	QQA
om	330

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

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

									to Public					
Inte	mal Reven	ue Service	► Go	to www.irs.g	ov/Form9	90 for instruct	ions and ti	he lates	t infor	mation.		Insp	ection	
Α	For the		idar year, or tax ye				, 2017, a	and end	ing			, 20		
В	Check if	applicable	C Name of organization								D Employ	er identification		
	Address	change	Doing business as	Charitable Ti	ust							01-601152	8	
	Name ch	ange	Number and street (d	r P.O box if m	ad is not deli	ivered to street a	ddress)	Room/s	surte		E Telephone number			
	Initial reti	um	25 Kimberly Court					]				207-671-26	54	
	Final retur	n/terminated	City or town, state or	province, cour	itry, and ZIP	or foreign postal	code				_			
	Amende	d return	Portland, ME 0410	3							G Gross re	ecerpts \$	310,516.19	
	Applicati	on pending	F Name and address o	f principal office	<sub>ar.</sub> Jame	s G. O'Rourke	, Trustee	-	Н	(a) Is this a g	roup return for	subordinates?	Yes Mo	
	• •								_	(b) Are eli	subordinate	s included?	Yes No	
ī	Tax-exer	npt status.	<b>✓</b> 501(c)(3)	501(c) (	) •	(insert no.) 49	47(a)(1) or	☐ 52 £	53	If "N	lo," attach a	alist (see instri	uctions)	
J Website: ► H(c) Group exemption r											number ►			
K	Form of o	rganization	Corporation Trus	t Associa	tion Oth	er▶	L Yea	ar of form		1937		of legal domic	<sub>tle</sub> ME	
<b>∮</b> ₽	art I	Summa					ì							
20	1		scribe the organiz	ation's miss	ion or mo	st significant	activities:	The s	sole p	urpose o	of the trus	t is to provi	de support	
	1	to the ben	eficiary, Maine Sch	ool Adminis	trative Dis	trict # 28, Can	nden Hills	High Sc	hool,	which a	re fully ch	aritable org	anizations.	
_ <u>e</u>		,					*********							
Activities & Governance	2	Check the	s box ▶ ☐ if the o	rganization	discontinu	ued its operat	ions or di	sposed	of m	ore than	25% of	its net asse	ats	
綅			f voting members	•		•					3		1	
≥20	T .		f independent vot	-	-	• .	-	line 1h			4		1	
<b>8</b>	1		ber of individuals	-	-	-					5		0	
	1		ber of volunteers			-	Cit V, III	Luj	• •		6		0	
23							m 4 2 = 12	<del></del>	•		7a		0	
Z,	7a	Not unite	lated business re	venue nom	from flor		7,VEU	) · ·			7b			
<u>₹</u>	b	ivet unrea	ated business taxa	able income	Irom non	1 990-1, me	34	<del>ان ۳-</del>	<del>i                                    </del>	Prior Ye		Cipror	nt Year	
$\mathcal{Q}$		0			1h) . မ္က	l MAD @	0 2010	SS	ļ	- FROIT		- Ourier	it rear	
S. Revenue	8		ons and grants (P		′ ເ~	H · WAK 3	3 2018	. 0.5	ļ					
Ē	9	-	service revenue (F			1					0 000 FC	<del></del>	010 515 10	
ě	10		nt income (Part VII				= N	T	<u> </u>		6,996.56		310,516.19	
_	1		enue (Part VIII, col					<u> </u>						
	12		nue-add lines 8 t					ne 12)	<u> </u>		6,996.56		310,516.19	
	13		d sımılar amounts	-			3)		<u> </u>		4,000.00		295,000.00	
	14	-	aid to or for mem	•					<u> </u>			<u> </u>		
98	15		ther compensation				(A), lines	5–10)	L		6,299.09		73,452.78	
Š	16a	Profession	nal fundraising fee	s (Part IX, c	olumn (A)	, line 11e) .			<u></u>					
Expenses	b	Total fund	Iraising expenses	(Part IX, cold	umn (D), I	ine 25) 🕨	<del></del>		L					
ш	17	Other exp	enses (Part IX, co	lumn (A), lin	es 11a-11	1d, 11f–24e)								
	18	Total expe	enses. Add lines 1	3-17 (must	equal Par	t IX, column (	A), line 25	5) .	Ĺ	32	0,299.09		368,452.78	
	19	Revenue l	ess expenses. Su	btract line 1	8 from lin	e 12 <u></u>				(4:	3,302.44)		(57,936.59)	
5 8									Begin	ning of Cu	rrent Year	<u> </u>	f Year	
뚫	20	Total asse	ets (Part X, line 16	)						12,37	1,629 36	18	3,963,260.52	
Net Ass Fund Bal	21	Total liabi	lities (Part X, line 2	26)							0		0	
2.5	22	Net asset	s or fund balance	s. Subtract li	ne 21 fro	m line 20 .				12,37	1,629.36	13	3,963,260.52	
Р	art II	Signat	ure Block						-					
		bes of penur	4 I declare that I have	examined this r	eturn, includ	ling accompany	ng schedules	s and stat	ement	s, and to t	he best of r	ny knowledge	and belief, it is	
tn	e, correct	, and comple	to Beclaration of prep	arer fother than	officer) is be	ased on all inform	nation of which	ch prepar	erhas	any knowi	edge	•		
		1	TUNU H	Xand	The	stee					3/14/	18		
Sign Signature of officer Date								10						
	re	$V_{i}$	TIMES G	O'ROLLE	CF TO	PUSTEE								
Type or print name and title														
_			e preparer's name		Preparer's	signature		Tr	Date		T	-, PTIN		
	id			`		<del>-</del> ' ' '		]	•		Check self-emp	_] #		
Preparer									<u>-</u>	,				
Us	e Onl			<del></del>		<del></del>					ı's EIN ▶		<del></del>	
14-	v +b = 15	Firm's ac		o proposos s	shown of	ovo2 (soo inc	ructions)			(Pho	ne no		Vac 🗆 Na	
_			this return with th				aucuons)	· ·	• •	· · ·	<del></del>		Yes No	
For	Paperw	rork Reduc	tion Act Notice, se	e the separa	te instruct	ions.		Cat	No. 11	282Y		For	rm <b>990</b> (2017)	

