Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

₹ '	For	r calendar year 2017 or tax year beginning SEP	1, 2017	, and ending	AUG 31, 2018	3
<u>.</u>		ame of foundation			A Employer identificatio	n number
-	Т	THE HORACE WILLIAMS MEMORIA				
z		KENNEBEC SAVINGS BANK, AGEN		E	01-6008547	7
≰		umber and street (or P O box number if mail is not delivered to street at	ddress)	Room/suite	B Telephone number	
ш.	_1	150 STATE STREET			207 622-47	/66
DATE	City	ty or town, state or province, country, and ZIP or foreign po	ostal code		C if exemption application is p	pending, check here
经	_A	AUGUSTA, ME 04332				
POSTMARK	G C	Check all that apply: Initial return		ormer public charity	D 1 Foreign organization	is, check here
		Final return	Amended return		Foreign organizations m check here and attach c	eeting the 85% test,
2	<u>u</u>	Address change Check type of organization. X Section 501(c)(3) exi	Name change	9 0	1	
		_	Other taxable private founda		E If private foundation stunder section 507(b)(1	. —
	ı Fa	Fair market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	,, ,,
		· 1 —	her (specify)		under section 507(b)(1	. —
		\$ 540,757. (Part I, colum		s.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
2		1 Contributions, gifts, grants, etc , received	12,500.	···	N/A	
D)	1	2 Check If the foundation is not required to attach Sch B Interest on savings and temporary	000	222		Gm> m=14=1== 1
•		3 cash investments	202.	202.		STATEMENT 1
		4 Dividends and interest from securities	12,458.	12,458.		STATEMENT 2
		5a Gross rents				
		b Net rental income or (loss)	12,120.			
	ne	6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all b 3asets on line 6a 65,173.	12,120.			
	Revenue	7 Capital gain net income (from Part IV, line 2)		12,120.		
	Re	8 Net short-term capital gain		•		
		9 Income modifications				
		Gross sales less returns 10a and allowances				
		b Less Cost of goods sold				
		c Gross profit or (loss)	C 2 4	•		(m) mm/mm 2
		11 Other income	634. 37,914.	0. 24,780.		STATEMENT 3
		12 Total Add lines 1 through 11	37,914.	1,963.		1,964.
		13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	3,321.	1,903.		1,504.
		15 Pension plans, employee benefits				
	S	.1				
	Administrative Expenses	b Accounting fees STMT 4	645.	323.	" ' ' ' ' '	322.
	ďx	c Other professional fees				
	ve	17 Interest	1			
	rati	18 Taxes STMT 5	\ 131.	131.		0.
	nist	19 Depreciation and depletion)9(
	dmi	20 Occupancy	18.1			
,	фĄ	21 Travel, conferences, and meetings 6 2013	10E/			
3	and	20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses				
	ting	23 Other expenses 24 Total operating and administrative	A			
4	Operating	expenses. Add lines 13/through 23	4,703.	2,417.		2.286
	Ö	25 Contributions, gifts, grants paid	26,625.	2/22/0		2,286. 26,625.
INAIN		26 Total expenses and disbursements		-	·	
		Add lines 24 and 25	31,328.	2,417.		28,911.
Ţ '		27 Subtract line 26 from line 12:				
CANNED		Excess of revenue over expenses and disbursements	6,586.	,		
5		b Net investment income (If negative, enter -0-)		22,363.		<u> </u>
_					NT / N	1

