

**Return of Organization Exempt From Income Tax**

**2002**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

**A For the 2002 calendar year, or tax year period beginning JUL 1, 2002 and ending JUN 30, 2003**

**B** Check if applicable:  Address change,  Name change,  Initial return,  Final return,  Amended return,  Application pending.

**C Name of organization**  
George Stevens Academy

**D Employer identification number**  
01-0247002

**E Telephone number**  
(207) 374-5081

**F Accounting method**  Cash  Accrual (specify)

Please use IRS label or print or type. See Specific Instructions.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

PO Box 816

City or town, state or country, and ZIP + 4

Blue Hill, ME 04614-0816

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list.) N/A  Yes  No

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Web site:** www.georgestevensacademy.org

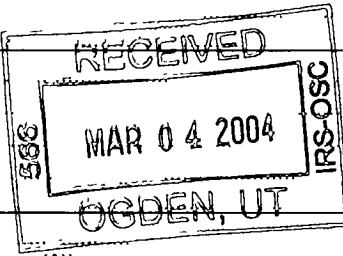
**J Organization type** (check only one)  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **3,694,128.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenues	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	266,814.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 238,401. noncash \$ 28,413.)	1d	266,814.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,564,807.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	3,139.		
	5	Dividends and interest from securities	5	37,608.		
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe )	7				
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
		695,916.	8a			
		942,701.	8b			
		<246,785.>	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 1	8d	<246,785.>			
9	Special events and activities (attach schedule)	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	11,870.	
		b	Less: direct expenses other than fundraising expenses	9b	10,878.	
		c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	992.	
10a	Gross sales of inventory, less returns and allowances	10a				
		b	Less: cost of goods sold	10b		
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	113,974.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,740,549.			
Expenses	13	Program services (from line 44, column (B))	13	2,661,276.		
	14	Management and general (from line 44, column (C))	14	197,506.		
	15	Fundraising (from line 44, column (D))	15	53,423.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	2,912,205.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<171,656.>			
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,210,614.		
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3	20	240,408.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,279,366.		



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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ <b>120,283.</b> noncash \$ _____	22 120,283.	120,283.	Statement 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 1,100.	0.	1,100.	0.
26 Other salaries and wages	26 1,851,673.	1,712,066.	109,480.	30,127.
27 Pension plan contributions	27			
28 Other employee benefits	28 308,934.	284,219.	18,536.	6,179.
29 Payroll taxes	29 41,734.	38,395.	2,504.	835.
30 Professional fundraising fees	30			
31 Accounting fees	31 10,610.	10,610.		
32 Legal fees	32			
33 Supplies	33 9,814.	6,377.	2,264.	1,173.
34 Telephone	34 3,528.	3,004.		524.
35 Postage and shipping	35 8,852.	8,280.		572.
36 Occupancy	36 125,083.	125,083.		
37 Equipment rental and maintenance	37 19,706.	19,706.		
38 Printing and publications	38 14,706.		2,328.	12,378.
39 Travel	39			
40 Conferences, conventions, and meetings	40 818.	818.		
41 Interest	41 2,830.	2,830.		
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>See Statement 4</b>	43e 392,534.	329,605.	61,294.	1,635.
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 2,912,205.	2,661,276.	197,506.	53,423.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>Provide secondary education</b>	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)</small>
<b>a Provide secondary education to approximately 375 students</b>	
(Grants and allocations \$ _____)	2,540,993.
<b>b Provide financing assistance to graduating students who are furthering their education. Scholarships granted on the basis of merit and type of continuing education</b>	
(Grants and allocations \$ _____)	120,283.
<b>c</b>	
(Grants and allocations \$ _____)	
<b>d</b>	
(Grants and allocations \$ _____)	
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ _____)
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>2,661,276.</b>

