

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CHANGE OF ACCOUNTING PERIOD

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

OMB No 1545-0047

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

Intern	al Revenu	e Service	► Information about	t Form 990 and its instruction	ns is at www.	.irs.gov/form990.	Inspection
A F	or the	2014 calend	dar year, or tax year beginning			SEP 30, 2015	<del></del>
Bc	heck if pplicable:	C Name o	of organization			D Employer identifica	ation number
	Address	SAGE	ADAHOC PRESERVATIO	IN THE			
Η	Name		DANOC PRESERVATIO	M INC.		- 23_71	17004
⊨	change		r and street (or P.O. box if mail is not	t delivered to etreet address.)	Room/suit		17004
$\vdash$	_ireturn ∏Final		BOX 322	delivered to street address)	Rounvsun		12-1201
_	demin- termin- ated						6,296.
_	Amende Peturn		town, state or province, country, a H. ME 04530-0322	ind ZIP or foreign postal code		G Gross receipts \$	
┝	Jreturn  Applica- tion	. DATE	and address of principal officer:J(	OUN C WARCH T	В	H(a) is this a group ret	um Yes X No
	Jườn pending	1 F Name 8	ARDEN STREET, BATI	H, ME 04530	R.		
	•		X 501(c)(3) 501(c) (	) <b>(</b> (insert no.) 4947(a)	V(1) or   50	H(b) Are all subordinates inc  If "No." attach a li	
			ADAHOCPRESERVATION	· · · · · · · · · · · · · · · · · · ·	<u> </u>	H(c) Group exemption	st. (see instructions)
			X Corporation Trust	Association Other	I Vo	ar of formation: 1971 M	
		Summary		Association	15.184	al Ul IOI mallon. 13/1 M	State of legal domicile, Par-
			be the organization's mission or m	ent elemificant activities. UT	CTOPTC	DDBGBDNATTON	ANT)
8		EDUCAT	=	ost significant activities: III.	SIURIC	PRESERVATION	·
Activities & Governance	_			scontinued its operations or di	ispassed of me	are then 25% of its not see	ente .
Ę		check this be	• —	•	_	1 1	18
ğ			oting members of the governing bo				18
œ			dependent voting members of the r of individuals employed in calend				1
Ę.			· · · · · · · · · · · · · · · · · · ·				80
₹	1 _		r of volunteers (estimate if necessa			······	0.
Ą	7 a i	otal unrelate	ed business revenue from Part VIII	, column (C), line 12			0.
_	l Br	vet unrelated	ed business revenue from Part VIII  d business taxable income from Fo	MI 9501, IIII STATE OF THE STAT	- ( )	Prior Year	Current Year
Revenue	ı					22,344.	1,234.
			s and grants (Part VIII, line 1h)	<u></u>		0.	86.
	9 F	-rogram serv	vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines :	- 12t DEC 2270	115·····†�';}	5,815.	<4,094.>
æ	10	nvesiment ir	ncome (Part VIII, column (A), lines 5, 6d le (Part VIII, column (A), lines 5, 6d	3, 4, and 70)		23,149.	4,078.
	11 (	Jiner revenu	e · add lines 8 through 11 (must ed	, ac, ac, ruc, and rie	- 40T	51,308.	1,304.
	12 7	Otal revenue	imilar amounts paid (Part IX, colun	tual Fait VIII Do(u)(III (A)(Tille III	<u> </u>	615.	0.
	I					0.	0.
		-	to or for members (Part IX, colum			27,989.	7,536.
Expenses	i .		er compensation, employee benefit			0.	0.
Ě			fundraising fees (Part IX, column (				
꿃	1		sing expenses (Part IX, column (D)			68,771.	19,181.
_	1		ses (Part IX, column (A), lines 11a-			97,375.	26,717.
		•	es. Add lines 13-17 (must equal Pa			<46,067.	
58		Hevenue les	s expenses. Subtract line 18 from	ine 12		Beginning of Current Year	End of Year
Sis		T-4-14-	(Dad V. Has 16)		F	1,257,995.	1,226,941.
Net Assets of	20		• • • • • • • • • • • • • • • • • • • •		·····	37,528.	31,887.
	21		es (Part X, line 26)  or fund balances. Subtract line 21 f	from line 20		1,220,467.	1,195,054.
	22 ( art 11	Signatu		10 III IIII 6 20		1/220/30/4	
			L declare that I have examined this re	tura including accompanying sch	edules and stat	ements, and to the best of my	knowledge and belief, it is
			te. Declaration of prepares (other than				
<u>u uc</u>	, correct	L andcomple	VIII VIIII (201	V - L	or willow prope		
Ol-	_ }	Signatu	re of officer			Date	
Sig		' / /		TREASURER			
Here JOHN C. MARSH, JR., TREASURER Type or print name and title							
_				Prenarer's signature		Date Check	PTIN
	parer	Firm's name				Firm's EIN	01-0425282
	Only		ss 1009 WASHINGTO				
	BATH, ME 04530 Phone no.207-443-5716						
Ma	y the IF	RS discuss t	his return with the preparer shown				X Yes No
492	001 11-0		For Paperwork Reduction Act N		ructions.		Form <b>990</b> (2014)

