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 theiletest information.

Eor c	alendar year 2017 or tax year beginning SEP		, and ending	AUG 31, 201		
	ne of foundation ENJAMIN FULLER & HARRIET	WITT.I.TAMS MEM		A Employer identification number		
	R, KENNEBEC SAVINGS BANK		EE .	01-600854	8	
	ber and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·	
Œ	50 STATE STREET			(207) 622	-5801	
<u>w</u>	or town, state or province, country, and ZIP or foreign p UGUSTA, ME 04332 eck all that apply: Initial return	ostal code		C If exemption application is	pending, check here	
	UGUSTA, ME 04332	lastici cativos of a fa		D 1 Foreign organization	ne shack here	
Š	rieck all that apply: Initial return	Initial return of a fo	rmer public charity	D I Foreign organization	ins, check here	
E	Address change	Name change	_	2 Foreign organizations no check here and attach	neeting the 85% test, computation	
H C	heck type of organization: X Section 501(c)(3) ex	xempt private foundation	o O	E If private foundation s	tatus was terminated	
	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	tion	under section 507(b)(1)(A), check here	
	· —	ing method: X Cash	Accrual	F If the foundation is in a		
(1r		ther (specify) nn (d) must be on cash basis	S.)	under section 507(b)(T)(B), check here	
		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
	Tt I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)	
	1 Contributions, gifts, grants, etc., received	12,500.		N/A	<u> </u>	
	2 Check ► If the foundation is not required to attach Sch B Interest on savings and temporary cash investments	271.	271.		STATEMENT 1	
	cash investments Dividends and interest from securities	10,209.	10,209.		STATEMENT 2	
	5a Gross rents	10/2051	20,2031			
	b Net rental income or (loss)					
<u> </u>	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	20,646.	· · · · · · · · · · · · · · · · · · ·			
Revenue	assets on line 6a		20,646.			
Re	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		20,040.			
	9 Income modifications					
	10a Gross sales less returns and allowances					
	b Less Cost of goods sold					
	c Gross profit or (loss)	911.	0.		STATEMENT 3	
	11 Other income 12 Total. Add lines 1 through 11	44,537.	31,126.		STATEMENT 5	
	13 Compensation of officers, directors, trustees, etc	4,018.	2,009.		2,009.	
	14 Other employee salaries and wages					
Ø	15 Pension plans, employee benefits					
nse	16a Legal fees b Accounting fees STMT 4	645.	323.		322.	
Expenses	c Other professional fees	0 # 3 * 1	323.		3221	
	17 Interest					
Administrative	18 Taxes STMT 5	156.	15-6	NV CS N/EF	0.	
inis	19 Depreciation and depletion		<u> </u>	RECEIVEL		
Adm	20 Occupancy21 Travel, conferences, and meetings		- X	JAN 1 6 2019		
and /	22 Printing and publications		1-22	JAN 1 0 2013	132	
ng a			t sie			
Operating	24 Total operating and administrative			OGINEN. U		
Ope	expenses. Add lines 13 through 23	4,819. 26,000.	2,488	-	2,331. 26,000.	
_	25 Contributions, gifts, grants paid26 Total expenses and disbursements.	20,000.			20,000.	
	Add lines 24 and 25	30,819.	2,488.		28,331.	
	27 Subtract line 26 from line 12:					
	a Excess of revenue over expenses and disbursements	13,718.				
	b Net investment income (if negative, enter -0-)	`	28,638.	N/A		
	c Adjusted net income (if negative, enter -0-) 01 01-03-18 LHA For Paperwork Reduction Act Notic	se see instructions		IN/A	Form 990-PF (2017)	
7005	U I U I PUSPIO LEI ICA I UI FALUGI WUIK NGUUULIUII MÜL NUUL	, , , , , , , , , , , , , , , , , , ,				

