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Form **99**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2014 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.lrs.gov/form990.

<u> </u>	ror the	2014 calendar year, or tax year beginning JUL 1, 2014 and	enaing J	UN 30, 2015		
В	Check if applicable	C Name of organization		D Employer identific	ation number	
	Addres	SAGADAHOC PRESERVATION INC.				
	Name change	Doing business as		23-71	L17004	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return/	PO BOX 322		207-4	143-4294	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	62,478.	
Г	Amend			H(a) Is this a group re		
Ē	Applica			for subordinates		
_	pendin			H(b) Are all subordinates in		
	Tav.ovo	mpt status: X 501(c)(3)	or 527	1 ' '	ist (see instructions)	
_		e: ► SAGADAHOCPRESERVATION.ORG	JI J21	H(c) Group exemption		
		organization: X Corporation	I Voor		State of legal domicile: ME	
		Summary	L TEAL	OF IOITHAUOH. IS 7 IF IVI	State of legal dofflicite. 1414	
_	1 1	Briefly describe the organization's mission or most significant activities: HISTO	ORIC P	RESERVATION	AND	
Governance	1 :	EDUCATION				
ī.	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	18	
	1 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	18	
න් ග		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	1	
ij.		Total number of volunteers (estimate if necessary)		6	80	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
ĕ		Net unrelated business taxable income from Form 990-T, line 34	•	7b	0.	
: 	B	vet difference business taxable income from Form 550-1, line 54		Prior Year	Current Year	
-	١.,	Contributions and grants (Part VIII, line 1h)		23,989.	22,344.	
Ë	8			0.	0.	
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>	27,318.	5,815.	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,800.	23,149.	
•		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 	82,107.	51,308.	
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		500.	615.	
. 1	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
<u>.</u> ,		Benefits paid to or for members (Part IX, column (A), line 4)	-	1,076.	27,989.	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	-	1,076.	27,989.	
ۊؘؙۜ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. . ⊢	0.		
.∪ <mark>S</mark>	· b	Total fundraising expenses (Part IX, column (D), line 25)	13.	07.056	CO 771	
-	1 ''	Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)		87,956.	68,771.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)		89,532.	97,375.	
	19	Revenue less expenses. Subtract line 18 from ine 12		<7,425.	<46,067.>	
Soc	2	Total assets (Part X, line 16)	Be	ginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)	∥ ⊢	1,266,792.	1,257,995.	
Ž,	21	Total liabilities (Part X, line 26)	<u></u>	256.	37,528.	
	22	Net assets or fund balances Subtract line 21 from line 20-11-13-13	4	1,266,536.	1,220,467.	
	art II	Signature Block				
		lties of perjury, I deelare that I have examined this return including accompanying schedule			/ knowledge and belief, it is	
tru	e, correc	t, and complete. Declaration of preparer, other than officer) is based on all information of wi	hich preparei	r has any knowledge.	-21/X	
		June 100 Court		11/0	20/3	
Sig	gn	Signature of officer		Date		
He	re	JOHN C. MARSH, JR., TREASURER				
		Type or print name and title		Data Assault	X PTIN	
Printy type preparer s harne						
Pai		WILLIAM RACINE UUUUG-]	1/06/15 self-employe		
	parer	Firm's name WILLIAM T. RACINE, CPA		Firm's EIN	01-0425282	
Use Only Firm's address 1009 WASHINGTON STREET						
_		BATH, ME 04530		Phone no. 20	7-443-5716	
Ma	ay the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	

	990 (2014) SAGADAHOC PRESERVATION INC.	23-7117004 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check it Schedule O Contains a response of note to any line in this Part in	
1	Briefly describe the organization's mission: TO PRESERVE AND MAINTAIN THE BATH (MAINE) AREA'S ARCHIT	የፍርጥ፤ ነው ል ፣ .
	HERITAGE THROUGH THE CREATION OF A HISTORIC DISTRICT CO	
	PROMOTION OF STEWARDSHIP, AND THE USE OF PROTECTIVE COV	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, and
	revenue, if any, for each program service reported.	 ,
4a	, , , , , , , , , , , , , , , , , , , ,	
	RESTORATION AND MAINTENANCE OF THE FORMER WINTER STREET	r Church
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$	
	CONTINUING EDUCATION, RESEARCH & OTHER PROGRAMS TO ILLU	JMINATE BATH'S
	HERITAGE AND HISTORIC ARCHITECTURE	
4c	(Code) (Expenses \$	anua ¢
40	(Code) (Expenses \$) / New	
4d		
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ▶ 93,979.	Form 990 (2014)
42000	20	rom 330 (2014)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		٦,
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		₹.
_	during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		₹.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			₹.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	х	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Λ	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		x
_	Schedule D, Part III	_8_		<u>~</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	-		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		Ì	7,5
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	v	
4-	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> X</u>	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	 	_ A
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2014)
		. 5111		··

