

**Return of Organization Exempt From Income Tax**

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 **2004** calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

<b>B</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	<b>C</b> Name of organization <b>THE SPURWINK CORPORATION</b>		<b>D</b> Employer identification number 01-0319802
		Number and street (or P O box if mail is not delivered to street address) <b>899 RIVERSIDE STREET</b>		<b>E</b> Telephone number (207) 871-1200
		City or town, state or country, and ZIP + 4 <b>PORTLAND, ME 04103</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual 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

**G** Website: 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.

**I** Group Exemption Number

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **44,850,907.**

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

SCANNED JUN 14 2006

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	206,148.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	267,553.		
	d	Total (add lines 1a through 1c) (cash \$ 473,701. noncash \$ )			1d	473,701.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	43,849,647.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	259,094.
	5	Dividends and interest from securities			5	
	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		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a	28,682.		
	c	Gain or (loss) (attach schedule)	8b	15,682.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	13,000.	8d	13,000.
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
Revenue	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	
Revenue	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	239,783.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	44,835,225.	
Expenses	13	Program services (from line 44, column (B))			13	41,103,468.
	14	Management and general (from line 44, column (C))			14	3,053,475.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 13 and 14, column (A))			17	44,156,943.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	678,282.	
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,083,842.
	20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2	20	<441,207.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,320,917.



**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	72,970.	45	80,078.
	46	Savings and temporary cash investments	5,787,041.	46	6,290,270.
	47 a	Accounts receivable	47a 2,057,368.		
	b	Less: allowance for doubtful accounts	47b 579,428.	47c	1,477,940.
	48 a	Pledges receivable	48a	48c	
	b	Less: allowance for doubtful accounts	48b	48c	
	49	Grants receivable	232,696.	49	185,331.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable <i>STMT 11</i>	51a 276,376.		
	b	Less: allowance for doubtful accounts	51b	51c	276,376.
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	624,635.	53	255,531.
	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 23,318,307.			
b	Less: accumulated depreciation <i>STMT 10</i>	57b 8,129,133.	57c	15,189,174.	
58	Other assets (describe <input type="checkbox"/> <i>SEE STATEMENT 4</i> )	2,113,720.	58	3,422,590.	
59 Total assets (add lines 45 through 58) (must equal line 74)		28,945,414.	59	27,177,290.	
Liabilities	60	Accounts payable and accrued expenses	4,718,549.	60	3,413,738.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities <i>STATEMENT 12</i>	15,613,780.	64a	15,188,964.
	b	Mortgages and other notes payable <i>1 1</i>	805,622.	64b	582,523.
65	Other liabilities (describe <input type="checkbox"/> <i>SEE STATEMENT 5</i> )	4,723,621.	65	4,671,148.	
66 Total liabilities (add lines 60 through 65)		25,861,572.	66	23,856,373.	
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	2,898,675.	67	3,204,948.
	68	Temporarily restricted	185,167.	68	60,710.
	69	Permanently restricted		69	55,259.
	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)	3,083,842.	73	3,320,917.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		28,945,414.	74	27,177,290.	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements	a	44801307.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ <33,918.>		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	<33,918.>
c	Line a minus line b	c	44835225.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	44835225.

a	Total expenses and losses per audited financial statements	a	44156943.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	44156943.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	44156943.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DONNELL P. CARROLL 899 RIVERSIDE STREET PORTLAND, ME 04103	CHAIR .5 HRS	0.	0.	0.
THOMAS DAFFRON 899 RIVERSIDE STREET PORTLAND, ME 04103	DIRECTOR .5 HRS	0.	0.	0.
BARRY A. DELONG 899 RIVERSIDE STREET PORTLAND, ME 04103	DIRECTOR .5 HRS	0.	0.	0.
TARRON BRAGDON 899 RIVERSIDE STREET PORTLAND, ME 04103	DIRECTOR .5 HRS	0.	0.	0.
LEO G. MARTIN 899 RIVERSIDE STREET PORTLAND, ME 04103	DIRECTOR .5 HRS	0.	0.	0.
DALE F. THISTLE 899 RIVERSIDE STREET PORTLAND, ME 04103	DIRECTOR .5 HRS	0.	0.	0.
PETER M. MCPHERSON 899 RIVERSIDE STREET PORTLAND, ME 04103	PRESIDENT .5 HRS	0.	0.	0.
NANCY G. IRVING, CPA 899 RIVERSIDE STREET PORTLAND, ME 04103	TREASURER .5 HRS	0.	0.	0.
DAWN STILES, LCSW 899 RIVERSIDE STREET PORTLAND, ME 04103	VICE PRESIDENT .5 HRS	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No **STMT 6**