BENJAMIN FULLER & HARRIET WILLIAMS MEM

For	m, 39	0-PF (2017) TR, KENNEBEC SAVINGS BA	NK AGENT FOR		6008548 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End o	(c) Fair Market Value
_	1	Cash - non-interest-bearing	(4) 550	(2) - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
		Savings and temporary cash investments	13,736.	608.	608.
		Accounts receivable	10,7000		
	٥	Less: allowance for doubtful accounts			
	4	Pledges receivable -			
	_	Less; allowance for doubtful accounts			
İ	-	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and toans receivable			
		Less: allowance for doubtful accounts			
ets	-	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
•	1	Investments - U.S. and state government obligations	225 070	242 022	411 024
		Investments - corporate stock STMT 6	335,270.		
	C	Investments - corporate bonds STMT 7	129,813.	148,138.	146,908.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other		<u> </u>	
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	478,819.	492,579.	558,550.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue		42.	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
аþ	21	Mortgages and other notes payable			
	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	0.	42.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
Ses	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
Ba	26	Permanently restricted			_
ā		Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31			
Š	27	Capital stock, trust principal, or current funds	305,280.	305,280.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	173,539.	187,257.	
let	30	Total net assets or fund balances	478,819.	492,537.	
۲.					
	31	Total liabilities and net assets/fund balances	478,819.	492,579.	
P	art				
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		<u> </u>
ı			00	1	478,819.
^		st agree with end-of-year figure reported on prior year's return)		1 2	13,718.
		r amount from Part I, line 27a		2	13,710.
		r increases not included in line 2 (itemize)			492,537.
		lines 1, 2, and 3		4	492,557.
		eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (h) lung 30	5 6	492,537.
<u>6</u>	ıola	i net assets ur fund balances at end of year (inte 4 fillios line 3) - Part II, C	oranin (a), inte so	1.6	Form 990-PF (2017)

	nd(s) of property sold (for example, real es use; or common stock, 200 shs. MLC Co.)	tate,	P-Pulchase I .	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
SHORT TERM SECURITIES			D - Donation P		(1101, 42),)
b LONG TERM SECURI			P		
c CAPITAL GAINS DI					
d					
е	×				
(e) Gross sales price		ost or other basis expense of sale		(h) Gain or (loss (e) plus (f) minus	(g))
a 5,206.		5,31			-107
b 32,589.		29,98	4.		2,605
c 18,148.				·	18,148
e					·
	n in column (h) and owned by the foundation	on on 12/31/69.	(0)	Gains (Col. (h) gain	minus
(i) FMV as of 12/31/69	(i) Adjusted basis (k)	Excess of col. (1) er col. (1), if any	col. (k), but not less tha Losses (from col. (n -0-) or
a				······································	-107
b					2,605
C					18,148
<u>d</u>					
<u>e</u>			_		··
Capital gain net income or (net capital	oss) $\begin{cases} \text{If gain, also enter in Part I, lin} \\ \text{If (loss), enter -0- in Part I, lin} \end{cases}$	e 7 e 7	} 2	 -,	20,646
Net short-term capital gain or (loss) as					
If gain, also enter in Part I, line 8, colur If (loss), enter -0- in Part I, line 8	nn (c).		 	N/A	
Part V Qualification Under	r Section 4940(e) for Reduce	d Tax on Net	Investment Inco		·
For optional use by domestic private four	dations subject to the section 4940(a) tax of	on net investment inc	come.)		
f section 4940(d)(2) applies, leave this pa					
	942 tax on the distributable amount of any	•	od?		Yes X No
	er section 4940(e). Do not complete this pa column for each year; see the instructions b		atriae		
(a)	·	letore making any en	(c)	T	(d)
Base periód years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of non	ncharitable-use assets	Distrit (col. (b) div	(d) pution ratio yided by col (c))
2016	26,013		491,413.		.05293
2015	11,584		466,204.		.02484
2014	4,581		184,431.		.024839
2013	4,317	•	84,163.		
2010					
2012	4,500		75,451.		.051293
Total of line 1, column (d)			75,451.	2	.059643
Total of line 1, column (d) Average distribution ratio for the 5-yea	r base period - divide the total on line 2 by t		75,451.		.21355
Total of line 1, column (d)	r base period - divide the total on line 2 by t		75,451.		
Total of line 1, column (d) Average distribution ratio for the 5-yea the foundation has been in existence if	r base period - divide the total on line 2 by s less than 5 years		75,451.	2	.21355
Total of line 1, column (d) Average distribution ratio for the 5-yea the foundation has been in existence if Enter the net value of noncharitable-us	r base period - divide the total on line 2 by s less than 5 years		75,451.	2 3	.059643
Total of line 1, column (d) Average distribution ratio for the 5-yea the foundation has been in existence if Enter the net value of noncharitable-us Multiply line 4 by line 3	r base period - divide the total on line 2 by t less than 5 years e assets for 2017 from Part X, line 5		75,451.	3 4	.059643 .213555 .042713 543,039
Total of line 1, column (d) Average distribution ratio for the 5-yea the foundation has been in existence if Enter the net value of noncharitable-us Multiply line 4 by line 3 Enter 1% of net investment income (19)	r base period - divide the total on line 2 by t less than 5 years e assets for 2017 from Part X, line 5		75,451.	2 3 4 5	.059643 .213555 .042713 543,039
? Total of line 1, column (d) 3 Average distribution ratio for the 5-yea	r base period - divide the total on line 2 by s less than 5 years e assets for 2017 from Part X, line 5 6 of Part I, line 27b)		75,451.	2 3 4 5 6	.059643 .213555 .042713 543,039 .23,194

