

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE SPURWINK SCHOOL		D Employer identification number 01-0319802
		Number and street (or P O box if mail is not delivered to street address) Room/suite 899 RIVERSIDE STREET		E Telephone number (207) 871-1200
		City or town, state or country, and ZIP + 4 PORTLAND, ME 04103		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

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? **N/A** Yes No (If "No," attach a list)

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.SPURWINKSCHOOL.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: **42,125,768.**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received						
a	Direct public support	1a	47,398.				
b	Indirect public support	1b					
c	Government contributions (grants)	1c	387,241.				
d	Total (add lines 1a through 1c) (cash \$ 434,639. noncash \$ _____)			1d		434,639.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2		41,469,579.	
3	Membership dues and assessments			3			
4	Interest on savings and temporary cash investments			4		45,577.	
5	Dividends and interest from securities			5			
6 a	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			
8 a	Gross amount realized on sale of assets other than inventory	(A) Securities		(B) Other			
b	Less: cost or other basis and sales expenses	8a	4,500.	8b			
c	Gain or (loss) (attach schedule)	8c	4,500.				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 1	8d		4,500.	
9	Special events and activities (attach schedule)						
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a					
b	Less: direct expenses other than fundraising expenses	9b					
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c			
10 a	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		171,473.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12		42,125,768.	
13	Program services (from line 44, column (B))			13		37,466,656.	
14	Management and general (from line 44, column (C))			14		3,806,029.	
15	Fundraising (from line 44, column (D))			15			
16	Payments to affiliates (attach schedule)			16			
17	Total expenses (add lines 16 and 44, column (A))			17		41,272,685.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18		853,083.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19		2,791,789.	
20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2	20		<198,007.>	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21		3,446,865.	

SCANNED MAY 25 2004

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 \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 304,533.	0.	304,533.	0.
26 Other salaries and wages	26 23,980,449.	22,667,156.	1,313,293.	
27 Pension plan contributions	27 275,073.	275,073.		
28 Other employee benefits	28 2,453,318.	2,295,014.	158,304.	
29 Payroll taxes	29 1,834,403.	1,709,498.	124,905.	
30 Professional fundraising fees	30			
31 Accounting fees	31 35,850.		35,850.	
32 Legal fees	32 119,096.		119,096.	
33 Supplies	33 1,980,196.	1,850,212.	129,984.	
34 Telephone	34 429,200.	378,773.	50,427.	
35 Postage and shipping	35			
36 Occupancy	36 1,274,801.	1,241,653.	33,148.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 549,712.	512,935.	36,777.	
40 Conferences, conventions, and meetings	40 29,733.	24,658.	5,075.	
41 Interest	41 992,399.	860,289.	132,110.	
42 Depreciation, depletion, etc. <i>STMT 9</i>	42 1,173,947.	1,109,383.	64,564.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 5,839,975.	4,542,012.	1,297,963.	
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 41,272,685.	37,466,656.	3,806,029.	0.

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?

TREAT EMOTIONALLY HANDICAPPED CHILDREN AND ADULTS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT 12				
		(Grants and allocations \$ _____)		37,466,656.
b _____				
		(Grants and allocations \$ _____)		
c _____				
		(Grants and allocations \$ _____)		
d _____				
		(Grants and allocations \$ _____)		
e Other program services (attach schedule)		(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				37,466,656.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,534,273.	45	4,944,119.
	46 Savings and temporary cash investments	22,859.	46	23,089.
	47 a Accounts receivable	47a 6,867,038.		
	b Less allowance for doubtful accounts	47b 1,956,111.	6,056,660.	47c 4,910,927.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		106,605.	49 168,451.
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable <i>STMT 10</i>	51a 285,210.		
	b Less allowance for doubtful accounts	51b	205,361.	51c 285,210.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		274,448.	53 363,549.
	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	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment basis	57a 22,964,803.			
b Less accumulated depreciation <i>STMT 9</i>	57b 6,925,026.	16,787,536.	57c 16,039,777.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 4)		2,575,990.	58 2,314,250.	
59 Total assets (add lines 45 through 58) (must equal line 74)		27,563,732.	59 29,049,372.	
Liabilities	60 Accounts payable and accrued expenses	3,834,927.	60	5,453,874.
	61 Grants payable		61	
	62 Deferred revenue	2,114,834.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities <i>STATEMENT 11</i>	16,586,039.	64a 15,760,996.	
	b Mortgages and other notes payable	853,138.	64b 792,278.	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5)		1,383,005.	65 3,595,359.
66 Total liabilities (add lines 60 through 65)		24,771,943.	66 25,602,507.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,707,355.	67	3,328,284.
	68 Temporarily restricted	84,434.	68	118,581.
	69 Permanently restricted		69	
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		2,791,789.	73 3,446,865.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		27,563,732.	74 29,049,372.