Form	990 (2014) SAGADAHOC PRESERVATION INC.	23-7117004 Page 2
<u>Par</u>	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PRESERVE AND MAINTAIN THE BATH (MAINE) AREA'S ARCHIT	
	HERITAGE THROUGH THE CREATION OF A HISTORIC DISTRICT CO	
	PROMOTION OF STEWARDSHIP, AND THE USE OF PROTECTIVE COV	ENANTS
	Did the organization undertake any significant program services during the year which were not listed on	
2		Yes X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	tes LAIRO
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 targest program services, as	s measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	-
	revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 16,710 . including grants of \$ ) (Rever	nue \$)
	RESTORATION AND MAINTENANCE OF THE FORMER WINTER STREET	CHURCH
4b	(Code) (Expenses \$	
	CONTINUING EDUCATION, RESEARCH & OTHER PROGRAMS TO ILLU	MINATE BATH'S
	HERITAGE AND HISTORIC ARCHITECTURE	
		<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Reve	mue S
40	(Code:) (expenses a	
<b>4d</b>	Other program services (Describe in Schedule O.)	•
	(Expenses \$ including grants of \$ ) (Revenue \$	
40	Total program service expenses ▶ 24,052.	Form <b>990</b> (2014)
43200	2	13

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 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 X 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 98-197 If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II...... X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D, Part III Ω 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, 11a Part VI \_\_\_\_\_\_ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ..... 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in 11d Part X, line 167 If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ............. 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII 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 ...... X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Pai	t IV Checklist of Required Schedules (continued)			
		- 1	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\overline{}$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23		X.
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1. 1		l
	any tax-exempt bonds?	24c		<del> </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├─
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	_		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1 1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
	Schedule L, Part I	25b		┢┻
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<del>                                     </del>
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		$\mathbf{x}_{-}$
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):	1 :		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A STATE OF THE STA	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ł		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<b> </b>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<b> </b>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b></b>	X
t	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	•
	If "Yes," complete Schedule R, Part V, line 2	36	+-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	1	x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	$\vdash$	+^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	

Form 990 (2014)

	Check if Schedule O contains a response or note to any line in this Part V				
	- The total of the				╀
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (	\	Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		-1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re		4		
•	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10	-	
	filed for the calendar year ending with or within the year covered by this return	2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return		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	District a second and the second state of the		3a	·	x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	***************************************	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		x
b	If "Yes," enter the name of the foreign country:	200021171	70		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	• •	5a		X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes," to line 5a or 5b, dld the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				$\vdash$
-	any contributions that were not tax deductible as charitable contributions?		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut				
•	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	***************************************			$\Box$
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?		70	]	x
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		71		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		••••	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(cV7) organizations. Enter:	1 1	1		1
a	and the state of t	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:		}	1	1
а	Gross income from members or shareholders	11a	4	1	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	}			l
	amounts due or received from them.)	11b	_	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	<u>12a</u>	ļ	
		12b	4	İ	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>	Ь	<u> </u>
8	Is the organization licensed to issue qualified health plans in more than one state?	•••••	13a	₩-	├
	Note. See the instructions for additional information the organization must report on Schedule O.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	11	1	1	1
	organization is licensed to issue qualified health plans	13b	┨	1	1
C	Enter the amount of reserves on hand	<u> 130  </u>	445	+-	X
14a			14a 14b	+	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	1 <del>0 V</del>		n 990	(2014

· 	990 (20)47 SAGADAHOC PRESERVATION INC. 23-71	4 57 6		_	•
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo				age <b>6</b> se
	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 fine in this Part VI				X
Sec	tion A. Governing Body and Management				
		C	_	Yes	No
1a		18			
	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 O.	4		1	
_		18			
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?	L	2		<u>x</u>
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?	L	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?	L	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ı			
	persons other than the governing body?	L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	l	l		
a	The governing body?	┄┝	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ļ	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				<del></del>
		_		Yes	No
	Did the organization have local chapters, branches, or affiliates?	F	10a		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?		10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	' F	<u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	x	ľ
12a			12a 12b		x
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	···· ⊦	120		<del>  ^-</del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		12c		X
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	ļ	14	X.	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	Г	15a		X
b	Other officers or key employees of the organization	٠	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	- 1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		40-		
	taxable entity during the year?	···· ⊦	16a	-	X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- 1			Į