**Part IV Balance Sheets**

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45	Cash - non-interest-bearing	228,402.	45	298,466.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	<18,028.>		
	b	Less: allowance for doubtful accounts		47c	<18,028.>
	47b		11,117.		
	48 a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	48b				
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
	b	Less: allowance for doubtful accounts		51c	
	51b				
	52	Inventories for sale or use	5,904.	52	5,295.
	53	Prepaid expenses and deferred charges	10,897.	53	9,368.
54	Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
55 a	Investments - land, buildings, and equipment: basis				
55a					
b	Less: accumulated depreciation		55c		
55b					
56	Investments - other	See Statement 6	2,427,053.	56	2,356,201.
57 a	Land, buildings, and equipment: basis	4,124,310.			
57a					
b	Less: accumulated depreciation		57c		
57b		4,064,896.		4,124,310.	
58	Other assets (describe <input type="checkbox"/> )		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	6,748,269.	59	6,775,612.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	171,328.	60	167,204.
	61	Grants payable	270,850.	61	254,475.
	62	Deferred revenue	2,165.	62	1,255.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable	60,000.	64b	40,000.
	64b				
65	Other liabilities (describe <input type="checkbox"/> <b>Sabbatical Reserve</b> )	33,312.	65	33,312.	
66	<b>Total liabilities</b> (add lines 60 through 65)	537,655.	66	496,246.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	5,202,486.	67	5,316,769.
	68	Temporarily restricted	167,143.	68	121,612.
	69	Permanently restricted	840,985.	69	840,985.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,210,614.	73	6,279,366.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	6,748,269.	74	6,775,612.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> None		
b	Number of employees employed in the pay period that includes March 12, 2002 <span style="float:right">90b 55</span>		
91	The books are in care of <input type="checkbox"/> Fred Heilner Telephone no. <input type="checkbox"/> (207) 374-5081		
Located at <input type="checkbox"/> Blue Hill, ME <span style="float:right">ZIP + 4 <input type="checkbox"/> 04614</span>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92 N/A</span>		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>Tuition</u>					2,561,782.
b <u>Miscellaneous</u>					3,025.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,139.	
96 Dividends and interest from securities			14	37,608.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18		<246,785.>
101 Net income or (loss) from special events			01	992.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>School Lunch</u>			03	113,974.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		155,713.	2,318,022.
105 Total (add line 104, columns (B), (D), and (E))					2,473,735.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Michelle R. Bannister Date: 2/25/04 Type or print name and title: Michelle R. Bannister, Treasurer

Paid Preparer's Use Only Preparer's signature: [Signature] Date: 02/23/04 Check if self-employed:  Preparer's SSN or PTIN: 01-0219197

Firm's name (or yours if self-employed), address, and ZIP + 4: Horton, McFarland & Veysey  
P.O. Box 543  
Ellsworth, ME 04605 EIN: 01-0219197 Phone no.: (207) 667-5529

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **George Stevens Academy** Employer identification number: **01 0247002**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>Joann Douglas</u> ----- 23 Union Street, Blue Hill, ME 04614	Headmaster 40+	75,000.		
<u>Lawrence Glidden</u> ----- PO Box 481 Blue Hill, ME 04614	Teacher 40+	56,464.		
<u>William T. Farrar</u> ----- P.O. Box 786, Blue Hill, ME 04614	Teacher 40+	54,399.		
<u>John Green</u> ----- HCR #64, Box 363, Brooklin, ME 04616	Asst Headmast 40+	62,720.		
<u>James E. Murphy</u> ----- Box 481, Blue Hill, ME 04614	AD/Teacher 40+	53,040.		
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>None</u> -----		
-----		
-----		
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-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

**5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

**6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

**7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

**8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

**9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_

**10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

**11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**12**  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

**13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. **N/A**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts	▶ 26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶ 26d	N/A
e Public support (line 26c minus line 26d total)	▶ 26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶ 27c	N/A
d Add: Line 27a total _____ and line 27b total _____	▶ 27d	N/A
e Public support (line 27c total minus line 27d total)	▶ 27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f		N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	X	
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	X	
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
_____			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		X
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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Form 990	Gain (Loss) From Publicly Traded Securities	Statement	1
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<u>Description</u>	<u>Gross Sales Price</u>	<u>Cost or Other Basis</u>	<u>Expense of Sale</u>	<u>Net Gain or (Loss)</u>
See attached statement 11	684,916.	929,972.	0.	<245,056.>
Sale of Van	11,000.	12,729.	0.	<1,729.>
To Form 990, Part I, line 8	695,916.	942,701.	0.	<246,785.>

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Form 990	Special Events and Activities	Statement	2
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<u>Description of Event</u>	<u>Gross Receipts</u>	<u>Contribut. Included</u>	<u>Gross Revenue</u>	<u>Direct Expenses</u>	<u>Net Income</u>
Golf Tournament and Other Special Events	11,870.		11,870.	10,878.	992.
To Fm 990, Part I, line 9	11,870.		11,870.	10,878.	992.

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Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
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<u>Description</u>	<u>Amount</u>
Unrealized Capital Gains	240,408.
Total to Form 990, Part I, line 20	240,408.