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? N/A		
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 THE SPURWINK INSTITUTE and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
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) 82b		
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? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 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 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85g		
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? N/A 85h		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
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 0. , section 4912 0. ; section 4955 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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed NOT REQUIRED		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 761		
91	The books are in care of NANCY IRVING Telephone no (207) 871-1200		
Located at 899 RIVERSIDE ST., PORTLAND, ME ZIP + 4 04103			
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 92 N/A		

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 SCHOOL DISTRICTS					3,744,118.
b PRIVATE PAY					304,114.
c 3RD PARTY INSURANCE					202,441.
d RENTAL INCOME			30	52,486.	
e TRAINING					10,800.
f Medicare/Medicaid payments					24,702,586.
g Fees and contracts from government agencies					12,453,034.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	45,577.	
96 Dividends and interest from securities					
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	4,500.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					171,473.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		102,563.	41,588,566.
105 Total (add line 104, columns (B), (D), and (E))					41,691,129.

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)
93 & 103	INCOME FROM THE FEES FOR SERVICES ALLOWS SPURWINK SCHOOL TO PROVIDE SERVICES FOR THE CARE OF EMOTIONALLY DISTURBED CHILDREN & ADULTS.

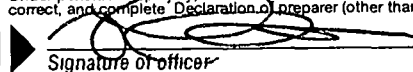
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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).

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.

Please Sign Here:  Date: 05/05/2004 Type or print name and title: _____

Paid Preparer's: Preparer's signature: E. Drew Cheney Date: 4/29/04 Check if self-employed: Preparer's SSN or PTIN: _____
Firm's name (or EIN): BAKER NEWMAN & NOYES Phone no: (207) 879-2100

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

THE SPURWINK SCHOOL

Employer identification number

01 0319802

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
LAWRENCE R. RICCI SO. PORTLAND, ME 04106	MED DIR - CAP 40+ HRS	182,236.	16,617.	0.
JESSICA R. MAHNKE BATH, ME 04530	MED DIR - TED 32 HRS	135,958.	14,943.	0.
ROBERT A. HAINES YARMOUTH, ME 04096	PSYCHIATRIST 32 HRS	124,829.	15,199.	0.
COLIN S. POPE POWNAI, ME 04069	MED DIR - PHC 30 HRS	117,835.	14,903.	0.
ROBERT W. SMALL MECHANIC FALLS, ME 04256	DIR CLINICAL 40 HRS	105,792.	14,219.	0.
Total number of other employees paid over \$50,000	▶ 53			

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
TIMOTHY WAITE, MD PORTLAND, ME 04102	PSYCHIATRIST	99,589.
DAVID LOBOZZO, MD PORTLAND, ME 04101	PSYCHIATRIST	82,093.
CHARLES H. MITCHELL, M.D. CUMBERLAND, ME 04021	PSYCHIATRIST	76,500.
MARK W. MAHNKE, M.D. BATH, ME 04530	CONSULTANT	71,225.
KELLY REMMEL ZIMMERMAN PORTLAND, ME 04112	ATTORNEYS	59,021.
Total number of others receiving over \$50,000 for professional services	▶ 2	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 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		X
2a Sale, exchange, or leasing of property?	X	
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
2e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
<i>Note: 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.</i>		