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	76	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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization SEE STATEMENT 7 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 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	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?	82a	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?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	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	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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	88	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	89b	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, 2004 90b 838		
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 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 33 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					4,053,038.
b PRIVATE PAY					432,694.
c 3RD PARTY INSURANCE					218,392.
d TRAINING					11,975.
e					
f Medicare/Medicaid payments					29,158,957.
g Fees and contracts from government agencies					9,974,591.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	259,094.	
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	13,000.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					239,783.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		272,094.	44,089,430.
105 Total (add line 104, columns (B), (D), and (E))					44,361,524.

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 34 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 34 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 34 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: *[Signature]* Date: *01/26/2006* Type or print name and title: *P. M. V. Johnson, President*

Paid Preparer's Use Only: Preparer's signature: *E. Drew Cheney* Date: *7/18/06* Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **BAKER NEWMAN & NOYES**  
**P.O. BOX 507**  
**PORTLAND, ME 04112**

EIN: \_\_\_\_\_ Phone no: **(207) 879-2100**

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2004**

Name of the organization: **THE SPURWINK CORPORATION**  
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	178,697.	16,121.	0.
ROBERT A. HAINES ----- YARMOUTH, ME 04096	PSYCHIATRIST 32 HRS	127,308.	15,458.	0.
ROBERT W. SMALL ----- MECHANIC FALLS, ME 04256	DIR CLINICAL SERVICES 40 HRS	104,853.	13,560.	0.
MARTIN P. DONLON ----- PORTLAND, ME 04101	SR PROG DIR 40 HRS	83,158.	11,436.	0.
LINDA S. BUTLER ----- YARMOUTH, ME 04096	DIR SPEC PROJECTS 40 HRS	81,467.	12,232.	0.
Total number of other employees paid over \$50,000 ▶	54			

**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 C. WAITE, MD ----- DAYTON, ME 04005	PSYCHIATRIST	106,690.
JESSICA MAHNKE, MD ----- BATH, ME 04530	PSYCHIATRIST	101,120.
DAVID B. LOBOZZO, MD ----- PORTLAND, ME 04101	PSYCHIATRIST	80,358.
MARK W. MAHNKE, M.D. ----- BATH, ME 04530	PSYCHIATRIST	71,335.
BERNARD GORDON, M.D. ----- PORTLAND, ME 04101	PSYCHIATRIST	60,005.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (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		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>SEE STATEMENT 9</b>		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	X	
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
<b>b</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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27</b> Organizations described on line 12: <b>a</b> 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
<b>b</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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 ) <b>VIA NEWSPAPER ADS</b>	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 ) <b>DO NOT GIVE SCHOLARSHIPS, ETC.</b>	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? <b>STATEMENT 8</b>	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 -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
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



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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS EQUIPMENT	VARIOUS	VARIOUS	PURCHASED					
NAME OF BUYER								
VARIOUS				28,682.	15,682.	0.	0.	13,000.
TO FM 990, PART I, LN 8				28,682.	15,682.	0.	0.	13,000.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<33,918.>
MINIMUM PENSION LIABILITY ADJUSTMENT	<249,914.>
PRIOR YEAR CONSOLIDATION ADJUSTMENT	<157,375.>
TOTAL TO FORM 990, PART I, LINE 20	<441,207.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	504,739.	472,520.	32,219.	
CONSULTANT FEES	864,723.	840,165.	24,558.	
TECHNICAL ASSISTANCE	126,750.		126,750.	
TEMPORARY STAFF	35,572.	34,071.	1,501.	
MAINTENANCE & REPAIRS	883,435.	827,867.	55,568.	
DUES, SUBSCRIPTIONS, & ADVERTISING	76,220.	19,091.	57,129.	
RECRUITMENT & TRAINING	198,732.	190,779.	7,953.	
UTILITIES	503,509.	472,466.	31,043.	
OUTSIDE SERVICES	259,343.	111,952.	147,391.	
STAFF ENHANCEMENT	208,319.	157,139.	51,180.	
AMORTIZATION	25,289.		25,289.	
SERVICE PROVIDER TAXES	1,056,308.	1,056,308.		