In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. W Upon request Other (explain in Schedule O) Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN C. MARSH, JR. - 207-443-4294 16 GARDEN STREET, BATH, Form 990 (2014) 432008 11-07-14

		15
Form	990	(2014)

## SAGADAHOC PRESERVATION INC.

23-7117004

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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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	Average Position					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below tine)	Indiwidual	institutional trustee	Officer	Key employee	Highest compensated employee	Pormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) -MIT HRANTCKY	1.00	x						0.	0.	0.	
(2) JOHN C MARSH, JR TREASURER	3.00	x		x				0.	0.	0.	
(3) JUDITH BARRINGTON	1.00	x						0.	0.	0.	
(4) ARTHUR JENSKY	2.00	x						0.	0.	0.	
(5) SALLY DEMARTINI PRESIDENT	8.00	x		x				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.	0.	
(9) R. RUSSELL MAYLONE	1.00	x						0.	0.	0.	
(10) REGINALD SMART	1.00	x						0.	0.	0.	
(11) SAM ARMENTROUT	1.00	x						0.	0.	0.	
(12) LAWRENCE BARTLETT VICE PRESIDENT	3.00	x		x				0.	0.	0.	
(13) JILL BURDEN	1.00	x						0.	0.	0.	
(14) KITTY WHEELER	1.00	x	T					0.	0.	0.	
(15) JULIE BRILLARD	1.00	x	T					0.	0.	0.	
(16) MARTHA BOURQUB	1.00	x						0.	0.	0.	
(17) ALLEN NORMAN	1.00	x						0.		0.	
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		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				or received any man	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
돌돌	1 a	Federated campaigns	1a					1
5 2		Membership dues		1,085.		1		1
A.E.	C	Fundraising events						1
無	d	Related organizations						
S,E	e	Government grants (contribute						1
투입	ť	All other contributions, gifts, grant	· · · · <del>  · · ·   - · ·   - · · ·   - · · ·   - · · ·   - · · · ·</del>	*		1		1
	•	similar amounts not included above	1 1	149.				
夏	61	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<b>&gt;</b>	1,234.			
				Business Code				
8	2 a	LECTURE SERIES			86.	86.		İ
اھڠ	Ь							
용	C							
<b>E 8</b>	d							
Program Service Revenue	9							
ا تة	f	All other program service rever	nue		<del></del>			
1		Total. Add lines 2a-2f			86.			
$\neg$	3	Investment income (including	dividends, inter	est, and				
l		other similar amounts)						
	4	Income from investment of tax						
- 1	5	Royalties		- 1				
l	•		(i) Real	(ii) Personal				
	6 a	Gross rents	3,967.					
	b		416					
		Rental income or (loss)	3,551					
					3,551.	3,551.		
Ì	_	Gross amount from sales of	(i) Securities	(ii) Other				Ţ
		assets other than inventory	(7,5555,1155	1,70,1,1,0				
	h	Less: cost or other basis	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>				
ļ		and sales expenses	4,094					ŀ
1	_	Gain or (loss)	4 0 0 4					
		Net gain or (loss)			<4.094.	<4,094.	>	
_		Gross income from fundraising			70700			
Revenue	U a	including \$				!		
Ž		contributions reported on line				1		
		Part IV, line 18	•	_ 563.				
Other	١.	Less: direct expenses		173.				
δ		Net income or (loss) from fund			390.			390.
	,	Gross income from gaming ac						
	ľ°°	Part IV, line 19		.1				
	١.	Less: direct expenses		L				1
		Net income or (loss) from garr						
	1	Gross sales of inventory, less						
	٠ " ا	and allowances		446.				
	١.	Less: cost of goods sold		200	1	}	1	1
		Net income or (loss) from sale			137.	137.		
	Γ,	Miscellaneous Revenu		Business Code				
	11 8				]			
	1	<u> </u>						
	1 2							
	`	d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		_	1,304,	<320.	<u> </u>	
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Part IX | Statement of Functional Expenses 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 (B) Program service (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 ............ 7,000. 5,250. 1,750 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ...... 536 402. 134 Payroll taxes Fees for services (non-employees): Management ..... Legal \_\_\_\_\_ Accounting Lobbying \_\_\_\_\_ Professional fundraising services. See Part IV, line 17 Investment management fees . ..... ..... Other. (If line 11g amount exceeds 10% of line 25, 140 140 column (A) amount, list line 11g expenses on Sch O.) 7 12 Advertising and promotion 358 358. 13 Office expenses Information technology ..... 14 Royalties 15 16 Occupancy ..... Travel ..... 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 91 91 19 Conferences, conventions, and meetings 305 305 Interest 20 21 Payments to affiliates ..... 5,969 5,969 22 Depreciation, depletion, and amortization ..... 3,864. 3,864 23 Insurance 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.) 6,057 6,057 REPAIRS AND MAINTENANCE 283 1,132 849. WORKERS COMPENSATION IN 862. UTILITIES AND HEAT 862. 175 175. LECTURE SERIES EXPENSES 221 221 e All other expenses 24 ,052 2,665 0. 26,717 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Check here If following SOP 98-2 (ASC 958-720)