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Fo	rm 99	THE HORACE WILLIAMS MEM 0-PF (2017) KENNEBEC SAVINGS BANK,		EE 01-0	60085 4 7 Page 2
[) o ==	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
L	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing		-1.	-1.
	ا أ	Savings and temporary cash investments	6,921.	3,766.	3,766.
		Accounts receivable	0,322.	3,,,,,,	3,700.
	"	Less: allowance for doubtful accounts			
	۱.	Pledges receivable	 		
	4				
	١_	Less: allowance for doubtful accounts	 		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	<u> </u>		
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ž	10a	Investments - U.S. and state government obligations			
	ı	Investments - corporate stock STMT 6	296,425.	297,195.	400,305.
	ı	Investments - corporate bonds STMT 7	128,411.	138,186.	136,687.
	ı	Investments - land, buildings, and equipment basis			200,0070
	' '	Less accumulated depreciation	 	····	
	12	Investments - mortgage loans	 	 -	
	13	Investments - other			
		•			
	14	Land, buildings, and equipment basis			
	4-	Less accumulated depreciation	 		
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	404 555	400 445	- 4.4
_		instructions. Also, see page 1, item I)	431,757.	439,146.	540,757.
	i	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue		53.	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	53.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.	j		
es	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
3ali		Permanently restricted			
Þ		Foundations that do not follow SFAS 117, check here		· · · · · · · · · · · · · · · · · · ·	
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	346,712.	346,712.	• .
ets		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	•
SS	29	Retained earnings, accumulated income, endowment, or other funds	85,045.	92,381.	, ,
et A			431,757.		
ž	30	Total net assets or fund balances	431,/5/	439,093.	•
		T-1-1-11-1-11-11-11-1-1-1-1-1-1-1-1-1-1	434 555	420 446	. ,
	31	Total liabilities and net assets/fund balances	431,757.	439,146.	<u>'</u>
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	agree with end-of-year figure reported on prior year's return)	11	431,757.	
		amount from Part I, line 27a		2	6,586.
3	Other	increases not included in line 2 (itemize) BASIS ADJUS	3	750.	
		nes 1, 2, and 3		4	439,093.
5	Decre	ases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	439,093.
		The state of the s			,055.

	the foundation has been in existence if less than 5 years	3	.044192
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	525,089.
5	Multiply line 4 by line 3	5	23,205.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	224.
7	Add lines 5 and 6	7	23,429.
8	Enter qualifying distributions from Part XII, line 4	8	28,911.
	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.		

THE HORACE WILLIAMS MEMORIAL FUND KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE Form 990-PF (2017) 01-6008547 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here
and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 224. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 224 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 0. a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0. b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 7 0 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 224. 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 1 Enter the amount of line 10 to be: Credited to 2018 estimated tax 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 • (2) On foundation managers ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? X 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? X 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV X 7 8a Enter the states to which the foundation reports or with which it is registered. See instructions. ME b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

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8b

of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

THE HORACE WILLIAMS MEMORIAL FUND Form 990-PF (2017) KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547 Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions Х 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement, See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ► KENNEBEC SAVINGS BANK 622-5801 Telephone no. ▶ 207 Located at ▶150 STATE ST., AUGUSTA, ME ▶04332 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year N/A 15 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. No Yes 1a During the year, did the foundation (either directly or indirectly). (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2017? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2017? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after

May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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4a

X

X

N/A

THE HORACE-WILLIAMS -MEMOR					-
orm 990-PF (2017) KENNEBEC SAVINGS BANK, A			<u>01-600854</u>	17	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be Re	equirea (continu	ued)	124	I NI -
5a During the year, did the foundation pay or incur any amount to				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗓 No 🏴		.
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			,*	_
any voter registration drive?			s X No		1,-
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No 📙	'	``
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		(-)	•] .
4945(d)(4)(A)? See instructions			s X No	, l	,
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo		'		4
the prevention of cruelty to children or animals?			s X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			()
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A 5	b	Ь
Organizations relying on a current notice regarding disaster assistance, check h	еге				,
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				ľ	
expenditure responsibility for the grant?	N	7/A Y6	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				.
a personal benefit contract?		Y6	s 🗶 No 📙	'	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		- +,
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A 7	b	
Part VIII Information About Officers, Directors, Truste	es, Foundation Man	agers, Highly			
Paid Employees, and Contractors					
List all officers, directors, trustees, and foundation managers and the		(a) Componentian	(d) Contabulação to	4) 5	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp account	oense ., other
	to position	`enter -0-)	compensation	allowa	
	AGENT				
PO BOX 50					_
AUGUSTA, ME 04332	1.00	3,927.	0.		<u>0.</u>
MARK L. JOHNSTON	TRUSTEE				
PO BOX 50	0.00				^
AUGUSTA, ME 04332	0.00	0.	0.		<u>0.</u>
ANDREW E. SILSBY	TRUSTEE				
PO BOX 50					•
AUGUSTA, ME 04332	0.00	0.	0.		0.
VILLIAM S. HILL	TRUSTEE				
PO BOX 50					_
AUGUSTA, ME 04332	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contabutions to	() F	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	, other
NONE					
				•	