Form 990 (2014) SAGADAHOC PRESERVATION INC.
Part IV Checklist of Required Schedules (continued)

		Forr	990	(2014)
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Part V, line 1	34		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u>L.</u>	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
Ç	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			T-
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
20	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	\ <u></u>	<u> </u>	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X.
Z1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
		26	ļ	х
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	Schedule L, Part I	25b		x
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> </u>		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	· ·	
·	any tax-exempt bonds?	24c		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	-70		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25a	24a		x
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	Schedule J	23	i '	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			₩.
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			٠,,
			Yes	No

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			İ
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u> _
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	70	-	- 22
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		}
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders . 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	┨ .		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans . 13b	4		
	Enter the amount of reserves on hand	+	├	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	n 990	/2014
		FOIL	ıı ฮฮU	(2014

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	V		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	L8	1	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	L 8]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5		X
6	Did the organization have members or stockholders?	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ļ		
	more members of the governing body?	. 7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		ĺ
	persons other than the governing body?	7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b	X	↓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	108	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10t		-
11a		116	X	+
b	· · · · · · · · · · · · · · · · · · ·		J.,	
12a	· · · · · · · · · · · · · · · · · · ·	12:		37
b		12	-	X
С				
	ın Schedule O how this was done	120		X
13	Did the organization have a written whistleblower policy?	13		+
14	Did the organization have a written document retention and destruction policy?	14	X	+
15	Did the process for determining compensation of the following persons include a review and approval by independent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15:	\neg	X
b	Other officers or key employees of the organization	15	-	$+^{\wedge}$
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
тба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		x
	taxable entity during the year?	16	-	+
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	161		
800	exempt status with respect to such arrangements?	10		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	lv) avail	able	
18	for public inspection. Indicate how you made these available. Check all that apply	<i>7)</i> 41411		
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fin:	ancial	
19	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	JOHN C. MARSH, JR 207-443-4294			
	16 GARDEN STREET, BATH, ME 04530			
43200	10 GARDEN SIREEL, DATH, ME 04330	Fo	rm 99 (2014
	, , , , , , , , , , , , , , , , , , , 			

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Form	990	(2014)	

SAGADAHOC PRESERVATION INC.

23-711<u>7004</u>

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			((2)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY HRANICKY	1.00	x						0.	0.	0
(2) JOHN C MARSH, JR TREASURER	3.00	x		X				0.	0.	0
(3) JUDITH BARRINGTON	1.00	х						0.	0.	0
(4) ARTHUR JENSKY	2.00	x						0.	0.	0
(5) SALLY DEMARTINI PRESIDENT	8.00	x		х				0.	0.	0
(6) JOANNE MARCO	1.00	x					_	0.	0.	0
(7) CURTIS HENDERSON	1.00	x						0.	0.	0
(8) MICHAEL KNUDSON	1.00	x						0.	0.	
(9) R. RUSSELL MAYLONE	1.00	x						0.	0.	
(10) REGINALD SMART	1.00	X						0.	0.	0
(11) SAM ARMENTROUT	1.00	X						0.	0.	0
(12) LAWRENCE BARTLETT	3.00	x		x				0.	0.	
VICE PRESIDENT (13) JILL BURDEN	1.00	X						0.	0.	
(14) KITTY WHEELER	1.00	X	-				-	0.	0.	(
(15) JULIE BRILLARD	1.00	X				T		0.	0.	
(16) MARTHA BOURQUE	1.00	X				T		0.	0.	
(17) ALLEN NORMAN	1.00	<u> ^</u>	-			\vdash			0.	

