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1	)	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b></b> -	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	İ	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		t -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ł
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	Ì	Ì	}
	(FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	<u> </u>	
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
a	and services provided to the payor?	<b>.</b> .		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<del> </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <del>''</del>		<del> </del>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			Ì
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders	1		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		-	<del> </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			[
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			. Ø
Secti	ion A. Governing Body and Management		<u> </u>	<u>-                                    </u>
	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4	1	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
р 2	Enter the number of voting members included in line 1a, above, who are independent .     1b	4		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		ļ	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	├	<b>/</b>
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	┢	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<del> </del>	1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<del>                                     </del>
	one or more members of the governing body?	7a		<b>/</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<b>_</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		Į	
a	The governing body?	8a	1	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	<b>↓</b> —
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	on bit dialog (This occusion b requeste information about policies not required by the internal never	ide O	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<b></b> -	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		Ť
	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 filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	L	1
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	<u> </u>	<b>↓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		<del> </del>
13 14	Did the organization have a written whistleblower policy?	13		<b>/</b>
15	Did the process for determining compensation of the following persons include a review and approval by	14	-	├
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	15a	1	-
b	Other officers or key employees of the organization	15b	Ė	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	1
Sacti	organization's exempt status with respect to such arrangements?	16b	Ц	L
17	List the states with which a copy of this Form 990 is required to be filed ► Maine			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)e	Only
-	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(	J,(J)3	~y)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: <b>&gt;</b>	
	James G. O'Rourke, Trustee, 25 Kimberly Court, Portland, ME 04103, 207-671-2654			

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Form	agan	1201	۸١

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
		(C)								
(A)	(B)	 		Pos	ition	e than o		(D)	(E)	(F)
Name and Title	Average	box.	unies	ieck is de	rson	nsious Is both	nan	Reportable	Reportable	Estimated
	hours per	office	er and	dad	lirect	or/trust	tee)	compensation	compensation from	
	week (list any hours for	익호	5	Q	Ž	9 =	٦	from the	related organizations	other compensation
	related	<b>₽</b> ₹	≝	Officer	8	를	Former	organization	(W-2/1099-MISC)	from the
	organizations	COM	₹	ļ -	를	¥ st c	4	(W-2/1099-MISC)	<u> </u>	organization
	below dotted line)	ੋਵੋ	100	<b> </b>	Key employee	🚆	ļ.	1		and related organizations
		Individual trustee or director	Institutional trustee		٩	ğ				Organizations
		"	8			Highest compensated employee				
(1) James G. O'Rourke, Trustee	38	1						60 007 56		
(2)		·	-	$\vdash$		<u> </u>	┢	60,027.56		
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(3)										
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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)								
	(A)	(B)	(do n	ot ch		ition	e than o	nne	(D)	(E)	}		(F)	
	Name and title	Average	box,	unles	s pe	rson	is bott	n an Reportable		Reportat			ımated	
		hours per week (list any	office	er and	_	_	or/trus	<del>-</del>	compensation	compensation related			ount of other	
		hours for	유효	nst	Officer	€	활돌	Former	the	organizati			ensatio	on
		related	Individual trustee or director	로	ଞ୍	Key employee	o best	e e	organization (W-2/1099-MISC)	(W-2/1099-I	VISC)		m the	_
		organizations below dotted	호를	ona.		탕	88		(W-2/1099-MISC)				nızatıcı relatec	
		line)	T <sub>St</sub>	2	l	99	뒿						nization	
		1	8	Institutional trustee			Highest compensated employee	İ						
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3-27											ł			
1b	Sub-total	<u> </u>			نــــا	ш			60,027.56					
c	Total from continuation sheets to Part	VII. Section	nΔ	•	•		•		00,027.50					
d	T-A-1 /- A-1 (* A) 1 A 3			•	•		·	•	60,027.56					
2	Total number of individuals (including but					ed a	ahove	a) w		re than \$1	00 000	) of		
	reportable compensation from the organi	zation ▶		000	1130	cu i	20040	, w	no received me	ne alcui wi	00,000	, 01		
									·				Yes	No
3	Did the organization list any former of	ficer, direct	tor, o	r tn	uste	e, i	key e	mp	loyee, or high	est compe	nsated	1		110
	employee on line 1a? If "Yes," complete \$	Schedule J	for su	ıch i	indi	vidu	ıal					3		1
4	For any individual listed on line 1a, is the	sum of rep	oortat	ole d	com	per	satio	n aı	nd other comp	ensation fr	om the			<u> </u>
	organization and related organizations	greater tha	an \$1	50,0	000	? H	"Yes	s,"	complete Sch	edule J fo	r such	,		
	individual											4	_	7
5	Did any person listed on line 1a receive of									ation or inc	lividual	,		
	for services rendered to the organization?	? If "Yes," c	omple	ete S	Sch	edu	le J f	or s	uch person .			5		1
Section	n B. Independent Contractors		•											
1	Complete this table for your five highest of	compensate	ed inc	lepe	ende	ent (	contra	acto	ors that receive	d more tha	ın \$100	),000 of		
	compensation from the organization. Rep	ort comper	nsatio	n fo	r th	e ca	alend	ar y	ear ending with	or within	the org	janizatio	n's ta	ax
	year.													
	(A)								(B)			(C)		
	Name and business add	ress							Description of se	rvices		Compens	ation	
		.,												
		·- ·												
		<del></del>												
	Total number of independent and			_				L <u></u> .						
2	Total number of independent contracto							th	ose listed abo	ve) who				ł
	received more than \$100,000 of compens	adon πom	ine or	gan	ızat	ion								