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	rs, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	b) Type of service	(c) Compensation
NONE		
,		
Total number of others receiving over \$50,000 for professional services	•	0
PartiX-Ai Summary of Direct Charitable Activities	41-14-7-14-14-14-14-14-14-14-14-14-14-14-14-14-	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information s number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the	Expenses
1 N/A		
2		
3		
		
Rart(IX:B) Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
	•	
2		
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	527,524.
Ь		1b	527,524. 5,561.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	533,085.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	533,085.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,996.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	525,089.
6	Minimum investment return Enter 5% of line 5	6	26,254.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	26,254.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	224.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	26,030.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	26,030.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	26,030.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	28,911.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	28,911.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	224.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	28,687.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	r the section
	4940(e) reduction of tax in those years		

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THE HORACE WILLIAMS MEMORIAL FUND

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Part XIII Undistributed Income (see instructions)

KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				26,030.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			7,354.	
b Total for prior years:			<u>-</u> . ,	
,,		0.		
3 Excess distributions carryover, if any, to 2017:		•		
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 28,911.				
a Applied to 2016, but not more than line 2a			7,354.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			01 558
d Applied to 2017 distributable amount				21,557.
e Remaining amount distributed out of corpus	0.	· · · · · · · · · · · · · · · · · · ·		
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract			·	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	·			
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				4,473.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	,			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014	* * *	•		
c Excess from 2015 d Excess from 2016				
e Excess from 2017				

THE HORACE WILLIAMS MEMORIAL FUND Form 990-PF (2017) KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(5) 4942(j)(3) or Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2017 (b) 2016 (c) 2015 (d) 2014(e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► I if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: ANDREW SILSBY KENNEBEC SAVINGS BANK, 207 622-5801 PO BOX 50, AUGUSTA, ME 04332 b The form in which applications should be submitted and information and materials they should include: NO SPECIAL FORMAT c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE

01-6008547 KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE AUSTIN PEAY STATE UNIVERSITY -PUBLIC CHARITY SCHOLARSHIP AWARDS LINDSAY PAULIN 601 COLLEGE STREET CLARKSVILLE, TN 37044 750. CLARK UNIVERSITY - NATHAN HUYNH NONE PUBLIC CHARITY SCHOLARSHIP AWARDS 950 MAIN STREET WORCESTER, MA 01610 1,125. HUSSON UNIVERSITY - CHAD PRINCE NONE PUBLIC CHARITY SCHOLARSHIP AWARDS 1 COLLEGE CIR BANGOR, ME 04401 1,500. . HUSSON UNIVERSITY - KASSIE JOLER NONE PUBLIC CHARITY SCHOLARSHIP AWARDS 1 COLLEGE CIR BANGOR, ME 04401 1,500. HUSSON UNIVERSITY - PAIGE WARREN NONE PUBLIC CHARITY SCHOLARSHIP AWARDS 1 COLLEGE CIR BANGOR, ME 04401 1,500. CONTINUATION SHEET(S) SEE 26,625. Total ▶ 3a b Approved for future payment NONE Total 0.