					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			10,849.	1	4,859.
	2	Savings and temporary cash investments			25.	2	25.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	oloyees. Complete			
		Part II of Schedule L			,	5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of secti	ion 501(	c)(9) voluntary		1	
2		employees' beneficiary organizations (see instr).	te Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
A	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	91,028.	958,392.	10c	952,423.	
	11	Investments - publicly traded securities		288,729.	11	269,634.	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	II.		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets, Add lines 1 through 15 (must equa		1,257,995.	16	1,226,941.	
	17	Accounts payable and accrued expenses	737.	17	771.		
	18	Grants payable	i i		18		
	19	Deferred revenue		1		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
co co	22	Loans and other payables to current and former					
Liabilities	_	key employees, highest compensated employee					
<u>ā</u>		Complete Part II of Schedule L				22	
ڐ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate			36,791.	24	31,116.
	25	Other liabilities (including federal income tax, pa					
	~	parties, and other liabilities not included on lines					
	1	Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			37,528.	26	31,887.
	† <del>~~</del>	Organizations that follow SFAS 117 (ASC 958	), chec	k here X and			
ф	1	complete lines 27 through 29, and lines 33 an		ì		1 1	
ဦ	27	Unrestricted net assets			1,071,379.	27	1,045,966.
喜	28	Temporarily restricted net assets		•	149,088.	28	149,088.
9	29					29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958	), check here 🕨 🔲			
2	Į.	and complete lines 30 through 34.		~			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		<u></u> L		30	
8	31	Paid-in or capital surplus, or land, building, or ed				31	
¥	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,220,467.	33	1,195,054.
	1	Total fiabilities and net assets/fund balances			1,257,995.	34	1,226,941.

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Form	990 (2014) SAGADAHOC PRESERVATION INC.	23-711	7004	Pag	ю 12
Pai	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		1,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	6,7	<u>17.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>13.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,22	0,4	<u>67.</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	1,19	<u>5,0</u>	<u>54.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1 1		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		i		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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			•	
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
_	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	l		
3а	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			
	Act and OMB Circular A-133?		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	L	<u></u>
			F	. 000	(2014)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

**Open to Public** Inspection

Name of the organization Employer identification number SAGADAHOC PRESERVATION INC. 23-7117004 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). 7 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.) 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). 10 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. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations ...... g Provide the following information about the supported organization(s). (vi) Amount of (iv) is the organization (v) Amount of monetary (III) Type of organization (i) Name of supported listed in your other support (see (described on lines 1-9 support (see organization 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

Total

Schedule A (Form 990 or 990-EZ) 2014 SAGADAHOC PRESERVATION INC.

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.)