Par	t VIII	Statement of Revenue		Dod VIII		
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष क	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b	1			
چ چ	С	Fundraising events 1c	1			
# Ja	d	Related organizations 1d	1			
S,E	е	Government grants (contributions) 1e	1			
io S	f	All other contributions, gifts, grants,	7	•		
重量		and similar amounts not included above 1f	•			
돌음	g	Noncash contributions included in lines 1a-1f: \$	] .	ı	:	
ပ္ပရိ	h	Total. Add lines 1a–1f	o			
95		Business Code				
Ne Ve	2a		1		1	Ī
æ	b					
<u>Ş</u>	С					
Æ	d					
Ē	е					
Program Service Revenue	f	All other program service revenue .				
5	g	Total. Add lines 2a–2f	0		•	
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	261,020.98			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents	]			
	b	Less: rental expenses			1	
	С	Rental income or (loss)	]			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	1			
	b	Less: cost or other basis				
		and sales expenses .	,			
	С	Gain or (loss)				
	d	Net gain or (loss)	]			
evenue	8a	Gross income from fundraising				
346		events (not including \$	1		1	
Œ		of contributions reported on line 1c). See Part IV, line 18 a				
Other	١.		-			
δ		Less: direct expenses b			j	
		Net income or (loss) from fundraising events .  Gross income from gaming activities.				<del> </del>
	9a	See Part IV, line 19				
		<u> </u>	-			
		Less: direct expenses b  Net income or (loss) from gaming activities ▶	<b>-</b>		İ	
		Gross sales of inventory, less				ļ
	IVa	returns and allowances a				
	_		-			
					-	-
	<u> </u>	Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code	<del>                                     </del>		-	
	140		4			
	11a		<del> </del>		<u> </u>	<del>                                     </del>
	b		<del> </del>		<del>                                     </del>	ļ. <u>-</u>
	C d	All other revenue	<del> </del>		<del> </del>	
	l u	Total. Add lines 11a–11d	<del> </del>		<del>                                     </del>	
	12	Total revenue. See instructions.	261 020 98			

	IX Statement of Functional Expenses	-			
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				lli
_	and domestic governments. See Part IV, line 21	261,000.00	261,000.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		_ ]		
_		0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign		·		
	individuals. See Part IV, lines 15 and 16	o	o		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,	- 0			
	trustees, and key employees	60,027.56	60,027.56		
6	Compensation not included above, to disqualified	33,323,333			
	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)				<u> </u>
9	Other employee benefits			<del></del>	
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
d	Lobbying			<del></del>	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				·
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel	·	<del></del> -		· · · · · · · · · · · · · · · · · · ·
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			-	
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered		-		
	above (List miscellaneous expenses in line 24e. If				1
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	}			
_	(A) amount, list line 24e expenses on Scriedule (C.)				
a					···
b					
d		-			<del>-</del>
u e	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24e	321,027.56	321,027.56		
26	Joint costs. Complete this line only if the	321,027.30	JE1, JE1. JU		
	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)				

	n 990 (2	·				Page 11
	art X	· · · · · · · · · · · · · · · · · · ·	o to any line in this De			
		Check if Schedule O contains a response or not	e to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
Ø	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form trustees, key employees, and highest compe	er officers, directors,		-	
		Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (4958(f)(1)), persons described in section 4958(c)(3)(B), and consponsoring organizations of section 501(c)(9) voluntary organizations (see instructions). Complete Part II of Schedule	ntributing employers and employees' beneficiary		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	Ь	Less: accumulated depreciation 10b			10c	•
	11	Investments—publicly traded securities		11,403,869.37	11	12,388,197.06
	12	Investments—other securities. See Part IV, line 11 .		11,400,000.07	12	12,000,137.00
	13	Investments-program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line		11,403,869.37	16	12,388,197.06
	17	Accounts payable and accrued expenses		11,400,000.01	17	12,000,137.00
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I			21	
S	22	Loans and other payables to current and former				
Llabilities		trustees, key employees, highest compensated				1
abi		disqualified persons. Complete Part II of Schedule L			22	
J	23	Secured mortgages and notes payable to unrelated t	hird parties		23	
	24	Unsecured notes and loans payable to unrelated third	d parties		24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 17-	24). Complete Part X			
	26	of Schedule D			25	
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), che	nok hara b	0	26	0
nces		complete lines 27 through 29, and lines 33 and 34.				1
	27	Unrestricted net assets			27	
<u>a</u>	28	Temporarily restricted net assets			28	· · · <u> </u>
<b>E</b>	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117 (ASC 958), c			23	
Net Assets or Fund Balances		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		11,403,869.37	30	12,398,197.06
	31	Paid-in or capital surplus, or land, building, or equipm		11,700,000.37	31	12,030,137.00
	32	Retained earnings, endowment, accumulated income			32	
	33	Total net assets or fund balances		11,403,869.37	33	12,398,197.06
_	l		= =	,,		,000,107.00