Part	Statement of Pro Check if Schedul	<b>ogram Service Accon</b> e O contains a respons	<b>iplishments</b> se or note to any line in this	s Part III	🗆
1	Briefly describe the organic	anization's mission:		hool District # 28, Camden Hills Hi	
	which are fully charitable	e organizations.			
	***				
2	Did the organization un prior Form 990 or 990-E	dertake any significant ¡ EZ?	program services during the	year which were not listed on the	ne □Yes ☑No
3	Did the organization of	new services on Sched ease conducting, or m	nake significant changes ir	n how it conducts, any progra	m
	If "Yes," describe these	changes on Schedule (	).		
4	expenses. Section 501	(c)(3) and 501(c)(4) organ		its three largest program service ort the amount of grants and al	
4a	(Code: 501 c 3 ) (Exp	penses \$73,452.78	including grants of \$	295,000 00 ) (Revenue \$	310,516.19 )
	****				
			***************		
41-	(O. J ) /F			\ (C) = 1 = 1 = 1	
4b	(Code:) (Exp	oenses \$	including grants of \$	) (Hevenue \$	,
		48.02.0340700707070707070707070707070707070707			
4c	(Code: \ (Evr	nenees \$	including grants of \$	) (Revenue \$	
70	(Occie) (EX)			/ (nevertide ψ	
	4, - 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			***************************************	
					·
4d	Other program sengess	(Describe in Schedule (	))		
<del></del> -	(Expenses \$	including grants of	\$ ) (Revenu	ue\$)	
40	Total program service e	vnoncec •	73 452 78		

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Form 990 (2017)