Section A. Public Support	- Interest of the place				<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2010	(ъ) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	15, -5.4		10,000	10, 00.0	(0) -0 17	(11.000
membership fees received. (Do not						
include any "unusual grants.")	22,210.	20,771.	28,152.	23,989.	23,578.	118,700.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to			j			
the organization without charge						
4 Total. Add lines 1 through 3	22,210.	20,771.	28,152.	23,989.	23,578.	118,700.
5 The portion of total contributions				-		
by each person (other than a		1				
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						ı
6 Public support. Subtract line 5 from line 4.				·····		118,700.
Section B. Total Support	<del></del>	· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	22,210.	20,771.	28,152.	23,989.	23,578.	118,700.
8 Gross income from interest,	/					
dividends, payments received on	ì					
securities loans, rents, royalties						
and income from similar sources	11,236.	13,025.	15,779.	12,845.	21,392.	74,277.
9 Net income from unrelated business						-
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						ł
assets (Explain in Part VI.)	33,722.	24,743.	18,124.	15,531.	22,550.	114,670.
11 Total support. Add lines 7 through 10						307,647.
12 Gross receipts from related activities	etc. (see instruction	ons)			12	1,076.
13 First five years, If the Form 990 is fo	r the organization's	first, second, thir			n 501(c)(3)	
organization, check this box and ato	p here			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶□
organization, check this box and sto Section C. Computation of Pub	lic Support Pe	rcentage				
14 Public support percentage for 2014	(line 6, column (f) d	ivided by line 11, o	column (f))		14	<u> 38.58 %</u>
15 Public support percentage from 201						43.84 %
16a 33 1/3% support test - 2014. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
stop here. The organization qualifies						
b 33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	6 or more, check t	his box
and stop here. The organization qua	difies as a publicly :	supported organiz	ation			▶□
17a 10% -facts-and-circumstances ter	st - 2014. If the org	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fa						
meets the "facts-and-circumstances	test. The organiza	ition qualifies as a	publicly supported	d organization		
b 10% -facts-and-circumstances te	st - 2013. If the org	janization did not	check a box on line	9 13, 16a, 16b, or	17a, and line 15 k	10% or
more, and if the organization meets	the "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI how th	
organization meets the "facts-and-ci	rcumstances" test.	The organization	qualifies as a publi	cly supported org	anızation	▶∐
18 Private foundation. If the organization	on did not check a	box on line 13, 16	<u>sa, 16b, 17a, or 17i</u>			
				Sch	edule A (Form 99	0 or 990-EZ) 20,14 در
						• •

# Schedule A (Form 990 or 990-EZ) 2014 15 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

Sec	tion A. Public Support	now, please com	pioto i ait II.)	<del></del>	<del></del>		
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received. (Do not		1	1	1		,
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		<del></del>	<del>                                     </del>	<del> </del>		
•	are not an unrelated trade or bus-			f	1	1	ı
	iness under section 513		1				
4	Tax revenues levied for the organ-				†		
	ization's benefit and either paid to						
	or expended on its behalf			l			
5	The value of services or facilities			]			·
	furnished by a governmental unit to			1	]		
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	···					
b	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						
	Public support (Subtraction 7c from line 6)						
	ction B. Total Support		<u> </u>				
Cale	indar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						-
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975		<u> </u>				ļ
	Net income from unrelated business 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			<u> </u>	<u> L</u>
14	First five years. If the Form 990 is for	the organization	's first, second, thi	ird, fourth, or fifth	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here					·····	₽↓↓
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage		<del></del> _	<del>, , , , , , , , , , , , , , , , , , , </del>	
	Public support percentage for 2014 (					15	%
	Public support percentage from 2013 ction D. Computation of Investigation			<u></u>		16	
17	4	_				17	%
18	Investment income percentage from	2013 Schedule A	, Part III, line 17	.,			%
19	a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	
	more than 33 1/3%, check this box a	nd stop here. Th	e organization qua	alifies as a publicly	supported organi	zation	▶□
	b 33 1/3% support tests - 2013. If the	organization did	not check a box o	n line 14 or line 19	9a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
<u>20</u>	Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check	this box and see ir	structions	<b>&gt;</b>
4320	023 09-17-14			15	Sc	hedule A (Form 99	20.14 (er 990-EZ) در
				15			73

# 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.)

٤	ì	ection	n A.	. All	Supp	orting	Organi	zations

- 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.
- 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?
- 6 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
- 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
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m	990 or 9	90-E	C) 2014

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Schedule A (Form 990 or 990-EZ) 2014

<u>Sche</u>	dute A (Form 990 or 990-EZ) 2014 SAGADAHOC PRESERVATION INC.	23-71	1700	<b>4</b> Pa	age 5
Par	t IV   Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
8	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				
	below, the governing body of a supported organization?		11a		
	A family member of a person described in (a) above?	ļ	11b		
	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		
<u>26C</u>	tion B. Type I Supporting Organizations				
_	Blade Black and the second of	ſ		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			i	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				l
	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				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ļ.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ.			
	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,				
	supervised, or controlled the supporting organization.		2		<u> </u>
Sec	tion C. Type II Supporting Organizations				
		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	ĺ			ĺ
	the supported organization(s).		1	<u> </u>	
Sec	tion D. Type III Supporting Organizations				
		r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	×			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	ļ			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	- }	1_		<b>├</b> ─
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			1	
	the organization maintained a close and continuous working relationship with the supported organization(s).		2_	Ļ	<b>└</b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			Į .	
	significant voice in the organization's investment policies and in directing the use of the organization's				1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1	ì
	supported organizations played in this regard.		3	<u> </u>	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		<u>.</u>		
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	The organization satisfied the Activities Test. Complete line 2 below.				
b	The state of the support of an about the support of a support of the support of t				
c	- Land to the second and the form the first III have you supported a government out	ity (see inst	ructions	s)	
2	Activities Test. Answer (a) and (b) below.			Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	)	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		•	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	1	
	how the organization was responsive to those supported organizations, and how the organization determined			1	1
	that these activities constituted substantially all of its activities.		<u>2a</u>		↓
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1.	
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	1	1
	activities but for the organization's involvement.		<u>2b</u>	-	<b>↓</b>
3	Parent of Supported Organizations. Answer (a) and (b) below.			1	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1	
	trustees of each of the supported organizations? Provide details in Part VI.		3a		↓
E	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	1	1
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3b		┸—
4320	25 09-17-14 Schedule	A (Form 9	90 or 9	90-EZ	) 2014
	17				13