432007 11-07-14

Section A. Officers, Directors, Tru	stees, Key Em	ploy	<u>/ees</u>	<u>, an</u>	a Hi	igne	<u>st C</u>	ompensated Employe	es (continued)				
` (A)	(B)			(6	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than on					one	Reportable	Reportable		E	stimate	ed
	hours per	box	box, unless pers			erson is both an		compensation	compensation		ar	nount	of
	week	-	Cer ar	To a c	ILACIO	T	100)	from	from related			other	
	(list any hours for	liect			ļ			the	organization			pensa	
	related	9	ee			sate		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om th anizat	
	organizations	l se	1 trus		9	튵		(44-2/1033-141130)			_	d relat	
	below	dal	rge la		nploy	e St	₌₌				i e	anızati	
	line)	Individual trustee or director	Institutional trustee	Je G	Key employee	Highest compensated employee	Рог ше	:			- 3		
(18) JAMES MCGEE	1.00		┢		T-				· · · ·				
(122) 110012		x						0.		0.			0.
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1b Sub-total	1	!	1	L	l	1	_	0.		0.	_		0.
c Total from continuation sheets to Part \	/II Section A				•	•		0.		0.			0.
d Total (add lines 1b and 1c)	ni, Section A							0.		0.			0.
2 Total number of individuals (including but	not limited to the	2000	hete		hove	2) wh	10 rs	·	000 of reportab				•
compensation from the organization	not inflited to ti	1036	IISC	ou a	DOVE	J) **1	10 10	scerved more than proc	,,ooo or reportab	.0			0
Compensation from the organization												Yes	No
3 Did the organization list any former office	r director or tri	ieta	o ka	av Ar	mole		or I	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for			o, r.c	, C.	npic	ycc	, 0	riigilest compensates c	inployed on		3		X
4 For any individual listed on line 1a, is the s			omn	ane	ation	n and	d oth	her compensation from	the organization				
and related organizations greater than \$1	•		•					•	the organization		4		X
5 Did any person listed on line 1a receive or			-						idual for senuces		-		
rendered to the organization? If "Yes," col							olat	ed organization of indivi	Iddai 101 301 VICCS	,	5		х
Section B. Independent Contractors	npiete Schedul	e	UI S	ucn	pers	OII	_			_	<u> </u>		
Complete this table for your five highest or	ompensated in	den	ande	ent c	onti	racto	ore t	hat received more than	\$100,000 of con	nnens	ation	from	
the organization. Report compensation fo										npon io	allon		
(A)	tilo caloridar y	cai	CIJOI	iig v	VILI 1	<u> </u>	10111	(B)	<u>, , , , , , , , , , , , , , , , , , , </u>		"	C)	
Name and busines	s address	N	INC	FC.				Description of s	ervices	С		nsatio	n
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2 Total number of independent contractors	(including but o	ot li	mite	d to	tho	se li	sted	above) who received m	nore than				
\$100,000 of compensation from the organ	=	• 11		0		0							
+ 100,000 or computibation from the organ						~							

432008 11-07-14

4 Income from investment of tax-exempt bond proceeds 5 Royaltes (i) Real (ii) Personal 1 1, 610. 2 2, 597. 9 13. 4 Net rental income or (loss) 4 Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 6 Net gain or (loss) 7 a Gross income from fundraising events (not including \$,	Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
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Business Code Business Cod	<u>3 8</u>	_				22,344.			
Total, Add lines 2a 2f		_			Business Code				
Total, Add lines 2a 2f	9	2 a							
Total, Add lines 2a 2f	اه ڲٙ	ь							
Total, Add lines 2a 2f	용패	c							
Total, Add lines 2a 2f	e v	d							
Total, Add lines 2a 2f	₽ E	е							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 11, 610. b Less rental expenses 2,597. Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 6 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less' direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less' cost of goods sold one start of the service of the servi	죠	f	All other program service reve	enue					
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Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. a 722. b Less: cost of goods sold b 617. c Net income or (loss) from sales of inventory All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 51,308. 9,118. 0. 19,846.	١ ٠	С	Net income or (loss) from fund	draising events		14,031.			14,031.
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		9 a	Gross income from gaming a	ctivities. See					
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11 a		<u>c</u>	Net income or (loss) from sale	es of inventory	.	105.	105.		
b	[Miscellaneous Revent	16	Business Code				1
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12 Total revenue. See instructions. > 51,308. 9,118. 0. 19,846.		d							
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	43200		Total revenue. See instructions.	.		51,308.	9,118	0_	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 615 615 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 26,000. 19,500 6,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,989 1,492 497 Payroll taxes 10 Fees for services (non-employees). a Management b Legal Accounting 300. 300 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 568 568 column (A) amount, list line 11g expenses on Sch O.) 65 12 Advertising and promotion 65. 590. 590. 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 618. 618. 20 Interest 21 Payments to affiliates 23,877. 23,877 22 Depreciation, depletion, and amortization 1,170 4,375 5,545. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 16,012. 16,012 REPAIRS AND MAINTENANCE 14,792. 14,792. ь <u>UTILITIES AND HEAT</u> 2,712. 2,712 COMPREHENSIVE PLAN 1,013. d MEMBERSHIP EXPENSES 1,563. 550. 524 2,129. 1,605. All other expenses 10,149. 1,013. Total functional expenses Add lines 1 through 24e 97,375 86,213. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