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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,	<u> </u>		<del>                                     </del>
	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		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		•
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, VII, 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		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	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		/
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
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		/
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		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
Ь	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		<b>&gt;</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		1
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>&gt;</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		>
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Part	Checkist of Required Schedules (Continued)			
	Did the compounding proceeds are any one beginning to the Control of the Control		Yes	No
20 a		20a		1
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b		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	21		7
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
	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		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		,
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		,
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 b	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	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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 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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		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	<u>,</u>	<b>✓</b>
	The second secon		990	(2017)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
		<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		<del>                                     </del>	<del>                                     </del>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	┨	1	
C	reportable gaming (gambling) winnings to prize winners?			
20	, ,	1c	~	├
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	J		
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
þ	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	1		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			_
	account)?	4a		~
þ	If "Yes," enter the name of the foreign country: ▶	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ļ
	(FBAR).	ł		]
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		
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	}		]
	and services provided to the payor? ,	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ŀ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <del>`</del>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<del>                                     </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71	<del> </del>	<del>                                     </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\vdash$	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b></b> -	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>  /''</del>	<b></b>	
•		8		-
^	sponsoring organization have excess business holdings at any time during the year?	°		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь		<del> </del>
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12	1		l
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1		
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders	-		
b				
40	, , , , , , , , , , , , , , , , , , , ,			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	ευ (2017)			Page <b>b</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
	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			т.:
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 1	ł	l	
	If there are material differences in voting rights among members of the governing body, or	İ	ļ	
	of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ł	1	Ì
	·		]	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 1 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	┨		
2	any other officer, director, trustee, or key employee?	2	l	
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	l	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	<b>-</b>	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			Ť
	one or more members of the governing body?	7a	!	1
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	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:	ĺ		
а	The governing body?	8a	~	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	~	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae.) Yes	No
10-	Did the experientian have lead chanters branches or effiliates?	10a	100	1
10a b	Did the organization have local chapters, branches, or affiliates?	iva	-	-
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
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	<del>                                     </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11.5	<u> </u>	<del>                                     </del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	<u>L</u> .	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	1	Ĺ
15	Did the process for determining compensation of the following persons include a review and approval by	ł	1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l	١.	
a	The organization's CEO, Executive Director, or top management official	15a	/	<u> </u>
b	Other officers or key employees of the organization	15b	<u> </u>	/
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ł		'
16a	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			<del>                                     </del>
•	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		İ
Secti	on C. Disclosure			
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)s	only)
	available for public inspection, indicate how you made these available. Check all that apply.			
	☐ 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	· •	

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Page 7

	, age 2
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any related	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				((	2)					
(A)	(B)	1			ition			(0)	(E)	(F)
Name and Title	Average	(do n	ot ch	eck	more	than o	one	Reportable	Reportable	Estimated
Mario dia 1150	hours per					or/trust		compensation	compensation from	amount of
	week (list arry					_	<u> </u>	from	related	other
	hours for	걸로	藍	Officer	<b>(</b>	흥합	Former	the	organizations	compensation
	related organizations	중	₫	ĕ	§	्रे <u>क्ष</u>	₹	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호르	8		봉	8 8	l	(VV-2) 1099-WIGO)		and related
	lme)	Individual trustee or director	5		Key employee	ۊ		1		organizations
	ļ	8	Institutional trustee	[	_	36				
			ě			Highest compensated employee	L			
(1) James G. O'Rourke, Trustee	38									
(1) James G. O'Rourke, Trustee		1						73,452.78		
(2)										
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(3)	<u> </u>									
(4)				$\vdash$			-	]		
			<u> </u>				L			
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(6)			-		$\vdash$		<del> </del>			
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(11)										
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(12)	<b></b>							Ì	`	
(40)			<u> </u>		H		-			
(13)	<del> </del>									
(14)			H				-			· · · · · · · · · · · · · · · · · · ·
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	T	Ī	ı	1	ı	i l	ı	I.		

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (∞nti	nued)		
					-	C) Ition			_	ì	ł		
	(A)	(B)			eck	more	than o		(D)	(E)		(F)	
	Name and title	Average hours per		box, unless person is both a officer and a director/truste					Reportable compensation	Reportable compensation from		imated ount of	
		week (list any		_		_			from	related		other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)		oensations	on
		organizations	ecto	tior	=	夏	yest or	] =	(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,	orga	nzation	
		below dotted	* <u>₹</u>	la t		Ş	릙		[			i related nization	
		,	stee	Tiste.		"	ens:	1			J	. Laure	~
				ě		}	<u> </u>		}		j		
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J1													
(16)													
							L						
(17)													
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(18)	**************************************	<u> </u>						1					
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(20)													
(04)								_	<del> </del>	·			
(21)	·	ļ						ŀ					
1221						-		-	<u> </u>		<del> </del>		
(22)									i				
(23)	· · · · · · · · · · · · · · · · · · ·							<del> </del>		_ <del>,</del>	<del> </del>		
<u>y_</u>								1	1		1		
(24)								<del>                                     </del>					
X=:/													
(25)													
								l		:			
1b	Sub-total							<b>&gt;</b>	73,452.78				
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>					
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>			<u></u>		<u> </u>	73,452.78				
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,00	)0 of		
	reportable compensation from the organi	zation >										<u>, , , , , , , , , , , , , , , , , , , </u>	
_			_								. —	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	loyee, or high	est compensate		1	1 .
	• •										3	<del> </del>	<b>/</b>
4	For any individual listed on line 1a, is the organization and related organizations												1
	individual	greater un	ו קטיונגב	50,1	000	: "	16	٥,	complete 341	edule o loi suc	4		
5	Did any person listed on line 1a receive of	r accriie co	· ·	neat	ion	fror	กลกv	un	related organiz	ation or individu		<del>  </del>	/
3	for services rendered to the organization?										5		
Section	on B. Independent Contractors											لـــــــــــــــــــــــــــــــــــــ	
1	Complete this table for your five highest	compensate	ed inc	ene	ende	ent :	contra	acto	ors that receive	ed more than \$1	00.000		-
•	compensation from the organization. Rep												ax
	year.	•						•	J		_		
	(A)					_			(B)		(C)		
	Name and business add	ress							Description of se	ervices	Compens		
								L					
2	Total number of independent contractor							th	ose listed abo	ve) who			
	received more than \$100,000 of compens	ation from t	he or	gani	zatı	on I							