chedule A (Form 990 or 990-EZ) 2014 SAGADAHOC PRESERVATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	INC.		23-7117004 Pag
. The mineral content integrated coc(a)(c) capperais			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
other Type III non-functionally integrated supporting organizations must co	mpiete Sec	tions Althrough E.	(D) C
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	7,	<del></del>	(Optional)
2 Recoveries of prior-year distributions	2	····	<del></del>
3 Other gross income (see instructions)	3		<del></del>
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		<del> </del>
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7 7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
O Majastod Hot Moome (assessment mood) o talle / Mornital o /			(B) Current Year
ection B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<del></del>		
a Average monthly value of securities	<u>1a</u>	<del></del>	<del></del>
b Average monthly cash balances	1b		ļ
c Fair market value of other non-exempt-use assets	1c		<del></del>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			}
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	} }		1
see instructions).	4 -		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		<u> </u>
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u></u>
7 Check here if the current year is the organization's first as a non-functiona	lly-integrate	d Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2044"

Sche Par	dule A (Form 990 or 990-EZ) 2014 SAGADAHOC PRE	SERVATION INC.	2	3-7117004 Page 7
		(a)(3) Supporting Orga	anizations (continued)	· · · · · · · · · · · · · · · · · · ·
	on D - Distributions  Amounts paid to supported organizations to accomplish exe	Current Year		
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exempt	<del></del>		
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u> </u>	
	Amounts paid to acquire exempt-use assets	oo or oupported organization	<u></u>	
5	Qualified set-aside amounts (prior IRS approval required)	·		····
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which t	he organization is responsive	)	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(1)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	<u> </u>		Pre-2014	Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			<del></del>
_3	Excess distributions carryover, if any, to 2014:			<del></del>
<u>a</u>				<del></del>
b				
<u> </u>	<del> </del>			
<u>d</u>	F 0010		<u> </u>	<del></del>
	From 2013			<del></del>
	Total of lines 3a through e  Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
_	Carryover from 2009 not applied (see instructions)		***************************************	
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<del></del>	
<u>_</u>	Distributions for 2014 from Section D,		······································	
7	line 7: \$			
я	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h		-	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.	<u> </u>	ļ	
_8_	Breakdown of line 7:	<del> </del>		
a		<u> </u>		· · · · · · · · · · · · · · · · · · ·
<u>b</u>			<del></del>	<u> </u>
<u>c</u>		<del>                                     </del>	<del>                                     </del>	<del> </del>
	Excess from 2013	<del> </del>		
•	Evense from 2014	i .	I	1

Part VI	(Form 990 or 990-EZ) 2014 SAGAD Supplemental Information.	rovide the explanations rec	uired by Part II, line 10: Pa	23-7117004 Pag art II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additi			,e 17401 170, 210 Fattiii, ime 12.
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				Schedule A (Form 990 or 990-EZ) 2
2028 09-17	7-14		20	Schedule A (Form 880 or 880-EZ) 2

## SCHEDULE D

(Form 990)