an	•	Check if Schedule O contains a response or note to any line in this Part X	·		
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	2,488.	1	10,849.
	2	Savings and temporary cash investments	24.	2_	25.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .		4	
	5	Loans and other receivables from current and former officers, directors,			
-		trustees, key employees, and highest compensated employees. Complete			
-		Part II of Schedule L		5_	
	6	Loans and other receivables from other disqualified persons (as defined under		ŀ	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
3		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
١,	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D 10a 1,043,451.			
	b	Less accumulated depreciation 10b 85,059.	936,366.	10c	958,392.
	11	Investments - publicly traded securities .	327,914.	11	288,729.
1	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15_	<u></u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,266,792.	16	<u>1,257,995</u> .
	17	Accounts payable and accrued expenses	256.	17	<u> </u>
	18	Grants payable		18	
- {	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, trustees,			
[key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
د	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	36,791.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	256.	26_	37,528.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
2		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	1,117,048.	27	1,071,379
8	28	Temporarily restricted net assets	149,488.	28	149,088.
9	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
3	31	Paid in or capital surplus, or land, building, or equipment fund		31	
ξ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ا پ	~~	- i camina amininal arrestitucità masaritamente il secondo de antici carres	1 055 505	T	1 220 467
Net Assets or Fund balances	33	Total net assets or fund balances .	1,266,536.	33	1,220,467.