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Form 990-PF (2017)

-THE-HORACE-WILLIAMS-MEMORIAL-FUND ----

KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor ROCHESTER INSTITUTE OF TECHNOLOGY -NONE PUBLIC CHARITY SCHOLARSHIP AWARDS ANTHONY TAMBORINI 1 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 1,500. ST. JOSEPH'S COLLEGE - CODY VEILLEUX NONE PUBLIC CHARITY SCHOLARSHIP AWARDS 278 WHITES BRIDGE ROAD STANDISH, ME 04084 1,500. ST. JOSEPH'S COLLEGE - HUNTER NONE PUBLIC CHARITY SCHOLARSHIP AWARDS RICHARDSON 278 WHITES BRIDGE ROAD STANDISH, ME 04084 1,500. ST. JOSEPH'S COLLEGE - KATELYN PINO NONE PUBLIC CHARITY SCHOLARSHIP AWARDS 278 WHITES BRIDGE ROAD STANDISH, ME 04084 750. THOMAS COLLEGE - OUINTON STEBBINS NONE PUBLIC CHARITY SCHOLARSHIP AWARDS 180 WEST RIVER ROAD WATERVILLE, ME 04901 1,500. UNIVERSITY OF MAINE AT AUGUSTA -NONE PUBLIC CHARITY SCHOLARSHIP AWARDS WALKER THOMAS 46 UNIVERSITY DRIVE AUGUSTA, ME 04330 1,125. UNIVERSITY OF MAINE AT FARMINGTON -NONE PUBLIC CHARITY SCHOLARSHIP AWARDS JORDAN BAILEY 224 MAINE STREET FARMINGTON, ME 04938 1,125. UNIVERSITY OF MAINE AT ORONO -NONE PUBLIC CHARITY SCHOLARSHIP AWARDS BENJAMIN LEET ORONO CENTER ORONO, ME 04469 1,500. UNIVERSITY OF MAINE AT ORONO - JORDAN NONE PUBLIC CHARITY SCHOLARSHIP AWARDS PELLETIER ORONO CENTER ORONO, ME 04469 1,500. UNIVERSITY OF MAINE AT ORONO - SHANAY NONE PUBLIC CHARITY SCHOLARSHIP AWARDS GILBERT ORONO CENTER ORONO, ME 04469 750. Total from continuation sheets 20,250.

THE-HORACE-WILLIAMS-MEMORIAL-FUND.

KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547

(SAVINGS BANK,	AGENT FOR	TRUSTEE 01	-6008547
Part XV				· · · · · · · · · · · · · · · · · · ·	
3 Grants	and Contributions Paid During the Ye		,	T	-
Nar	Recipient ne and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSIT	Y OF MAINE AT ORONO - WALKER	NONE	PUBLIC CHARITY	SCHOLARSHIP AWARDS	
ORONO CEN	TER				
ORONO, ME	04469				1,250.
HUSSON UN	IVERSITY - CHASE WARREN	NONE	PUBLIC CHARITY	SCHOLARSHIP AWARDS	
BANGOR, M					750.
OLIVIA TA	INSTITUTE OF TECHNOLOGY - MBORINI MORIAL DRIVE	NONE	PUBLIC CHARITY	SCHOLARSHIP AWARDS	
	, NY 14623				750.
MOUNT HOL	YOKE COLLEGE - SIERRA MILLAY GE STREET	NONE	PUBLIC CHARITY	SCHOLARSHIP AWARDS	
	LEY, MA 01075				1,250.
180 WEST	LLEGE - HARRISON MOSHER RIVER ROAD E, ME 04901	NONE	PUBLIC CHARITY	SCHOLARSHIP AWARDS	750.
	-,				
180 WEST	LLEGE - DEAN JACKMAN RIVER ROAD E, ME 04901	NONE	PUBLIC CHARITY	SCHOLARSHIP AWARDS	750.
	H'S COLLEGE - ALLEE CLOUTIER S BRIDGE ROAD	NONE	PUBLIC CHARITY	SCHOLARSHIP AWARDS	
STANDISH,	ME 04084				1,250.
LYDIA ROY		NONE	PUBLIC CHARITY	SCHOLARSHIP AWARDS	
224 MAINE FARMINGTO	N, ME 04938				750.
Total fo	rom continuation sheets				
	J				