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))

Provide the following information about the supported organizations (See page 5 of the instructions)

(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) <u>VIA NEWSPAPER ADS</u>	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) <u>DO NOT GIVE SCHOLARSHIPS, ETC.</u>	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? <u>STATEMENT 7</u>	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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount. Enter the amount from the following table - <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	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	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	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -													
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													
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													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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 (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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)

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
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i 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

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box X

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization THE SPURWINK SCHOOL	Employer identification number 01-0319802
	Number, street, and room or suite no. If a P.O. box, see instructions. 899 RIVERSIDE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, ME 04103	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

4 I request an additional 3-month extension of time until MAY 17, 2004

5 For calendar year _____, or other tax year beginning JUL 1, 2002 and ending JUN 30, 2003

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____

c **Balance Due.** Subtract line 8b from line 8a. 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 E. Drew Cheney Title CPA Date 2/6/04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested. **EXTENSION DENIED**
- Other _____

Director _____ By LINDA WEISKOPF Date 2/11/04

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print 223832 05-22-02	Name BAKER NEWMAN & NOYES
	Number and street (include surte, room, or apt. no.) Or a P.O. box number P.O. BOX 507
	City or town, province or state, and country (including postal or ZIP code) PORTLAND, ME 04112

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.

File by the due date for filing your return See instructions	Type or print	Name of Exempt Organization THE SPURWINK SCHOOL	Employer identification number 01-0319802
		Number, street, and room or suite no. If a P.O. box, see instructions. 899 RIVERSIDE STREET	
		City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, ME 04103	

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 ▶ E. Drew Cheney Title ▶ CPA Date ▶ 11/11/03
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
EQUIPMENT	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	4,500.	0.	0.	0.	4,500.
TO FM 990, PART I, LN 8	4,500.	0.	0.	0.	4,500.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	28,541.
MINIMUM PENSION LIABILITY ADJUSTMENT	<226,548.>
TOTAL TO FORM 990, PART I, LINE 20	<198,007.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	461,663.	430,447.	31,216.	
CONSULTANT FEES	815,026.	799,803.	15,223.	
TECHNICAL ASSISTANCE	830,000.		830,000.	
TEMPORARY STAFF	62,961.	7,370.	55,591.	
MAINTENANCE & REPAIRS	893,586.	817,044.	76,542.	
DUES, SUBSCRIPTIONS, & ADVERTISING	35,593.	8,846.	26,747.	
RECRUITMENT & TRAINING	286,901.	268,631.	18,270.	
UTILITIES	454,487.	426,125.	28,362.	
OUTSIDE SERVICES	90,423.	33,868.	56,555.	
STAFF ENHANCEMENT	210,839.	138,551.	72,288.	
AMORTIZATION	42,683.		42,683.	
PROGRAM DEVELOPMENT	23,216.	23,216.		
CLIENT COSTS	364,377.	364,377.		

BAD DEBT EXPENSE	744,282.	744,282.	
ADMINISTRATIVE FEES			
- BONDS	35,908.	28,664.	7,244.
WORKERS COMPENSATION	475,933.	443,752.	32,181.
OTHER	12,097.	7,036.	5,061.
TOTAL TO FM 990, LN 43	5,839,975.	4,542,012.	1,297,963.

FORM 990 OTHER ASSETS STATEMENT 4

DESCRIPTION	AMOUNT
DEPOSITS	18,524.
INVESTMENTS - RABBI TRUST	829,785.
FINANCING COSTS - NET	446,720.
TRUSTEE HELD FUNDS	1,019,221.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,314,250.