	990 (2014) SAGADAHOC PRESERVATION INC.	23-71	17004	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	' Check if Schedule O contains a response or note to any line in this Part XI	·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	<u>1,3</u>	<u>.80</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>75.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<4	6,0	<u>67.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,26	6,5	<u> 36.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,22	0,4	<u>69.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	-	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				i
	Separate basis Consolidated basis Both consolidated and separate basis				3 2
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		i		ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	-	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			3,5
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b_</u>	000	(224.4)
			Form	טצע ו	(2014)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Internal Revenue Service Employer identification number Name of the organization 23-7117004 SAGADAHOC PRESERVATION INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 exempt 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). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ___ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary listed in your (described on lines 1-9 other support (see organization support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 SAGADAHOC PRESERVATION INC. 23-7117004 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Public Support					··· ·	
or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
ints, contributions, and						
ship fees received. (Do not						
ny "unusual grants.")	22,210.	20,771.	28,152.	23,989.	22,344.	117,466.
nues levied for the organ-						
benefit and either paid to						
ded on its behalf						
e of services or facilities						
by a governmental unit to						
nization without charge						
ld lines 1 through 3	22,210.	20,771.	28,152.	23,989.	22,344.	117,466.
on of total contributions						
person (other than a						I
ental unit or publicly	İ					
d organization) included						
that exceeds 2% of the						
shown on line 11,						
f) .						
upport. Subtract line 5 from line 4						117,466.
Total Support					-	
(or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012			(f) Total
	22,210.	20,771.	28,152.	23,989.	22,344.	117,466.
come from interest,						
s, payments received on						
s loans, rents, royalties						
me from similar sources	11,236.	13,025.	15,779.	<u> 12,845.</u>	17,425.	70,310.
me from unrelated business						
, whether or not the						
s is regularly carried on						
come. Do not include gain						
om the sale of capital						<u></u>
Explain in Part VI.)	33,722.	24,743.	18,124.	<u> 15,531.</u>	21,987.	
pport. Add lines 7 through 10	·				<u></u>	301,883.
						<u> </u>
e years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. —
tion, check this box and store. Computation of Publ	<u>o here</u> lic Support Per	rcentage				
			olumn (f))		14	38.91 %
			· - · · · · · · · · · · · · · · · · · ·		15	43.84 %
			n line 13, and line ¹	 14 is 33 1/3% or r	nore, check this be	
						$\triangleright X$
		_		line 15 is 33 1/3%	6 or more, check t	his box
					•	
				13. 16a. or 16b.	and line 14 is 10%	or more,
=						ightharpoons
					 17a, and line 15 is	10% or
						ns 🕨
	or fiscal year beginning in) Ints, contributions, and ship fees received. (Do not my "unusual grants.") Inues levied for the organ- benefit and either paid to ded on its behalf of services or facilities I by a governmental unit to inization without charge Id lines 1 through 3 on of total contributions person (other than a ental unit or publicly id organization) included that exceeds 2% of the shown on line 11, I) Import. Subtract line 5 from line 4 come from interest, s, payments received on s loans, rents, royalties me from similar sources me from unrelated business me from unrelated business me from unrelated do come. Do not include gain om the sale of capital explain in Part VI.) poort. Add lines 7 through 10 ceipts from related activities, a years. If the Form 990 is for ton, check this box and stop Computation of Publ upport percentage for 2014 (upport percentage for 2014 (upport percentage for 2014 (upport percentage for 2014 (upport percentage for 2014 (upport percentage for 2014 (upport percentage for 2014 (upport percentage for 2014 (upport test - 2014. If the o e. The organization qualifies support test - 2014. If the o e. The organization qualifies support test - 2014. If the o e. The organization qualifies support test - 2014. If the o e. The organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if the organization meets the "facts- and-circumstances test of if	or fiscal year beginning in) Ints, contributions, and ship fees received. (Do not ny "unusual grants.") The services or facilities of services or facilities or facilities of services or facilities or fa	or fiscal year beginning in) Ints, contributions, and thing fees received. (Do not any "unusual grants.") ues levied for the organic benefit and either paid to ded on its behalf and of the organic benefit and either paid to ded on its behalf and of the organic benefit and either paid to ded on its behalf and of the organication without charge to fine the organication without charge to fine and of total contributions person (other than a gental unit or publicly dorganization) included that exceeds 2% of the shown on line 11, income from included that exceeds 2% of the shown on line 11, income from interest, so, payments received on its loans, rents, royalties me from similar sources me from unrelated business, whether or not the sale of capital explain in Part VI.) propert. Add lines 7 through 10 ceipts from related activities, etc. (see instructions) expears. If the Form 990 is for the organization's first, second, third to computation of Public Support Percentage upport percentage for 2014 (line 6, column (f) divided by line 11, organization of public Support test - 2014. If the organization did not check the box on the organization qualifies as a publicly supported organization support test - 2014. If the organization did not check the box on the organization qualifies as a publicly supported organization there. The organization qualifies as a publicly supported organization of the organization did not check the box of the organization meets the "facts-and-circumstances" test, check the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test, check the organization meets the "facts-and-circumstances" test. The organization did not check the total did the organization meets the "facts-and-circumstances" test. The organization did not check the box of the organization meets the "facts-and-circumstances" test. The organization did not check the box of the organization meets the "facts-and-circumstances" test. The organization did not check the box of the organization mee	or fiscal year beginning in) \	ints, contributions, and this press received. (Do not high press received. (Do not ny "unusual grants.") 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 22,210. 20,771. 28,152. 23,989. 23,989. 24,741. 28,152. 23,989. 24,741. 28,152. 23,989. 25,210. 20,771. 28,152. 23,989. 26,210. 20,771. 28,152. 23,989. 26,210. 20,771. 28,152. 23,989. 26,210. 20,771. 28,152. 23,989. 26,210. 20,771. 28,152. 23,989. 26,210. 20,771. 28,152. 23,989. 26,210. 20,771. 28,152. 23,989. 26,210. 20,771. 28,152. 23,989. 26,210. 20,771. 28,152. 23,989. 27,210. 20,771. 28,152. 23,989. 28,152. 23,989. 29,210. 20,771. 28,152. 23,989. 29,210. 20,771. 28,152. 23,989. 20,771. 28,152. 23,989.	Intis, contributions, and hithing fees received. (Do not him fees received.