Par	VIII	Statement of Reve Check if Schedule C		esponse or note t	o any line in thie	Part VIII		Γ
i L		Onedair Conedair C	, comains a l	osponse of note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at st	1a	Federated campaign:	s 1	a				
g ar	b	Membership dues .	🛅	b	]			
Am	С	Fundraising events .	<u> </u>	С	]			ļ
a g	d	Related organizations	s <u>1</u>	d	]			
ē, Ē	Ð	Government grants (cor		θ	] ]			
để S re	f	All other contributions, g			1			
호	ļ	and similar amounts not inc		lf	]		ļ	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include		·				
	<u>h</u>	Total. Add lines 1a-1	lf		<u> </u>	<del></del>		ļ
Program Service Revenue				Business Code	<b>∤</b>			-
9,	2a							
Ø.	Ь				<del> </del>			
.≅	C			<del> </del>	<del></del>			
S	d							
Ē	f	All other program ser	nico rovonuo	-		<del></del>		
ဦ	g	Total. Add lines 2a-2			<del> </del>		L <u>.</u>	<u> </u>
	3	Investment income			<del>  </del>		<u> </u>	<u> </u>
	•	and other similar amo			310,516 19			
	4	Income from investmen	•		<u> </u>			
	5	Royalties			[ <del>-</del>			
	-		(i) Real	(ii) Personal		<del></del>		
	6a	Gross rents			1		;	
	ь	Less: rental expenses			1			
	c	Rental income or (loss)			1		!	
	d	Net rental income or	(loss)		1 - 1	-	*	
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	l	assets other than inventory			]			
	b	Less: cost or other basis			] [		į	
		and sales expenses .			]			
	C	Gain or (loss)			]		_	
	d	Net gain or (loss) .		. <u></u>				
enueve	8a	Gross income from fu	undraisıng					
Œ		of contributions reporte		a				
Other	Ь	Less: direct expenses	s	b	1			
U	c	Net income or (loss) f		ng events . ►	1		-	
	9a	Gross income from gassee Part IV, line 19	aming activities	S.				
	b	Less: direct expenses		b				
	C	Net income or (loss) f						
	10a	Gross sales of in returns and allowance		1				
	b	Less: cost of goods s	sold	b	]			_
	C	Net income or (loss) f	from sales of i	nventory 🕨				
		Miscellaneous F	levenue	Business Code				
	11a							
	b							
	C							
	d	All other revenue .						
	e	Total. Add lines 11a-	-11d					
	142	Total ravanua Ses i	netructions	<b>&gt;</b>	310.516.19			