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Form 990	Other Expenses	Statement	4
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<u>Description</u>	<u>(A) Total</u>	<u>(B) Program Services</u>	<u>(C) Management and General</u>	<u>(D) Fundraising</u>
Dues	3,898.	3,201.		697.
Advertising	5,361.	5,361.		
Miscellaneous	59,971.	37,593.	21,440.	938.
Educational Programs	223,091.	223,091.		
Food Purchases	60,359.	60,359.		
Insurance	16,260.		16,260.	
Investment Expenses	23,594.		23,594.	

Bad Debt Write-off	0.			
Total to Fm 990, ln 43	392,534.	329,605.	61,294.	1,635.

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Form 990	Cash Grants and Allocations	Statement	5
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Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
Student Scholarships			None	120,283.
Total Included on Form 990, Part II, line 22				120,283.

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Form 990	Other Investments	Statement	6
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Description	Valuation Method	Amount
Marketable Securities	Market Value	2,356,201.
Total to Form 990, Part IV, line 56, Column B		2,356,201.

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Form 990	Other Revenue Included on Form 990	Statement	7
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Description	Amount
Fund Raising Expenses Summer School	<10,878.> 5,116.
Total to Form 990, Part IV-A	<5,762.>

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Form 990	Other Expenses Included on Form 990	Statement	8
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Description	Amount
Fund Raising Expenses Summer School	<10,878.> 5,116.
Total to Form 990, Part IV-B	<5,762.>

Form 990

Part V - List of Officers, Directors,  
Trustees and Key Employees

Statement 9

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account	
Lucy H. Ledian 587 Ellsworth Road Blue Hill, ME 04614	Trustee 0.	0.	0.	0.
James Austin RR 1, Box 377 Penobscot, ME 04476	Vice President 0.	0.	0.	0.
Charles Ferden RFD 1, Box 225 Penobscot, ME 04476	Trustee 0.	0.	0.	0.
J. Ben Wooten PO Box 832 Blue Hill, ME 04614	Treasurer 1	0.	0.	0.
Kermit P Allen PO Box 2 Sedgwick, ME 04676-0002	Trustee 0.	0.	0.	0.
Michelle Bannister PO Box 815 Blue Hill, ME 04614	Trustee 0.	0.	0.	0.
Deborah Brewster PO Box 31 Brooklin, ME 04616	Alternate Clerk 0.	0.	0.	0.
Jeanette Candage PO Box 433 Blue Hill, ME 04614	Trustee 0.	0.	0.	0.
Emil Andy PO Box 263 Blue Hill, ME 04614	Trustee 0	0.	0.	0.
Peter Dodge PO Box 195 Blue Hill, ME 04614	Trustee 0.	0.	0.	0.
John Gray PO Box 10 Brooksville, ME 04617	Trustee 0.	0.	0.	0.

Patricia Gray PO Box 202 Blue Hill, ME 04614	President 5	0.	0.	0.
Capt Timothy Leach PO Box 643 Castine, ME 04421	Trustee 0.	0.	0.	0.
Michael Astbury PO Box 91 Blue Hill, ME 04614	Trustee 0.	0.	0.	0.
Greg Hannah PO Box 615 Blue Hill, ME 04614	Trustee 0.	0.	0.	0.
Katherine Smith PO Box 192 Surry, ME 04684	Clerk 0.	0.	0.	0.
Mary Alice Hurvill PO Box 48 Blue Hill, ME 04614	Trustee 0.	0.	0.	0.
William Mayher PO Box 126 Brooklin, ME 04616	Trustee 0.	0.	0.	0.
Robert Sargent Maple Ave Sargentville, ME 04673	Trustee 0.	0.	0.	0.
Totals Included on Form 990, Part V		0.	0.	0.

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Form 990                      Part VIII - Relationship of Activities to                      Statement 10  
   Accomplishment of Exempt Purposes

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Line	Explanation of Relationship of Activities
93a	Tuition is charged students to cover costs of providing secondary education
93b	Various receipts to defray cost of providing secondary education
103b	School lunch sales to provide children with a well balanced nutritional meal to enhance the learning process



# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only**   
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>George Stevens Academy</b>	Employer identification number <b>01-0247002</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>PO Box 816</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Blue Hill, ME 04614-0816</b>	

Check type of return to be filed (file a separate application for each return).

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until February 17, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2002, and ending JUN 30, 2003.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see instruction