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

' (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose			_			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ-	 					
	ızatıon's benefit and either paid to	1					
	or expended on its behalf	<u> </u>					
5	The value of services or facilities	1		İ			
	furnished by a governmental unit to	I					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received		,				•
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)						<u> </u>
Se	ction B. Total Support						· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in) 🗩	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					<u> </u>	
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
•	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organı	zation,
	check this box and stop here				<u> </u>	<u> </u>	
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2014 (• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
	Public support percentage from 2013					16	%
	ction D. Computation of Inve					47	0/
	Investment income percentage for 20			ne 13, column (f))	•	17	<u>%</u>
	Investment income percentage from					18	17 is not
19:	a 33 1/3% support tests - 2014. If the						IT IS HOL
_	more than 33 1/3%, check this box a	-	-				
	33 1/3% support tests - 2013. If the						
~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	ni dia not check a	LOOK ON IINO 14, 18	oa, UL 190, CHECK I			90 or 990-EZ) 2014
4320	23 09-17-14				30	medule A (FULII) 8	50 01 000-LEJ 20 14

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b_	_	
3c		
		·
4a		
4b		
4c		
5a		
56		
5b 5c		
6	-	
7		
8		
9a		
9b	 	
9c_	ļ	ļ
10a	<u> </u>	ļ
10h		
10b	90-EZ	

	dule A (Form 990 or 990-EZ) 2014 SAGADAHOC PRESERVATION INC.	<u>23-711700</u>	4 Pa	<u>ige 5</u>
Pa	rt IV Supporting Organizations (continued)		, ,	
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			l
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
2	Did the organization operate for the benefit of any supported organization other than the supported	İ	'	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Sec	tion C. Type II Supporting Organizations		1	r
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		L
Sec	tion D. Type III Supporting Organizations		,	,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	ıx		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		l
2	By reason of the relationship described in (2), did the organization's supported organizations have a		<u> </u>	
3	significant voice in the organization's investment policies and in directing the use of the organization's			
		İ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
<u></u>	supported organizations played in this regard.		J	<u> </u>
	ction E. Type III Functionally-Integrated Supporting Organizations	-4		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see In	structions):		
а				
b			-1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government en	ity (see instructions		T
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a_	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b_	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	== <u>-</u> -	T	
D		3ь		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	A (Form 990 or 9	90-F7	1 2014
4320	25 09-17-14 Schedule	, A (1 01111 990 01 9		, '-

Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-funct	ionally-integra	ated Type III sur	pporting organization (see
instructions).			
			Schedule A (Form 990 or 990-EZ) 2014

1

2

3

4

5

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3

Income tax imposed in prior year

Enter 85% of line 1

2

3

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2014

b

and 4c.

Breakdown of line 7:

d Excess from 2013 e Excess from 2014

Excess distributions carryover to 2015. Add lines 3j

<u>chedule A</u>	(Form 990 or 990-EZ) 2014 SAGADAHOC PRESERVATION INC.	23-7117004 Page 8
Part VI	(Form 990 or 990-EZ) 2014 SAGADAHOC PRESERVATION INC. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	17a or 17b; and Part III, line 12.
	Also complete this part for any additional information (See instructions).	
_		
-		
		,
		<u> </u>
_		
 		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SAGADAHOC PRESERVATION INC.