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.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Nam	e of the organization SAGADAHOC PRESERVA	TION INC.	Employer identification number 23-7117004
Par	t I Organizations Maintaining Donor Advise		ids or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		. La C. Tracalitation poto il dio
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	<del></del>	
3	Aggregate value of grants from (during year)	<del></del>	
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor as	lyised funds
•	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		·
Par	t II Conservation Easements. Complete if the org	panization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organization		71 1110 71
•	Preservation of land for public use (e.g., recreation or ea		istorically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	iod consequation contribution in the fo	rm of a conservation easement on the last
-	day of the tax year.	led Conservation Contribution in the io	ini di a conservation sascinent di dis last
	day of the tax year.		Held at the End of the Tax Year
_	Tetal number of consequetion accompate		
8	Total number of conservation easements	•••••	
0	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic stri		
9	Number of conservation easements included in (c) acquired a		·········
0	• • •		1 1
3	listed in the National Register  Number of conservation easements modified, transferred, rel	leased extinguished or terminated by	······
4	year	icascu, extinguismos, or terminates by	the organization dailing the tax
4	Number of states where property subject to conservation eas	eament is located > 1	
5	Does the organization have a written policy regarding the per		of
Q	violations, and enforcement of the conservation easements it		
	Staff and volunteer hours devoted to monitoring, inspecting,		
6 7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	on estich the requirements of section	170(h)(4)(B)(i)
•			
9	and section 170(h)(4)(B)(ii)?	ion assements in its revenue and expe	— —
ð	include, if applicable, the text of the footnote to the organization		
	conservation easements.	(IOI 5 IIIIaiiciai staterrieras triat descrit	to organization o accounting to
Pe	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or	Other Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form		•
	If the organization elected, as permitted under SFAS 116 (AS		atement and balance sheet works of art.
18	historical treasures, or other similar assets held for public ext	hibition education or research in furth	perance of public service, provide, in Part XIII.
	the text of the footnote to its financial statements that descri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art. historica
0	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		- Francis and the aring and tone true Section 19
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for fina	ncial gain, provide
~	the following amounts required to be reported under SFAS 1		
а	Borney Control of the		<b>&gt;</b> \$
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	tule D (Form 990) 2014 SAGADAH	OC PRESERV	ATION 1	NC.		23-7	11700	4 Page 2
	III Organizations Maintaining C							
	Using the organization's acquisition, accessi	on, and other record	ds, check any	of the following th	nat are a si	ignificant use of i	ts collection	n items
	(check all that apply):							
a	Public exhibition	c	1 Loan	or exchange prog	ırams			
b	Scholarly research	€	Othe					
C	Preservation for future generations							
	Provide a description of the organization's co						Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historic	al treasures, or ot	ther simila:	r assets		
	to be sold to raise funds rather than to be m	aintained as part of	the organizati	on's collection? .			Yes	No_
Par	reported an amount on Form 990, Pa		ete if the orga	nization answered	d "Yes" to	Form 990, Part I	V, line 9, or	
	Is the organization an agent, trustee, custod		•			_		
	on Form 990, Part X?		•••••				Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					
						<del></del>	Amount	<u> </u>
C	Beginning balance					1c		
d	Additions during the year		••• •• ••••			1d		
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on F						Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation ha	s been provided in	Part XIII			
Par								
		(a) Current year				(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance							
	Contributions		-					
	Net investment earnings, gains, and losses							
			<del> </del>					
	Grants or scholarships		<del> </del>	<del></del>	<del></del>		<del> </del> -	
	Other expenditures for facilities		ļ		ł		1	
	and programs		<del> </del>	<del></del> -	<del></del>		+	
	Administrative expenses		<del> </del>	<del></del>	<del></del>		<del></del>	
	End of year balance		<u> </u>					
	Provide the estimated percentage of the cur		ce (line 1g, co	lumn (a)) held as:				
	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
c	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.						
3а	Are there endowment funds not in the poss-	ession of the organia	zation that are	held and adminis	tered for t	he organization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						امسا	
b	If "Yes" to 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of th							
Pai	t VI Land, Buildings, and Equipr							
	Complete if the organization answere	ed "Yes" to Form 99	0, Part IV, line	11a. See Form 99	90, Part X,	line 10.		
	Description of property	(a) Cost or basis (invest	other (	b) Cost or other basis (other)	(c) A	ccumulated preciation	(d) Boo	k value
1a	Land							
b	Buildings			974,000		82,790.	89	1,210.
_	Leasehold improvements							
	Equipment							
_								
	Other	1		69,451	•	8,238.	6	1,213.

Schedule D (Form 990) 2014

thedula D (Form 990) 2014 SAGADAHOC PI	RESERVATION	INC.	<u>23-711700</u>	4 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" t		e 11b. See Form 990, Par	t X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year marke	et value
Financial derivatives	<del></del>			_
Closely-held equity interests				
Other		<del></del>		
(A)	<del> </del>			<u> </u>
(B)				
(C)	<del>-</del>	-	<del></del> ,	
(0)				
(E) (F)	···			
(G)		<del> </del>		
(H)		<u> </u>		
ai. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			<del></del>	
art VIII Investments - Program Related.			<del></del>	
Complete if the organization answered "Yes" t	o Form 990 Part IV lin	a 11c. See Form 990. Par	t X line 13	
(a) Description of investment	(b) Book value		ation: Cost or end-of-year marke	t value
(1)	<del></del>			
(2)				
(3)				
(4)				
(5)	-			
(6)				
(6) (7)				
(7)				
(7) (8) (9)				
(7) (8)				
(7) (8) (9) [a]. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)	o Form 990, Part IV, lin	e 11d. See Form 990, Par	t X, line 15.	
(7) (8) (9) lal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (1)	o Form 990, Part IV, lin Description	e 11d. See Form 990, Par	t X, line 15. <b>(b)</b> Book	value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990, Par		value
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10-01-14