orm	BENJAMIN FULLER & HARRIET WILLIAMS MEM 990-PF (2017) TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE	01-	6008	5/8		Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or					
_	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)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			2	86.
	of Part I, line 27b		·			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0.
	Add lines 1 and 2	3			2	86.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.
	ax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			2	86.
	Credits/Payments:					
	017 estimated tax payments and 2016 overpayment credited to 2017 6a 0	,				
	exempt foreign organizations - tax withheld at source 6b 0					
	ax paid with application for extension of time to file (Form 8868) 6c 0	_				
	Backup withholding erroneously withheld 6d 0					
	otal credits and payments. Add lines 6a through 6d	7				0.
	inter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.
	ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2.	86.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	inter the amount of line 10 to be: Credited to 2018 estimated tax	11				
	t VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	ny political campaign?	•	Ī	1a		Х
	only pointed campaign. Only it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defi	nition	ŀ	1b		X
	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		Ì			
	distributed by the foundation in connection with the activities.					
	Oid the foundation file Form 1120-POL for this year?		l	1c		Х
	inter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ŀ			
	1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0		ł			
	inter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
	nanagers. > \$ 0.					
	las the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
	f "Yes," attach a detailed description of the activities.		ı			
	las the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	nr]			
	lylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		х
	Old the foundation have unrelated business gross income of \$1,000 or more during the year?		ŀ	4a		Х
	f "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Vas there a liquidation, termination, dissolution, or substantial contraction during the year?		′ • •	5		Х
	f "Yes," attach the statement required by General Instruction T		ı			 -
	tre the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ŀ			
	P 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 sta	e law				
	emain in the governing instrument?	0 1411		6	X	
	ornam in the governing modernam. Old 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		ŀ	7	X	
•	to the restriction have at least population at any time defining the year. If You, complete Fair in, our log, and Fair NY		ŀ	•		
Ra I	inter the states to which the foundation reports or with which it is registered. See instructions.		i			
· ·	ME					
ь і ь і	f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
	is each state as required by <i>General instruction G</i> irl No, lattach explanation is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar	}	00	-41	
	ear 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	cilual		9		Y
	led 2017 of the tax year deginning in 2017? See the instructions for Part XIV. If Yes, complete Part XIV Indiany persons become substantial contributors during the tax year? If Yes," attach a schedule listing their names and addresses		ł	10		X
IAI '						

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	1 990-PF (2017) TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01- art VII-A Statements Regarding Activities (continued)	-6008	<u>548</u>	1	Page 5
	Statements Regarding Activities (continued)			Yes	No
	At any time the control of the females and another and another area and another within the manager of	-		165	NU
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		11		Х
40	section 512(b)(13)? If "Yes," attach schedule. See instructions	2	-''-		Ţ
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg	,63.	12		X
40	If "Yes," attach statement. See instructions		13	Х	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	L		42	
	Website address ► N/A The books are in care of ► KENNEBEC SAVINGS BANK Telephone no. ► (2)	2071	622	-58	01
14		4 ▶04		30	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<u> </u>	, , , ,	_	
10	and enter the amount of tax-exempt interest received or accrued during the year	1	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		- 1	Yes	No
10	securities, or other financial account in a foreign country?	ſ	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	ŀ			
	foreign country				
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		-		
نت	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1:	a 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?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	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?	No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	₹ No			
	(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				
	termination of government service, if terminating within 90 days.)	ا No ا			
,	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		X _
		▶☐ Ì			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
•	before the first day of the tax year beginning in 2017?		1c		X
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				
	before 2017?	X No			
	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	İ			
		N/A	2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	,			
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
•	during the year?	X No			
1	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	ie l			
	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,				
		N/A	3b		
A	a. Did the foundation invest during the year any amount in a manner that would recoverage its charitable purposes?	, -	4a		x