Employer identification number 23-7117004

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	parpara	Yes No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat	X Preservation of a cer	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
-	Number of conservation easements on a certified historic st	nucture included in (a)	2c
	Number of conservation easements included in (c) acquired		•
_	listed in the National Register	3 , 17, 33 , 2 , 13, 13, 13, 13, 13, 13, 13, 13, 13, 13	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	
•	year▶	,	
4	Number of states where property subject to conservation ea	asement is located ▶ 1	
5	Does the organization have a written policy regarding the pe		•
	violations, and enforcement of the conservation easements		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(II)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	se statement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A		ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		nt and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	·	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	•	
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financ	
-	the following amounts required to be reported under SFAS		
а	D		> \$
	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		OC PRESERV								1 Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Oth	er Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	k any of the	following tha	t are a s	ignificant	use of its	collection	ı items
	(check all that apply).									
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	e	• 🗔	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how th	ney further t	he organizati	on's exe	mpt purp	ose in Parl	XIII.	
5	During the year, did the organization solicit of					er sımıla	r assets		_	_
	to be sold to raise funds rather than to be ma								Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete ıf the	organizatio	n answered '	"Yes" to	Form 990), Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	sets not	tincluded		_	
	on Form 990, Part X?							<u> </u>	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						lity?	<u> </u>	」 Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds. Complete	f the organization ar								
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance .									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs				ļ		<u>_</u>			
Ť	Administrative expenses									
g	End of year balance		L	 	<u> </u>					
2	Provide the estimated percentage of the cur	-		g, column (a	a)) held as:					
a	- ,		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c should be a sh	-								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ina aaministe	erea for	ine organi	zation	Г	Van Na
	by.								2-(1)	Yes No
	(i) unrelated organizations			•					3a(i)	
	(ii) related organizations	- 1-4-4	O . h						3a(ii)	
	If "Yes" to 3a(ii), are the related organization:			=		•			3b	
Pa	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment	tunos						
<u> </u>) Dort IV	/ line 11a S	00 Form 990	Dart Y	line 10			
	Complete if the organization answere	1		ĭ				ed	(d) Boo	k value
	Description of property	(a) Cost or o			or other (other)		Accumulat epreciation		(u) B00	N Value
	Lord	Dasis (IIIVesti	inein)	Dasis	(501101)	- 36	Pidolation			
	Land			07	4,000.		77,9	20	ΩΩ	6,080.
b	Buildings			<u> </u>	-,000.		,,,		0.5	<u>.,</u>
C d	Leasehold improvements			l						
-	Equipment Other			6	9,451.		7.1	39.	6	2,312.
	1. Add lines 1a through 1e. (Column (d) must e	egual Form 990 Part	X. colur							8,392.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 SAGADAHOC F Part VII Investments - Other Securities.	RESERVATION	INC.	23	-7117004 Page
• Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11b. See Form 990, P	art X, line 12	
(a) Description of security or category (including name of security)	(b) Book value			-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)		,		
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII investments - Program Related. Complete if the organization answered "Yes"	to Form 990 Part IV III	e 11c See Form 990 P	art X line 13	
(a) Description of investment	(b) Book value			-of-year market value
(1)			<u> </u>	
(2)				
(3)				
(4)				
(5)				
(6)				·
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u> </u>			
	the Form OOO Bort IV In	o 11d Soc Form 000 B	ort V lino 15	
Complete if the organization answered "Yes"	Description	le 11d. 3ee Foith 930, F	art X, IIII0 13.	(b) Book value
(1)				
(2)				
(3)				
(4)	. <u></u>			
(5)				
(6)		<u></u> .		
(7)		- ··· · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) Irr Part X Other Liabilities.	ne 15.)		▶.	<u> </u>
Complete if the organization answered "Yes"	to Form 990, Part IV, III		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)		·		
(3)		···		
(4)				
(5)				
(6)		- 		
(7) (8)				
(9)	-			
Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 25.) .		_	
2. Liability for uncertain tax positions in Part XIII, provid		e to the organization's fi	nancial statements	that reports the
organization's liability for uncertain tax positions under				
				edule D (Form 990) 20

	edule D (Form 990) 2014 SAGADAHOC PRESERVATION		<u>23-711700</u> 4 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	 Complete if the organization answered "Yes" to Form 990, Part IV, line 	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities .	2b	
С	Recoveries of prior year grants	2c	
ď	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Return.
_	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	<u></u>	2e
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
_	·		
C	Add lines 4a and 4h		4C
С 5)	4c
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.		. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b; i	. 5

