

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Activities & Governance

21

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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. Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2015 calendar year, or tax year beginning 2015, and ending 20 C Name of organization Walter Bisbee Trust D Employer identification number Check if applicable: Doing business as Charitable Trust 01-6011528 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 25 Kimberly Court 207-671-2654 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Portland, ME 04103 276,500,00 G Gross receipts \$ Amended return James G. O'Rourke, Trustee F Name and address of principal officer: H(a) is this a group return for subordinates? Yes No Application pending 25 Kimberly Court, Portland, ME 04103 **H(b)** Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 Tax-exempt status: H(c) Group exemption number ▶ Website: ▶ Form of organization: Corporation Trust Association ☐ Other ► L Year of formation. M State of legal domicile: Part I Summary The sole purpose of the trust is to provide support Briefly describe the organization's mission or most significant activities: to the beneficiary, Maine School Administrative District # 28, Camden Hills High School, which is a fully charitable organization. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 0 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) Investment income (Part VIII, line 2g)

Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 261,020.98 281.852.22 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 261,020.98 281.852.22 12 Total revenue—add lines 8 through 11 (must equal Rart-VIII column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 261,000.00 276,500,00 Benefits paid to or for members (Part IX, column (A), line 4) 14 60,027.56 60357.60 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 321,027.56 336,857.60 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) (60,006.58) (55,005.38) Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year 12,388,197.06 11,761,578.09 20 Total assets (Part X. line 16)

Ŕ	Part II	Signature Block	
j	Under pen	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bel	lief, it
>	true, corre	ct, and complete Declaration of preparer to her than officer) is based on all information of which preparer has any knowledge	

Sign G. O'ROURKE, TRUSTEE _{ङ्भ}Here Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check I If 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) 🔲 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

Total liabilities (Part X, line 26)

Net assets or fund balances. Subtract line 21 from line 20

Cat. No. 11282Y

12,388,197.06

Form 990 (2015)

11,761,578.09



Part		complishments ponse or note to any line in this Part III	П
1	Briefly describe the organization's mission		
2	Did the organization undertake any signific	cant program services during the year which were	e not listed on the
3	Did the organization cease conducting, services?	or make significant changes in how it condu	cts, any program · · · · · □ Yes 🗹 No
4		ce accomplishments for each of its three largest organizations are required to report the amount	
4a	(Code: 501 c 3) (Expenses \$ 60,3	357.60 including grants of \$) (F	Revenue \$ 276,500.00 }
4b	(Code:) (Expenses \$	including grants of \$) (F	Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (F	devenue \$)
4d	Other program services (Describe in Sche	dule O.)	
	(Expenses \$ including gra	nts of \$) (Revenue \$)
4e	Total program service expenses ▶	60,357.60	

Part IV	Checklist o	f Requir	ed Sch	edules
---------	-------------	----------	--------	--------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? <i>If "Yes," complete Schedule C, Part II</i>	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		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		•
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			, N
a	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
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
	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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	.12b		-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a	,	14a:		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		·
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		·
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		/
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		<u> </u>
		F	200	(004C)

37

38

orm 99	0 (2015)			Page ·
Part	Checklist of Required Schedules (continued)			
	•		Yes	No
-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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		,
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			ĺ
	employees? If "Yes," complete Schedule J	23		*
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		4
25a	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	25a		1
Ь	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	L	~
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,			1
	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			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	ed "Ar"	~
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1	100	ic.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	- au imadi	المدينة مدا	ή.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		/
-	Schedule L, Part IV	28b		•
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		4
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	 ~ 	1	
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	}	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O.

36

37

38

14b

Enm QQA (2015)

orm 99	0 (2015)			Page
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>····</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ή		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	4	[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ļ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	~
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	<u> </u>	
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: ▶	-40	-	<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		٠ م.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	_	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		•
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.		-
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	-		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	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		
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.			
a	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: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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	İ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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.		I	
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		İ	
_	100	4	ļ	
C 140	Enter the amount of reserves on hand	100		
14a	Did the organization receive any payments for indoor tanning services duffing the tax year?	14a	1	

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

Part VI

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
_	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. 🗹
Secti	on A. Governing Body and Management			
4.	Entantha number of visiting manch on of the manamina hade at the and of the terror.		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			1 1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	, 1	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?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		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 one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
	stockholders, or persons other than the governing body?	7b		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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			
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	- d - \	✓
Jecu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.00		
	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		✓
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		√
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		✓
40	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		/
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]		
Soci	organization's exempt status with respect to such arrangements?	16b	l	
<u>5ecτι</u>	List the states with which a copy of this Form 990 is required to be filed Malne			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intifinancial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	>	