Rent IX Statement of Functional Expenses Section 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 501(c)(s) and 105 of Part VIII.  1 Grants and other assistance to domestic organizations and domestic powerments. See Part IV, line 21 .  2 Grants and other assistance to domestic organizations and domestic powerments. See Part IV, line 21 .  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 25 and 16 .  4 Benefits paul to or for members .  5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees .  6 Compensation not included above, to discuslified persons (as defined under section 4958(c)(s)) and persons described in section 4958(c)(s)(s) .  7 Other salaries and wages .  8 Pension plan accrusia and contributions (include section 401(s) and 403(s) employee contributions) .  9 Other employee benefits .  10 Payroll taxes .  11 Payroll taxes .  12 Payroll taxes .  13 Payroll taxes .  14 Payroll taxes .  15 Pension for services (non-employees):  2 Adventing and promotion .  2 Other (line 1) granter section .  2 Other (line 1) granter section .  3 Office expenses .  15 Conjugates .  16 Conjugates .  17 Tavel .  18 Payronts of travel or entertainment expenses for any federal, state, or local public officials for the conjugate section .  19 Conferences, conventions, and meetings .  10 Insurance .  20 Other (line 1) granters or covered above (Lst miscellaneous expenses on Schedule O) .  20 Interest .  21 Payrents of travel or entertainment expenses for any federal, state, or local public officials to the section .  22 Other expenses . Itemize expenses no Schedule O) .		90 (2017)	<del></del>	····		Page 1
Check if Schedule O contains a response or note to any line in this Part IX						
Do not include amounts reported on lines 6b, 7b, 9b, 9b, and 10b of Part VIII.  1 Grafts and other assistance to domestic organizations and domestor governments. See Part IV, line 22  2 Grants and other assistance to foreign organizations are includuals. See Part IV, line 15 and 16 c.  4 Benefits part to or for members  5 Compensation of current officers, directors, trustees, and key employees.  6 Compensation of current officers, directors, trustees, and key employees.  7 Compensation of current officers, directors, trustees, and key employees.  8 Pension plan accrusia and contributions (include persons described in section 4958(n)) and persons described in section 4958(n)(s)(b).  9 Other employee benefits.  10 Payroll taxes.  11 Fees for services (non-employees):  2 Management  3 Lobbying.  4 Lobbying.  Professional fundrasing services. See Part IV, line 17 Investment management fees.  10 Office expenses.  11 Information technology.  13 Office expenses.  14 Information technology.  15 Royattes.  16 Occupancy  17 Travel.  20 Depreciation, depletion, and amortization.  21 Payments of affiliates.  22 Depreciation, depletion, and amortization.  23 Insurance.  24 Other expenses. Itemize expenses not covered above (fast miscellamente spenses on Schedule O.)  2 Interest.  2 Depreciation, depletion, and amortization.  2 Insurance.  2 Other expenses. Itemize expenses not covered above (fast miscellamente spenses on Schedule O.)  3 Insurance.  3 Cartina and other assistance to foreign or covered above (fast miscellamente spenses on Schedule O.)  3 Cartina and other assistance to foreign inclinical above the spenses of schedule O.)  3 Insurance.  4 Other expenses. Itemize expenses not covered above (fast miscellamente spenses on Schedule O.)	Section					
8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic operaments. See Part IV, line 21 .  2 Grants and other assistance to domestic conductable. See Part IV, line 22 .  3 Grants and other assistance to foreign organizations, foreign oyearments, and foreign individuals. See Part IV, line 15 and 16 .  4 Benefits pard to or for members .  5 Compensation of current officers, directors, trustess, and key employees .  7 Compensation of current officers, directors, trustess, and key employees .  8 Pension plan accruais and contributions (include section 4958(x)) and persons described in section 4958(x)(3) and persons described in section 4958(x) employer contributions (include section 4918(x) and Volty) and 4018(x) and Volty) employer contributions (include section 4918(x) and Volty) employer contributions (include section 4918(x) employer contributions) and the volty of the employee benefits .  9 Payroll taxes .  10 Payroll taxes .  11 Fees for services (non-employees):  12 Advertising and promotion .  13 Office expenses .  14 Information technology .  15 Royalties .  16 Occupancy .  17 Travel .  18 Payments to affiliates .  29 Depreciation, depletion, and amortization .  19 Insurance .  20 Other expenses, Itemize expenses not covered above (last miscellareaux expenses in line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 124e expenses on Schedule O.)  18 Depreciation, depletion, and amortization .  19 Insurance .  10 Cher expenses, Itemize expenses not covered above (last miscellareaux expenses in line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
and domestic governments. See Part IV, line 21 295,000.00  2 Grants and other assistance to domestic individuals. See Part IV, line 22			Total expenses	Program service	Management and	(D) Fundraising expenses
Individuals. See Part IV, line 22	1		295,000.00	295,000.00		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  4 Benefits paid to or for members 0 0 0  5 Compensation of current officers, directors, trustees, and key employees 73,452.78  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f) and persons filter for the filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter filter	2		0	0		
Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8)) Cother salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Amanagement Legal Accounting Professional fundraising services. See Part IV, Ime 17 Investment management fees Other (illien 11g around receeds 10% of line 25, column (A) amount, let line 12g expenses on Schedule O.) Payrollederal, state, or local public officials Conferences, conventions, and meetings Information technology Payments to affiliates Depreciation, depletion, and amortization Insurance  Amount, list line 24e expenses on Schedule O.)  Payments to affiliates Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses in Ine 24e. If Ine 25e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
Compensation not included above, to disqualified persons (as defined under section 4958(s)(3)(B)		Compensation of current officers, directors,			!	
persons (as defined under section 4958(k)11) and persons described in section 4958(c)(3(B))  7	_		73,452.78	/3,452./8		<b>_</b>
8 Pension plan accruals and contributions (include section 401 (k) and 403 (b) employer contributions) 9 Other employee benefits . 10 Payroli taxes	6	persons (as defined under section 4958(f)(1)) and				
section 401(k) and 403(b) employer contributions) 9 Other employee benefits	7	· ·				
10 Payroll taxes	8	section 401(k) and 403(b) employer contributions)				
a Management b Legal						<u> </u>
a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, Ime 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.)  Activertising and promotion Occupancy Fravel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		=	,			
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d Lobbying e Professional fundraising services. See Part IV, Ime 17 f Investment management fees g Other, (if line 11g amount exceeds 10% of fine 25, column (A) amount, list line 11g expenses on Schedule 0.)  12 Advertising and promotion		-		<del></del>	<del></del> _	<del> </del>
Professional fundraising services. See Part IV, Ime 17  Investment management fees  Gother. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion  Office expenses  Information technology  Foother in the service of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	_	-				
f Investment management fees	-	• •			······································	
(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 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses  25 Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a b	f	~				
13 Office expenses	g	·				
Information technology  Royalties  Coccupancy  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	12	Advertising and promotion				
15 Royalties	13					
16 Occupancy		•				
Travel			ļ			
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				<del></del>		
19 Conferences, conventions, and meetings 20 Interest		Payments of travel or entertainment expenses				
20 Interest	19					
Payments to affiliates				<del>- ,</del>		
23 Insurance	21					
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a b c	22	Depreciation, depletion, and amortization .				
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.)  a b c	23	Insurance				
(A) amount, list line 24e expenses on Schedule O.)  a b c	24	above (List miscellaneous expenses in line 24e. If				
b						
b c	a					
	ь					
d	c	•				
	d	4				ļ
e All other expenses			000 450 70	200 450 70		ļ ————
25 Total functional expenses. Add lines 1 through 24e 368,452.78 368,452.78			308,452.78	308,452.78		ļ
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