hedule D (Form 990) 204 SAGADAHOC PRESERVATION		<u> </u>	004 Page 4
art XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	<u> </u>	
Total revenue, gains, and other support per audited financial statements			
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities		<del></del>	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			
Subtract line 2e from line 1	••• •••••		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا مه ا		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b  Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.			
5 Total revenue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 12.</i> Part XII   Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.	<del></del>
Complete if the organization answered "Yes" to Form 990, Part IV, lin			
Total expenses and losses per audited financial statements	***		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		•
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		20	
3 Subtract line 2e from line 1			
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 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Part XIII Supplemental Information.  rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
			· · · · · · · · · · · · · · · · · · ·
			<del></del>
			(Form 990) 20:

# SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

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.

2015

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Inspection

Employer identification number

SAGADAHOC PRESERVATION INC. 23-7117004

Fundraising Activities. required to complete this part	Complete if the organization answ	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mall solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, Path of "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita  f Solicita  g Specia  r oral agreement with any individua  art VII) or entity in connection with prividuals or entities (fundraisers) pure	ation of ation of Il fundra Il (includ professi	non-g gover ising o ling o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have or or con contribi	rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<u> </u>				
<del></del>		<u> </u>				
		-				
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit	t contrib	ution	s or has been notifie	d it is exempt from r	egistration
						· ·
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	n 990 o	990-	EZ.	Schedule G (Form 9	990 or 990-EZ) 2014

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P <sub>E</sub>	edu irt		ne organization answered	l "Yes" to Form 990, Par	IV, line 18, or reported	-7117004 Page 2 more than \$15,000
		of fundraising event contributions and g				ots greater than \$5,000.
			(a) Event #1 HISTORIC HOUSE TOUR	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	563.			563.
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)	563.			563.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses		Rent/facility costs				
ă	l				<u> </u>	
Direct	7	Food and beverages				<del> </del>
_	8	Entertainment				
	9	Other direct expenses				173.
	ŀ	Direct expense summary. Add lines 4 throug			_	173. 390.
P	irt		answered "Yes" to Form	990, Part IV, line 19, or I	reported more than	
	1	\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	binga/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<b>46VB</b>						
_	1	Gross revenue	- <del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
88	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
írect E	4	Rent/facility costs				
٥					ļ	
	5	Other direct expenses	Yes %	Yes %	Yes %	<del> </del>
	6	Volunteer labor	No No	□ No	□ No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		<b>&gt;</b>	
		Net gaming income summary, Subtract line	7 from line 1 column (d)		•	
_	10	Net gaming income summary, Subtract inte	7 HOHT WIE 1, COMMING			<u> </u>
9		nter the state(s) in which the organization cond				Yes No
		the organization licensed to conduct gaming : "No," explain:				
	_					
		ere any of the organization's gaming licenses "Yes," explain:		erminated during the tax	year?	Yes No
	- -	. CC, CAPACIT.				
_						000 000
432	nae i	08-28-14			Schedule G (Fo	orm 990 or 990-EZ) 20 <i>14</i>

Schedule G (Form 990 or 990-EZ) 201 SAGADAHOC PRESERVATION INC. 2	3-7117004 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 records:	
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	•
of gaming revenue retained by the third party > \$	•
c if "Yes," enter name and address of the third party:	
Name	
Address ►	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
·	
Description of services provided	
	<del></del>
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	·
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state of t	
organization's own exempt activities during the tax year > \$	<del></del>
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	t III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
100, 10, 410, 400 (20, 400)	
	/Pare 000 == 000 == 0011
432083 08-28-14 Schedule G	(Form 990 or 990-EZ) 2014

art IV   Supplemental Information (continued)	23-7117004 Page
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	<del></del>
004	Schedule G (Form 990 or 990-
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#### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

SAGADAHOC PRESERVATION INC.	23-7117004
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 VE	STED IN THE
TRUSTEES. ALL TRUSTEES ARE ELECTED BY THE MEMBERS AT THE	ANNUAL MRETING 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	ILING.
FORM 990, PART VI, SECTION B, LINE 12:	
BOARD MEMBERS ARE REGULARLY 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	
	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211

Schedule O (Form 990 or 990-EZ) (2014)