CLIENT COSTS	366,315.	366,315.	
BAD DEBT EXPENSE	256,395.	256,395.	
ADMINISTRATIVE FEES			
- BONDS	60,785.	51,574.	9,211.
WORKERS COMPENSATION	455,223.	426,165.	29,058.
ADMINISTRATIVE FEES			
- TSS, INC.	665,958.	665,958.	
PROGRAM DEVELOPMENT	12,321.	12,321.	
OTHER	68,304.	53,728.	14,576.
<b>TOTAL TO FM 990, LN 43</b>	<b>6,628,240.</b>	<b>6,014,814.</b>	<b>613,426.</b>

FORM 990 OTHER ASSETS STATEMENT 4

DESCRIPTION	AMOUNT
DEPOSITS	21,324.
INVESTMENTS - RABBI TRUST	1,099,003.
FINANCING COSTS - NET	271,884.
TRUSTEE HELD FUNDS	1,640,227.
INTANGIBLE PENSION ASSET	390,152.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>3,422,590.</b>

FORM 990 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	AMOUNT
DEFERRED COMPENSATION	1,469,248.
POSTRETIREMENT BENEFITS	258,046.
PROGRAM SETTLEMENTS PAYABLE	2,553,702.
MINIMUM PENSION LIABILITY	390,152.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>4,671,148.</b>

FORM 990 PART V - OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 6

OFFICER'S NAME	NAME AND EIN OF RELATED ORGANIZATION	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PETER M. MCPHERSON	TSS, INC. - 20-1351637	165,981.	50,179.	0.
NANCY G. IRVING, CPA	TSS, INC. - 20-1351637	102,459.	4,098.	0.
DAWN STILES, LCSW	TSS, INC. - 20-1351637	101,672.	4,098.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B STATEMENT 7

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
TSS, INC.	X	
CAPITAL KIDS	X	

FOOTNOTES STATEMENT 8

SCHEDULE A, PART V, LINE 34

THE SPURWINK CORPORATION 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 9

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

PART II, LINE 42 AND PART IV, LINE 57

	COST	DEPREC	ACCUM DEPREC
LAND	1,671,524		
BUILDINGS	17,262,561	586,497	5,014,842
EQUIPMENT	991,107	109,408	813,900
AUTOMOBILES	2,600,183	380,206	1,781,105
LEASEHOLD IMPROVEMENTS	792,932	20,418	519,286
CONSTRUCTION IN PROGRESS			
	<u>23,318,307</u>	<u>1,096,529</u>	<u>8,129,133</u>

THE SPURWINK SCHOOL  
FORM 990

01-0319802  
6/30/2005

PART IV, LINE 51 - OTHER NOTES & LOANS RECEIVABLE

6.5% note receivable from The Spurwink Institute, payable in monthly installments of \$1,360, through March 2015	\$117,584
6.5% note receivable from The Spurwink Institute, payable in full, including interest, on June 30, 2006	92,603
Restricted funds due from The Spurwink Institute	<u>66,189</u>
	<u>\$ 276,376</u>

PART IV, LINE 64 - MORTGAGES & OTHER NOTES PAYABLE

MHHEFA Revenue Bonds, Series 1995A, term bonds due July 1, 2025 with interest rates ranging from 5.125% to 5.875%	\$ 691,061
MHHEFA Revenue Bonds, Series 1996B, term bonds due July 1, 2016 with interest rates ranging from 4.75% to 5.75%	3,275,834
MHHEFA Revenue Bonds, Series 1997B, term bonds due July 1, 2018 with interest rates ranging from 4.4% to 5.0%	920,485
MHHEFA Revenue Bonds, Series 1998B, term bonds due July 1, 2028 with interest rates ranging from 4.2% to 5.0%	944,661
MHHEFA Revenues Bonds, Series 2004A, term bonds due July 1, 2024, with interest rates ranging from 2.0% to 5.375%	9,356,923
Various notes payable to Ford Motor Credit Company, with interest rates ranging from 0.9% to 9.75%, in monthly installments totaling approximately \$34,000 (including principal and interest), maturing between July 2005 and June 2009, secured by motor vehicles	<u>582,523</u>
	<u>\$ 15,771,487</u>



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### Spurwink's Mission

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.