THE HORACE WILLIAMS MEMORIAL FUND

Form 990-PF (2017) KENNEBEC SAV	INGS BANK,	AGENT FOR	TRUSTE	E 01-6	008547 Page 12
Part XVI-A Analysis of Income-Pro	ducing Activitie	s			,
Enter gross amounts unless otherwise indicated.	Unrelated	business income		section 512, 513, or 514	(e)
·	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	code	Amount	function income
a			 		
b					
•					· · · · · · · · · · · · · · · · · · ·
d					
0			<u> </u>		
e	— 	- · · · · · · · · · · · · · · · · · · ·	+ + + + + + + + + + + + + + + + + + + +		
g Fees and contracts from government agencies	_		+ + -		<u> </u>
			+ + -		·
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash			14	202	
investments		·	14	202.	
4 Dividends and interest from securities		 	14	12,458.	
5 Net rental income or (loss) from real estate:			+-+-		· · · · · · · · · · · · · · · · · · ·
a Debt-financed property			 		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property			<u> </u>		· · · ·
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	12,120.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a REFUND				-	634.
b					
С			1 1		
d			1 1		
. e			1 1		
12 Subtotal. Add columns (b), (d), and (e)		0.		24,780.	634.
13 Total Add line 12, columns (b), (d), and (e)			<u> </u>	13	25,414.
(See worksheet in line 13 instructions to verify calculation	e \			'3 <u>—</u>	23,111.
		nlichment of Ev	omat Dur		
Line No Explain below how each activity for which			A contributed i	mportantly to the accomp	ishment of
the foundation's exempt purposes (other	than by providing funds	for such purposes).			
11A REFUND					
				····	
			····		
					

THE HORACE WILLIAMS MEMORIAL FUND

Form 99 Part					K , AGENT FOR nd Transactions a			6008547 charitable	Pa	ige 13
		Exempt Organ								
1 Dic	the or	ganization directly or indi	rectly engage in an	y of the followin	ig with any other organizat	ion described in sec	tion 501(c)		Yes	No
(ot	her thai	n section 501(c)(3) organ	nizations) or in sect	ion 527, relating	g to political organizations?	•				
a Tra	ınsfers	from the reporting found	ation to a noncharit	able exempt or	ganization of:					
	Cash							1a(1)	-	X
		assets						1a(2)		X
		sactions.	ble evernet erecor	ation				15/1)		Х
		of assets to a noncharital lases of assets from a noi						1b(1) 1b(2)	_	X
		l of facilities, equipment,	•	UI YAIIIZAIIQII				1b(2)		X
		oursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		Х
		rmance of services or me	embership or fundra	aising solicitatio	ins			1b(6)		X
		facilities, equipment, ma		-				1c		Х
d If t	he ansv	ver to any of the above is	"Yes," complete the	e following sche	dule. Column (b) should a	lways show the fair	market value of the	goods, other ass	ets,	
or	services	s given by the reporting fo	oundation. If the fo	undation receive	ed less than fair market val	ue in any transactio	n or sharing arrangei	ment, show in		
) the value of the goods,	· · · · · · · · · · · · · · · · · · ·				·			
(a) Line n	•	(b) Amount involved	(c) Name		e exempt organization	(d) Description	on of transfers, transactio	ns, and sharing arra	angemen	its
				N/A						
										
	+									
	_									
	-									
				 						•
					·					
	+									
										
	-						·-···			
	+-							···		•
2a s1	he four	idation directly or indirect	I tly affiliated with lo	r related to, one	or more tax-exempt organ	nizations described	·			
		501(c) (other than section	•		or more tax exempt organ	meanons dood not		Yes	X] No
		mplete the following sch								
		(a) Name of org	ganization		(b) Type of organization		(c) Description of re	elationship		
		N/A					 			
								.		
	Under	penalties of derjury, idectare t	that I have examined th	s return, including	accompanying schedules and s	statements, and to the b	est of my knowledge			
Sign					taxpayer) is based on all inform.			May the IRS of return with the	e prepare	er
Here		/Audio	->/s/4		1/9/19	TRUST	EE	shown below X Yes		no
	Sign	ature of officer or trustee	7		Date	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if	PTIN		
.				1303 1			self- employed			
Paid		BOB KEARNS		BOB KE	ARNS, CPA	01/07/19		P00584		
Preparent Use (Firm's name ►WIP	FLI LLP				Firm's EIN ► 3	9-07584	49	