orm s	990 (201	17)			Page <b>11</b>
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		· · · · · □
			(A) Beginning of year		(B) End of year
	1 (	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable net		4	

					•
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors.	·		1
	ŀ	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	<del></del>		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	•		١
	ŀ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
93		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			
	1	other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	12,371,629.36	11	13,963,260.52
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	<del></del>
	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)	12,371,629.36	16	13,963,260.52
	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	
8	22	Loans and other payables to current and former officers, directors,			
2		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	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		ļ	
		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		26	<del></del>
Ø		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		ļ	
lances		- '			
	27	Unrestricted net assets		27	
ñ	28	Temporarily restricted net assets		28	
ဋ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		i	
Net Assets or Fund Ba	20		12,371,629.36		13,962,260.52
Đặc Đặc	30	Capital stock or trust principal, or current funds	12.3/ 1,028.30	30	13,802,200.32
58	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
<b>a</b>	32	Retained earnings, endowment, accumulated income, or other funds .	12,371,629.36	32	13,962,260.52
ž	33	Total net assets or fund balances	12,371,629.36	33	13,962,260.52
	34	Total liabilities and net assets/fund balances	12,371,028.30	34	Form <b>990</b> (2017)

orm 95	θ(2017)			Pa	ige <b>12</b>
Part	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		310,5	16.19
2	Total expenses (must equal Part IX, column (A), line 25)	2		368,4	52.78
3	Revenue less expenses. Subtract line 2 from line 1	3		(57,93	6.59)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,	371,6	29.36
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	649,5	67.80
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	13,	963,2	60.52
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		1 :		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ın			,
	Schedule O.				ار
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				!
	Separate basis Consolidated basis Both consolidated and separate basis				'
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a			
	separate basis, consolidated basis, or both:		[		
	Separate basis Consolidated basis Both consolidated and separate basis				;
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				- '
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		j	
	the Single Audit Act and OMB Circular A-133?		3a	<b>✓</b>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			]
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b_		