### We Value:

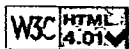
- Respect for individuals - their desires, opinions and needs
- Involvement of families
- Individualization
- Protection and support of consumer rights
- Personal growth, education, opportunity and creativity
- Creation of partnerships and ongoing communication with our consumers
- The helping relationship 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

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**Contact:**  
 Spurwink  
 899 Riverside  
 Portland, Main  
 207-871-1200  
 1-888-889-3900  
[info@spurwink.org](mailto:info@spurwink.org)

**Address:** 899 Riverside Street Portland ME 04103 **Phone:** 207-871-1200 or Toll Free 1-888-889-3903  
**Fax:** 207-871-1232 **TDD:** 207-871-1233 **Email:** [info@spurwink.org](mailto:info@spurwink.org)

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## Programs and Services

Spurwink provides a wide array of community-based services for children, adolescents, adults and families who face challenges associated with mental illness, behavioral or emotional disorders and developmental disabilities. Our services are delivered through a variety of programs located throughout southern and central Maine.

### Services for Youth

[Day Treatment](#)  
[Spurwink School at Spring Harbor Hospital](#)  
[Therapeutic Preschool](#)  
[Therapeutic Riding Program](#)

### Residential

- [Juvenile Alternative Residential Facility](#)
- [Options Program](#)
- [Sanford Staff Intensive Youth Program](#)
- [Staff Secure Treatment Home](#)

### Services for Adults

[Day Services](#)  
[Residential](#)  
[Therapeutic Riding Program](#)

### Family Services

[Case Management](#)  
[In-Home Support](#)  
[Juvenile Risk Reduction Case Management](#)  
[Maine Caring Families](#)

### Outpatient Services

[Child Abuse Program](#)  
[Spurwink Treatment, Evaluation and Diagnostic \(TED\) Clinics](#)  
[Public School Counseling](#)  
[Portland Help Center](#)

### Contact:

Spurwink  
899 Riverside  
Portland, Main  
207-871-1200  
1-888-889-3903  
[info@spurwink](mailto:info@spurwink)

**Address:** 899 Riverside Street Portland ME 04103 **Phone:** 207-871-1200 or Toll Free 1-888-889-3903  
**Fax:** 207-871-1232 **TDD:** 207-871-1233 **Email:** [info@spurwink.org](mailto:info@spurwink.org)

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## About Spurwink

Founded in 1960 in Portland, Maine, Spurwink has developed into a premiere treatment facility that has gained the respect and admiration of state leaders, mental health providers and communities throughout Maine. We are a network of professionals providing mental health, educational and residential services for children, adolescents and adults. We employ over 850 employees who help to provide a wide array of mental health services to over 4,000 Maine citizens who are facing emotional, behavioral and developmental challenges. We have developed a strong reputation for rising to meet the mental health needs of the people of Maine by developing quality services that are the least restrictive and the most effective in helping our clients reach their human potential.

*Spurwink is a network of professionals providing mental health, educational and residential services for children, adolescents and adults.*

Spurwink works to improve and maintain the highest possible level of functioning for individuals served. Spurwink provides a stable, emotionally supportive environment in which 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.

- Spurwink was identified by the National Institute of Mental Health (NIMH) as one of eleven exemplary programs in the United States.
- The agency holds full accreditation from the Council on Accreditation for Children and Family Services (COA).
- Spurwink is a 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).



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**Contact:**  
 Spurwink  
 899 Riverside  
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 207-871-1200  
 1-888-889-3903  
[info@spurwink](mailto:info@spurwink.org)

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**Fax:** 207-871-1232 **TDD:** 207-871-1233 **Email:** [info@spurwink.org](mailto:info@spurwink.org)

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

OMB No. 1545-1709

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

**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.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

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

- The books are in the care of ▶ NANCY IRVING  
Telephone No. ▶ (207) 871-1200 FAX No. ▶ 207-871-1232
- 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-months for a **Form 990-T corporation**) extension of time until FEBRUARY 15, 2006 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, 2004, and ending JUN 30, 2005

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**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAKER NEWMAN NOYES, LLC**  
280 Fore Street  
P.O. Box 507  
Portland, ME 04112-0507

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box
- 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 <b>THE SPURWINK CORPORATION</b>	Employer identification number <b>01-0319802</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>899 RIVERSIDE STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PORTLAND, ME 04103</b>	

**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.**

- The books are in the care of **NANCY IRVING**  
Telephone No. **(207) 871-1200**    FAX No. **(207) 871-1232**
- 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 15, 2006**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**
- 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 refundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 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 (debit card) 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 **2/8/06**

**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 available for a period 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 a 10-day grace period.
  - We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
  - Other \_\_\_\_\_
- EXTENSION APPROVED**  
**MAR 03 2006**  
FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**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	Name <b>BAKER NEWMAN &amp; NOYES</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>P.O. BOX 507</b>
	City or town, province or state, and country (including postal or ZIP code) <b>PORTLAND, ME 04112</b>