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

Check if Schedule C	O contains a response or note	to any line in this Part VII	 					

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n co	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	ot ch unles	Posi eck s pe	more rson	than both sir Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) James G. O'Rourke, Trustee	38	\						60,357.60		
(2)		•								
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)						-				
(10)						-				
(11)										
(12)		-								
(13)						-				
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	ees/			lighes	st C	ompensated E	mployees (conti	nued)
	. (A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles er and	Pos neck is pe	more rson irecte	than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)					_		 		 		
(20)					-			<u> </u>			
(21)											
(22)											
(23)											
(24)								-			
(25)	· · · · · · · · · · · · · · · · · · ·										
	Sub-total		L	<u>. </u>	<u> </u>	 		<u> </u>	60,357.60		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-						▶	60,357.60		
2	Total number of individuals (including but reportable compensation from the organi	not limited				_		e) w	ho received mo	ore than \$100,00	00 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							-	oloyee, or high	est compensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										ne ch
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individu	
Section	on B. Independent Contractors	<u>-</u>	<u> </u>								
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat oort compe	ed inc	depe	end or th	ent ne c	contra	acto ar y	ors that receive rear ending with	ed more than \$10 h or within the o	00,000 of rganization's tax
	(A) Name and business add	ress			-				(B) Description of se	ervices	(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	
											Enr. QQA (2015)

Part VIII		Statement of Revenue									
		Check if Schedule O contains a response or not				<u>., </u>					
	٠		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
ats str	1a	Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b									
S, (Am	С	Fundraising events 1c									
ia Gif	d	Related organizations 1d	_								
ns,	е	Government grants (contributions) 1e	_	:							
rtio er S	f	All other contributions, gifts, grants,									
Contributions, and Other Sim		and similar amounts not included above 11	— [İ						
ng	g	Noncash contributions included in lines 1a-1f: \$									
	h	Total. Add lines 1a-1f				 					
Program Service Revenue	2a				İ	-					
Jev.	Za b										
Se F	C					 					
ervi	ď				<u> </u>	-					
Š	e					 					
grai	f	All other program service revenue .									
Pro	g	Total. Add lines 2a–2f	- 0		<u> </u>						
	3	Investment income (including dividends, interes	t,			T					
		and other similar amounts)	281,852.22								
	4	Income from investment of tax-exempt bond proceeds	•								
	5	Royalties	>								
		(i) Real (ii) Personal									
	6a	Gross rents									
	b	Less: rental expenses									
	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									
	b	Less: cost or other basis									
		and sales expenses .									
	C	Gain or (loss)									
	d	Net gain or (loss)	<u> </u>								
P	R ₂	Gross income from fundraising				,					
e	••	events (not including \$									
ě		of contributions reported on line 1c).									
<u>~</u>		See Part IV, line 18 a			İ						
Other Revenue	Ь	Less: direct expenses b	-								
0	c	Net income or (loss) from fundraising events .	 -		-						
		Gross income from gaming activities.									
		See Part IV, line 19 a									
:	b	Less: direct expenses b									
	С	Net income or (loss) from gaming activities ▶	·		-						
	10a	Gross sales of inventory, less									
!		returns and allowances a			:						
	b	Less: cost of goods sold b		-							
	<u>c</u> _	Net income or (loss) from sales of inventory									
	<u> </u>	Miscellaneous Revenue Business Cod	e	=	-						
	11a				<u> </u>						
	b		-			 					
	C	All all and an analysis	<u> </u>			 					
	d	All other revenue				 					
	12	Total. Add lines 11a–11d	281,852.22		 	 					
	٠.د	Town revenue. See instructions	201,002.22			Earn 990 (2015)					

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 99	i0 (2015)				Page 10
	IX Statement of Functional Expenses				
	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	Il other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .		. <u>.</u> 🗆
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	276,500.00	276,500.00		
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	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	60,367.60	60,357.60		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		Ì		
a	Management				
b C	Legal				
d	Lobbying			-	
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	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		_ _		
20	Interest				
21 22	Depreciation, depletion, and amortization .				
23	Insurance		···		
24	Other expenses. Itemize expenses not covered				<u> </u>
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
е	All other expenses	226 057 60	200 057 00		
25	Total functional expenses. Add lines 1 through 24e	336,857.60	336,857.60		i

32 33

Form	1 990 (20	015)			Page 1
Ρ	art X	Balance Sheet			
		Gheck if Schedule O contains a response or note to any line in this Pa	rt X		· · · _
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
£	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	12,388,197.06	11	11,761,578.09
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,388,197.06	16	11,761,578.09
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Se		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
73 20 20 20 20 20 20 20 20 20 20 20 20 20	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		-23	
Ţ		complete lines 30 through 34.			
Assets or Fund Balances	30	Capital stock or trust principal, or current funds	12,388,197.06	30	11,761,578.09
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	,
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
•	,				_

Total liabilities and net assets/fund balances .