Form **990** (2017)

## **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

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

2017

wait	et bisi	bee must					01-60	111528
Pai	<b>1</b> I	Reason for Public Cha	rity Status (Al	organizations mus	t comple	te this p	part.) See instruction	ons.
The	organi	zation is not a private founda	ation because it	is: (For lines 1 through	12, che	ck only o	ne box.)	15
1	ПΑ	church, convention of churc	hes, or associat	ion of churches descr	nbed in s	ection 17	70(b)(1)(A)(i).	12
2		school described in section						
3		hospital or a cooperative ho-						
4		medical research organization ospital's name, city, and state		onjunction with a hos	pital desc	ribed in	section 170(b)(1)(A)	(iii). Enter the
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or opérat	ed by a government	al unit déscribéd in
6		federal, state, or local govern						
7		n organization that normally escribed in <b>section 170(b)(1)</b>			port fron	a gove	nmental unit or fron	n the general public
8	□A	community trust described I	n <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)			
9	OI UI	n agricultural research organ r university or a non-land-gra niversity:	int college of ag	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or
10	re su	n organization that normally occupts from activities related upport from gross investment organization a	to its exempt fu t income and ur	inctions—subject to d irelated business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 331/3% of its
11		n organization organized and	operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12		n organization organized and						
		one or more publicly support						
	<u>C</u>	heck the box in lines 12a thro	=			-	•	
а		Type I. A supporting organ the supported organization supporting organization. You	n(s) the power to	regularly appoint or e	elect a ma	ajority of		
b	. [		_	•			supported organizati	on(s), by having
		control or management of organization(s). You must	the supporting o	organization vested in	the same			
С		Type III functionally integ its supported organization(						ally integrated with,
d		Type III non-functionally integrated that is not functionally integred requirement (see instructional see instructional	grated. The orga	anization generally mu	st satisfy	a distribi	ution requirement an	
0		Check this box if the organ functionally integrated, or 1	ization received Type III non-fund	l a written determination	on from ti pporting	he IRS th organizat	at it is a Type I, Type ion.	e II, Type III
f	Ente	er the number of supported o	organizations .					
g	Pro	vide the following information	about the supp	ported organization(s)	·			
	(i) Nar	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)
				1	Yes	No		
N	SAD	28, Camden Hills High			<del>                                     </del>			
(A) s	chool		01-0269114	School	•		295,000.00	<del></del>
(B)								
(C)								
(D)								
(E)	<del></del>	<del></del>						
Total	i			<del></del>	<del> </del>	<del>                                     </del>	295,000.00	<del> </del>

Total

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Walter Bisbee Trust

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 890, Part IV, line 21 or 22.

OMB No 1545-0047

2017 Open to Public Inspection Employer identification number 01-6011528

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

6		0.0010	
า กลา	Part I General Information on Grants and Assistance		
<u>-</u>	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and	
£	the selection criteria used to award the grants or assistance?	>	
<u>۵</u>	ᆽ		
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form	answered "Ves" on	F
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dunicated if additional space is maded		5

(10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table						
Enter total number of section 501(c)(3) and government						
Enter total number of section 501(c)(3) and government						
Enter total number of section 501(c)(3) and government						
Enter total number of section 501(c)(3) and government						
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Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lir	1					
Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lir						
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Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lir						
Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lin						
Enter total number of other organizations listed in the lir		government organiza	tions listed in the lin	al table		
		sted in the line 1 table				
			·		 	_

Schedule I (Form 990) (2017)

## SCHEDULÉ Ö (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 2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Walter Bisbee Trust	Employer identification number
Walter Bisbee Trust	01-6011528
	***************************************
Responses to questions 11 and 19, Part VI	
-	
11. Charitable Trust with sole Trustee, 990 prepared by Trustee	
<u> </u>	
19. Governing documents available from Knox County Probate Court, Rockland, Maine. Also, av.	ollable upon request. 000 and financial
19. Governing documents available from Kilox County Frobate Court, Rockland, Maine. Also, av.	and inancial
statements filed with Attorney General, State of Maine and made available upon request.	
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