SCHEDÜLE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Name of the organization	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at www.irs.g		nispection
_	00 DDD00000000000000000000000000000000	. ~			1	ntification number
	OC PRESERVATION IN				23-7117	
Part I required to complete this par	Complete if the organization answe t.	ered "Y	'es" to	Form 990, Part IV, I	ıne 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations	f Solicitat	tion of	gover	nment grants		
c Phone solicitations	g 🔲 Special			-		
d In-person solicitations	• •		Ū			
2 a Did the organization have a written of	or oral agreement with any individual	(ınclu	dına o	fficers, directors, tru	stees or	
key employees listed in Form 990, P						No
b If "Yes," list the ten highest paid ind				-		be
compensated at least \$5,000 by the			•			
		_		· · · · · · · · · · · · · · · · · · ·	 	1 -
(i) Name and address of individual		(iii) fundr have c	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by) organization
		contrib	utions?	L	listed in col. (i)	Organization
		Yes	No	_		
			[
		<u> </u>				
- -						
		ļ				
				1		
		<u> </u>	<u> </u>			
Total					<u> </u>	<u> </u>
3 List all states in which the organization	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is exempt from r	egistration
or licensing.						
						
						
			_	_ -		
				 -		

432081 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	· of fundraising event contributions and	grace income on Form 900			
					ts greater than \$5,000
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HISTORIC	PROHIBITION		(add col. (a) through
		HOUSE TOUR	EVENTS	4	col (c))
g		(event type)	(event type)	(total number)	
1	Gross receipts	15,458.	3,435.	3,094.	21,987
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	15,458.	3,435.	3,094.	21,987
4	Cash prizes .				
5	Noncash prizes				
6	Rent/facility costs				
6	Food and beverages				
	Entertainment				
9	Other direct expenses	2,817.	2,516.	2,623.	7,956
10	Direct expense summary. Add lines 4 thro	ugh 9 in column (d)		>	7,956
11	Net income summary. Subtract line 10 from III Gaming. Complete if the organization				_14,031
1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
	Cash prizes				·-
2 3 3	Noncash prizes				
4	Rent/facility costs	-			
	Other direct expenses				
5	Other direct expenses	Yes %	Yes %	Yes %	
6	Volunteer labor	No No	No 70	No No	
7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)		. •	
8	Net gaming income summary Subtract lin	e 7 from line 1 column (d)			
10	Net garning income summary Subtract in	e / Hom line 1, column (a)			·
e Er	iter the state(s) in which the organization co	nducts gaming activities: _			
	the organization licensed to conduct gaming "No," explain:	₹		·	Yes No
)a W	ere any of the organization's gaming license	·	-	rear?	Yes N
	15.4 01				
b If	"Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2014 SAGADAHOC PRESERVATION INC.	23-7117004 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recoi	
The state of the state of the period of the period of the period of the state of th	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
Name	
Address ►	
Addless	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
47 Manualatura, distributiones	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information (see instructions)	, 4, 11, 11, 100 0, 00, 100, 100,
15C, 10, and 17b, as applicable Also provide any additional information (see instructions)	
	·
432083 08-28-14 Schedule	e G (Form 990 or 990-EZ) 2014

Part IV Supplemental Information (continued)	23-7117004 Page 4
· Cappiemental mornation (continued)	
	
	
	
	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Name of the organization

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

Inspection Employer identification number 23-7117004

SAGADAHOC PRESERVATION INC.	<u>23-7117004</u>
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERSHIP: ANY PERSON INTERESTED IN THE GENERAL MISSION	AND PURPOSE OF
THE ORGANIZATION CAN BECOME A MEMBER BY PAYING THE ANNUAL	DUES ESTABLISHED
BY THE BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION A, LINE 7A:	·
MEMBER RIGHTS: ALL OF THE AFFAIRS OF THE ORGANIZATION ARE	MANAGED BY THE
BOARD OF TRUSTEES AND ALL DECISION MAKING AUTHORITY IS VES	STED IN THE
TRUSTEES. ALL TRUSTEES ARE ELECTED BY THE MEMBERS AT THE	ANNUAL MEETING OF
THE ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS	AT A REGULARLY
SCHEDULED MEETING, REVIEWED, AND THEN APPROVED PRIOR TO F	LING.
FORM 990, PART VI, SECTION B, LINE 12:	
BOARD MEMBERS ARE REGULALRY MONITORED FOR COMPLIANCE WITH	THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST A	DDRESSED TO THE
TREASURER OR PRESIDENT	