11,761,578.09

33

12,388,197.06

12,388,197.06

Page	1	2
uye		-

Part	ΧI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u> .		
1	Tota	I revenue (must equal Part VIII, column (A), line 12)	1		281,8	
2	Total expenses (must equal Part IX, column (A), line 25)					57.60
3	Reve	enue less expenses. Subtract line 2 from line 1	3		(55,00	•
4	Net a	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,388,197.06		
5	Net u	unrealized gains (losses) on investments	5	(626,61	9.00)
6	Dona	ated services and use of facilities	6			
7	Inves	stment expenses	7			
8	Prior	period adjustments	8			
9	Othe	er changes in net assets or fund balances (explain in Schedule O)	9			
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, c	column (B)) <u> </u>	10	11	,761,5	78.09
Part	XII	Financial Statements and Reporting	-			
		Check if Schedule O contains a response or note to any line in this Part XII		<u></u> .		
					Yes	No
1		ounting method used to prepare the Form 990: Cash Accrual Other				
		e organization changed its method of accounting from a prior year or checked "Other," ex	olain in	-	}	†
	Sche	edule O.				
2a		e the organization's financial statements compiled or reviewed by an independent accountant?		2a	İ	*
		es," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	revie	ewed on a separate basis, consolidated basis, or both:				i
	_	eparate basis				
b		e the organization's financial statements audited by an independent accountant?		2b		4
		es," check a box below to indicate whether the financial statements for the year were audite	d on a			
	•	arate basis, consolidated basis, or both:				
		eparate basis				
C		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		- 1		
		e audit, review, or compilation of its financial statements and selection of an independent accou		2c		
		e organization changed either its oversight process or selection process dunng the tax year, ex	plain in			
		edule O.				
3a		result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
		Single Audit Act and OMB Circular A-133?		3a	1	
b		es," did the organization undergo the required audit or audits? If the organization did not unde				
	requ	ured audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
				For	n 990	(2015)

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.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Walter Bisbee Trust

Employer identification number 01-6011528

van	er bisbee rrust			_			
Pa	Teason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
he	organization is not a private founda		•	-	-	•	
1	A church, convention of churc	•					
2	A school described in section		•				
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)((iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain laxable ii	exception ncome (l	ns, and (2) no more ess section 511 tax	than 331/3% of its
10	☐ An organization organized and	l operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
á	Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to re	egularly appoint or ele	led by its ct a majo	supporterity of the	ed organization(s), ty e directors or trustee	pically by giving es of the supporting
t	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.						
•	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
(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 organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.						
1	Enter the number of supported of Provide the following information		oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))		r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
4)	ISAD 28, Camden Hills High School	01-0269114	School			276,500.00	
B)							
 C)							
D)							
E)							
ota	31					276,500.00	

SCHEDULE (Form 990)

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

0

OMB No 1545-0047

•		ŏ	omplete if the organ	s, allu illuivit nization answered	"Yes" on Form 990	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.		201
Department of the Treasury Internal Revenue Service		► Infor	► Information about Sche	► Attach te	► Attach to Form 990. orm 990) and its instructions	► Attach to Form 990. about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	.990.	Open to Puk Inspection
Name of the organization Walter Bisbee Trust							Employ	Employer identification number 01-6011528
Part I General Information on Grants and Assistance	al Information	on Grants and	Assistance					
1 Does the org	anization mainta	in records to subs	stantiate the amou	int of the grants o	r assistance, the	grantees' eligibility fo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and
the selection	criteria used to	the selection criteria used to award the grants or assistance?					γ · · · · · · · · · · · · · · · · · · ·	. Yes
2 Describe in F	art IV the organi	zation's procedur	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	the use of grant fu	unds in the United	States.		
Part II Grants	and Other As	sistance to Do	mestic Organiz	ations and Dor	nestic Governr	nents. Complete if	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ered "Yes" on Form
990, P _ε	art IV, line 21, f	or any recipient	that received mo	ore than \$5,000.	Part II can be o	suplicated if additio	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		(P) EIN	College College	done to tour out (h)	A Amount of non	A location of valuation)	0 13

1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MSAD 28 Camden Hills High School	01-026114	School	276,500.00	0		None	Education
(2)							
(6)							
(4)							
(5)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	501(c)(3) and gov ganizations listed	ernment organizat in the line 1 table	ions listed in the lir	ne 1 table			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructions	s for Form 990.		Car	Cat No 50055P		Schedule I (Form 990) (2015)

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Walter Bisbee Trust	Employer identification number 01-6011528
Responses to questions 11 and 19, Part VI	
11. Charitable Trust with solo Trustee, 990 prepared by Trustee	
19. Governing documents available from Knox County Probate Court, Rockland, Maine. Also, available	ole upon request.
990 and financial statements filed with Attorney General, State of Maine and available upon request.	
	······
	·