FORM 990 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	AMOUNT
DEFERRED COMPENSATION	1,446,862.
POSTRETIREMENT BENEFITS	182,804.
PROGRAM SETTLEMENTS PAYABLE	1,965,693.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	3,595,359.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAY B. BARTNER KENNEBUNK, ME 04043	PRESIDENT .5 HRS	0.	0.	0.
DONNELL P. CARROLL GRAY, ME 04039	VICE PRESIDENT .5 HRS	0.	0.	0.
THOMAS DAFFRON WASHINGTON, DC 20016	TRUSTEE .5 HRS	0.	0.	0.
BARRY A. DELONG SKOWHEGAN, ME 04976	TRUSTEE .5 HRS	0.	0.	0.
TARRON BRAGDON AUGUSTA, ME 04330	TRUSTEE .5 HRS	0.	0.	0.
JOSEPH P. MANNING SOUTH PORTLAND, ME 04106	TRUSTEE .5 HRS	0.	0.	0.
LEO G. MARTIN KENNEBUNKPORT, ME 04046	TRUSTEE .5 HRS	0.	0.	0.
WILLIAM E. NICKERSON PORTLAND, ME 04101	SECRETARY/TREASURER .5 HRS	0.	0.	0.
WAYNE H. ROSS SOUTH PORTLAND, ME 04106	TRUSTEE .5 HRS	0.	0.	0.
DALE F. THISTLE NEWPORT, ME 04953	TRUSTEE .5 HRS	0.	0.	0.
PETER M. MCPHERSON LIMINGTON, ME 04049	EXECUTIVE DIRECTOR 40+ HRS	137,294.	103702.	0.

NANCY G. IRVING CAPE ELIZABETH, ME 04106	CFO 40+ HRS	83,518.	2,919.	0.
DAWN STILES, LCSW AUGUSTA, ME 04330	COO 40+ HRS	83,721.	2,959.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>304,533.</u>	<u>109,580.</u>	<u>0.</u>

FOOTNOTES

STATEMENT 7

SCHEDULE A, PART V, LINE 34

THE SPURWINK SCHOOL RECEIVES GRANTS AND FEES FOR SERVICES
FROM FEDERAL AND STATE GOVERNMENT AGENCIES.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

STATEMENT 8

VEHICLES WERE PURCHASED FROM AND MAINTAINED BY YANKEE FORD, WHICH IS OWNED BY A BOARD MEMBER. ALL TRANSACTIONS WERE AT ARMS-LENGTH.

THE SPURWINK SCHOOL
FORM 990

01-0319802
6/30/2003

PART II, LINE 42 AND PART IV, LINE 57

	COST	DEPREC	ACCUM DEPREC
LAND	1,671,524		
BUILDINGS	16,829,965	555,009	4,037,950
EQUIPMENT	1,400,102	185,981	1,139,971
AUTOMOBILES	2,295,747	377,159	1,306,847
LEASEHOLD IMPROVEMENTS	767,465	55,798	440,258
	<u>22,964,803</u>	<u>1,173,947</u>	<u>6,925,026</u>