Phone no. 207.622.4766

Firm's address ▶ 1 MARKET SQUARE

AUGUSTA, ME 04330-4637

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

THE HORACE WILLIAMS MEMORIAL FUND KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE

Employer identification number

01-6008547

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Organization type (check one)								
Filers of	:	Section:						
Form 990	0 or 990-EZ	501(c)() (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990	0-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Or General	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or						
	property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions						
Special I	Rules							
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III							
	year, contributions is checked, enter his purpose Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year.						
but it mu	ist answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

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

Name of organization

THE HORACE WILLIAMS MEMORIAL FUND

Employer identification number

KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	ROBERT G FULLER JR 11215 SEVEN LOCKS ROAD POTOMAC, MD 20854-3260	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	<u> </u>	\$	Person Payroll Oncash Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash Complete Part II for noncash contributions)					

Name of organization

THE HORACE WILLIAMS MEMORIAL FUND KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE

Employer identification number

01-6008547

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if an	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization THE HORACE WILLIAMS MEMORIAL FUND SAVINGS BANK, 01-6008547 KENNEBEC AGENT FOR TRUSTEE Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held from Part I (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

THE HORACE WILLIAMS MEMO	RIAL F	UND KENN	IEB					01-6008547
FORM 990-PF INTEREST ON	SAVIN	GS AND I	EMPOR.	ARY C	ASH I	INVESTMENTS	SI	PATEMENT 1
SOURCE			(A) EVENUE BOOK			(B) INVESTMENT INCOME		(C) ADJUSTED JET INCOME
CORPORATE			2	02.		202.		
TOTAL TO PART I, LINE 3			2	02.		202.		
FORM 990-PF DIV	IDENDS	AND INT	EREST	FROM	SECU	JRITIES	sī	PATEMENT 2
	OSS OUNT	CAPIT GAIN DIVIDE	IS		A) ENUE BOOKS			(C) ADJUSTED NET INCOME
LT	2,717. 346. 9,740.		0. 346. 0.		9,740).	0.	
TO PART I, LINE 4 1	2,804.		346.	1	2,458	3. 12,45	58.	
FORM 990-PF	· · · · · · · · · · · · · · · · · · ·	OTHER	l INCO	ME			sī	PATEMENT 3
DESCRIPTION			RE'	(A) VENUE BOOK	s	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOME
REFUND			•		634.		<u> </u>	
TOTAL TO FORM 990-PF, PA	RT I, 1	LINE 11		<u></u>	634.	C). = =	, -
FORM 990-PF		ACCOUN	ITING :	FEES			នា	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) I INV NT IN	EST-	(C) ADJUSTEI NET INCOM		(D) CHARITABLE PURPOSES
TAX PREP		64	5.		323			322.
TO FORM 990-PF, PG 1, LN	16B	6.4	 5.	<u>-</u>	323			322.

FORM 990-PF	TAX	ES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
U.S. TREASURY-EXCISE TAX FOREIGN TAX	102. 29.	102.		0.
TO FORM 990-PF, PG 1, LN 18	131.	131.		0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS		297,195.	400,305.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	297,195.	400,305.
FORM 990-PF	CORPORATE BONDS	V-R-1111	STATEMENT 7
FORM 990-PF DESCRIPTION	CORPORATE BONDS	BOOK VALUE	STATEMENT 7 FAIR MARKET VALUE
<u> </u>		BOOK VALUE 138,186.	FAIR MARKET