Total liabilities and net assets/fund balances .

12,398,197.06 Form **990** (2014)

11,403,869.37 34

Form 9	90 (2014)			Pε	age 12
Par	XI Reconciliation of Net Assets		-		-
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			020.98
2	Total expenses (must equal Part IX, column (A), line 25)	2		321,0	027.56
3	Revenue less expenses. Subtract line 2 from line 1	3		(60,0	06.58)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	,403,8	369.37
5	Net unrealized gains (losses) on investments	5		984,3	327.70
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40		107.00
Par	XII Financial Statements and Reporting	10	12	,388,1	197.00
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explision schedule O.	aın in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	-	1
	If "Yes," check a box below to indicate whether the financial statements for the year were compil reviewed on a separate basis, consolidated basis, or both:	ed or			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight		.	1 '
	of the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	ain in			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form **990** (2014)

#### SCHEDULE A (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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

	r Bisbee Trust						11528	
Par		<del></del>	<del> </del>			<del></del>	ons.	
	organization is not a private founda		•		-			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
2	A hospital or a cooperative ho		· ·	n caction	. 470/b\/s	()/A\/iii		
4	A medical research organization	•	-			,, ,, ,	(iii) Enter the	
•	hospital's name, city, and state	•	orijanotion with a nooj	pital acso	iibça iii ç	30000011110(0)(1)(2)	(iii). Litter the	
5	☐ An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described	in
_	section 170(b)(1)(A)(iv). (Com	•			4500			
6 7	☐ A federal, state, or local gover ☐ An organization that normally	receives a subs	stantial part of its sup				n the general pub	lic
	described in section 170(b)(1)							
8	A community trust described i	-		-				
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)					ıts		
10	An organization organized and		<del>-</del>		•	•		
11	An organization organized and			-			out the purposes	of
	one or more publicly supported the box in lines 11a through 11							ck
а	☐ Type I. A supporting organiz	ation operated,	supervised, or control	lled by its	supporte	ed organization(s), ty	pically by giving	
	the supported organization(s organization. You must com			ct a majo	rity of the	e directors or trustee	s of the supporting	ıg
b	<b>b</b> Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С	Type III functionally integra	•	•	ted in cor	nection v	with, and functionall	v integrated with.	
Ū	its supported organization(s)						y intogration man,	
d	d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						)	
_	☐ Check this box if the organiz	•	- ·		-		I Type III	
е	functionally integrated, or Ty					• • • • • •	і, туре ііі	
f	Enter the number of supported of	•						brack
g		1	T	1		<del>,</del>		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			(see instructions))	Yes	No			
A)				}				
M	SAD28, Camden Hills High School	01-0269114	School			261,000.00		_
B)								
C)								
D)								_
E)								_
								_
		Ī	i	1	l		i .	

# SCHEDULE

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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201	
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Open to Public Inspection

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, OMB No. 1545-0047 ° □ (h) Purpose of grant or assistance **Employer Identification number** √ Yes 01-6011528 Education Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. None Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. FΜ (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash grant 261,000.00 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance School 01-026114 (e) 1 (a) Name and address of organization Camden Hills High School or government Department of the Treasury Internal Revenue Service Vame of the organization Walter Bisbee Trust (1) MSAD 28 (Form 990) Part Part II 8 (12) (6) € 9 9 0 **©** 6 (6)

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

Cat No 50055P

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury

▶ Attach to Form 990 or 990-EZ.

Open to Public

Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	
Name of the organization		Employer identification number
Walter Bisbee Trust		01-6011528
Responses to questio	ns 11 and 19, Part VI	
11 Chartable Trust w	with cale trustee 000 propored and reviewed by trustee	
11. Charitable frust w	nth solo trustee, 990 prepared and reviewed by trustee	
19. Governing docum	ents available from Knox County Probate Court, Rockland, Maine. Also available	e upon request.
990 and financial state	ments filed with Attorney General, State of Maine and available upon request.	
Journal Interior State	minis med with Attendey denotal, etale of mains and available apon reguest.	
		·
<b>*</b>		