THE SPURWINK SCHOOL
FORM 990

01-0319802
6/30/2003

PART IV, LINE 51 - OTHER NOTES & LOANS RECEIVABLE

NOTE RECEIVABLE FROM THE SPURWINK INSTITUTE

285,210

FURTHER INFORMATION AVAILABLE UPON REQUEST

PART IV, LINE 64 - MORTGAGES & OTHER NOTES PAYABLE

Maine Health and Higher Educational Facilities Authority (MHHEFA) Revenue Bonds, Series 1993D, term bonds due July 1, 2022 with interest rates ranging from 5.0% to 5.5%	\$ 7,203,315
Maine Health and Higher Educational Facilities Authority (MHHEFA) Revenue Bonds, Series 1994A, term bonds due July 1, 2024 with interest rates ranging from 5.25% to 6.0%	2,104,366
Maine Health and Higher Educational Facilities Authority (MHHEFA) Revenue Bonds, Series 1995A, term bonds due July 1, 2025 with interest rates ranging from 5.125% to 5.875%	729,440
Maine Health and Higher Educational Facilities Authority (MHHEFA) Revenue Bonds, Series 1996B, term bonds due July 1, 2016 with interest rates ranging from 4.75% to 5.75%	3,707,206
Maine Health and Higher Educational Facilities Authority (MHHEFA) Revenue Bonds, Series 1997B, term bonds due July 1, 2018 with interest rates ranging from 4.4% to 5.0%	1,019,377
Maine Health and Higher Educational Facilities Authority (MHHEFA) Revenue Bonds, Series 1997, term bonds due July 1, 2012 with interest at 6.5%	8,500
Maine Health and Higher Educational Facilities Authority (MHHEFA) Revenue Bonds, Series 1998B, term bonds due July 1, 2028 with interest rates ranging from 4.2% to 5.0%	988,792
Various notes payable to Ford Motor Credit Company, with interest rates ranging from 9.0% to 11.4%, in monthly installments of \$267 to \$685 (including principal and interest), maturing between July 2002 and May 2006, secured by motor vehicles	792,278
	<hr/>
	\$ 16,553,274
	<hr/> <hr/>

The Spurwink School

The Spurwink School, established in Maine in 1960, is a non-profit agency providing a broad array of treatment, habilitative and evaluative services through various programs. The primary purpose is to provide the services needed to assist people experiencing emotional, behavioral and/or developmental difficulties to achieve their potential. Multi-faceted programs enable an individualized response to each client. Program elements can be combined in many different ways to provide unique experiences for all clients.



The Spurwink School works to improve and maintain the highest possible level of functioning for individuals served. Spurwink provides a stable, emotionally supportive environment in which the clients can develop self-esteem and learn new skills. The wide array of programs and services is designed to meet the identified needs of each client and, to this end, each client's program is highly individualized and continually reviewed, monitored and refined. Families are essential participants in Spurwink programs. Spurwink staff actively solicit and encourage the involvement of families in clients' treatment through participation on treatment teams, through home visits, and through frequent consultation/discussion.

Spurwink School Facts:

- The Spurwink School was identified by the National Institute of Mental Health (NIMH) as one of eleven exemplary programs in the United States.
- The School holds full accreditation from the Council on Accreditation of Services for Families and Children (COA) for its Student Programs and Outpatient Services.
- Spurwink is a full member of the Child Welfare League of America and the American Association of Children's Residential Centers.
- Through Maine's interdepartmental process, Spurwink is licensed as a Mental Health Facility at the Full Service Level and is approved as a Special Purpose School (K-12 ungraded).

Spurwink School Maine Demographics:

- 700 employees
- Over 3500 persons from more than 75 Maine communities are served each year.
- \$30 million budget

Mission Statement

Our Mission is:

... to provide quality services and supports that effectively meet the diverse needs of children, adolescents and adults, and their families, through provision of a continuum of services. These services are based upon determination of clients' strengths and needs, and include education, care and treatment. Services are provided in a variety of home-based, community-based and agency-based settings. In all settings, our goal is to assist our clients in achieving their optimal potential in the least restrictive environment possible.

... to be an active and involved member of our communities and to respond to the changing needs through development of new services and initiatives and through on-going evaluation of current services.

We Value:

- Respect for individuals - their desires, opinions and needs
- Involvement of families
- Individualization
- Protection and support of consumer rights
- Personal growth, education, opportunity and creativity
- Creation of partnerships and ongoing communication with our consumers
- The helping relationship that emphasizes each person's strengths and competencies
- Orientation to the future
- Integrity and honesty
- Willingness to confront issues, even difficult ones
- Consideration, courtesy and humor
- Effective structure and organization
- Accountability
- The exceptional efforts of our staff in meeting The Spurwink School's mission
- The consumers of the services we provide - our "consumers" include our client and their families, referral agencies, our staff and the community as a whole