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

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

BENJAMIN FULLER & HARRIET WILLIAMS MEM

FORM 990-PF (2017) TR, KENNEBEC SAVINGS BAN			01-00082	148	<u> </u>	-age 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)			
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	n 4945(e))?	Ye	s X No			
(2) Influence the outcome of any specific public election (see section 4955), of	r to carry on, directly or indire					
any voter registration drive?		Ye	s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No			
(4) Provide a grant to an organization other than a charitable, etc., organizatio			1			
4945(d)(4)(A)? See instructions		Ye	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for	1			
the prevention of cruelty to children or animals?	, , ,		s X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i					
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b		:
Organizations relying on a current notice regarding disaster assistance, check				-		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		}		
expenditure responsibility for the grant?		//A	s 🔲 No	-		
	10	1/A16	.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		s X No			
a personal benefit contract?		Ye	S LAL NO	0.		37
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		H	6b		<u> </u>
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		Ye	s X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	inagers, Highly	<i>'</i>			
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and t		(a) Componention	(d) Contributions to	т	/ - 1 Cva	
(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	a	(e) Exp ccount,	other
(a) Name and address	to position	(If not paid, enter -0-)	compensation	—	allowai	nces
KENNEBEC SAVINGS BANK	AGENT					
150 STATE STREET						
AUGUSTA, ME 04332	1.00	0.	0.	<u>. </u>		<u>0.</u>
MARK L. JOHNSTON	TRUSTEE					
150 STATE STREET	,					
AUGUSTA, ME 04332	1.00	0.	0.	,		0.
ANDREW E. SILSBY	TRUSTEE					
150 STATE STREET						
AUGUSTA, ME 04332	1.00	0.	0.	.		0.
	TRUSTEE					
150 STATE STREET				ł		
AUGUSTA, ME 04332	1.00	0.	0.			0.
2 Compensation of five highest-paid employees (other than those inc						
(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	a	(e) Exp ccount, allowai	ense , other nces
NONE				1		
210412				1		
			 	†		
	1					
				†		
	1]				
				+		
	1					
				+-		
	1					
Total number of other employees and over \$50,000		<u> </u>				0
Total number of other employees paid over \$50,000						

BENJAMIN FULLER & HARRIET WILLIAMS MEM

Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONi	<u>=</u> _0	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(-7, 7,	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inforumber of organizations and other beneficiaries served, conferences convened, research papers produced, et	mation such as the	Expenses
1N/A		
		<u> </u>
2		
3		
Part 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 a	nd 2.	Amount
N/A		
All other program-related investments. See instructions.		
·		
Total. Add lines 1 through 3		0.
		Form 990-PF (2017)

723561 01-03-18

P	art X Minimum Investment Return (All domestic foundations in	nust c	omplete this part F	oreign four	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	le. etc	purposes:			
a	Average monthly fair market value of securities				1a	545,403.
	Average of monthly cash balances				1b	5,906.
	Fair market value of all other assets			i	1c	
d	Total (add lines 1a, b, and c)				1d	551,309.
	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	551,309.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	t, see in	structions)		4	8,270.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and or				5	543,039.
6	Minimum investment return Enter 5% of line 5				6	27,152.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) are foreign organizations, check here ▶ ☐ and do not complete this part.) private operating for	indations an	d certain	
1	Minimum investment return from Part X, line 6				1	27,152.
2a	Tax on investment income for 2017 from Part VI, line 5	2a		286.		
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b				
C	Add lines 2a and 2b				2c	286.
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	26,866.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	26,866.
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, lu	ne 1		7	26,866.
P	art XII Qualifying Distributions (see instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	poses:		·		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	28,331.
b	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 charital	ble, etc	., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:					
а	Suitability test (prior IRS approval required)				3a	
b	,				3b	00 221
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; a				4	28,331.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve	estmen	t			200
	income. Enter 1% of Part I, line 27b			;	5	286.
6	Adjusted qualifying distributions. Subtract line 5 from line 4				6	28,045.
	Note: The amount on line 6 will be used in Part V. column (h), in subsequent years v	when co	alculation whather the	toundation (nualities for th	e certion

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
Distributable amount for 2017 from Part XI, line 7				26,866.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			8,448.	
b Total for prior years:		-		
g vota. To: prior years		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012			<u> </u>	
b From 2013				
c From 2014				
d From 2015				
e From 2016		•		
f Total of lines 3a through c	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 28,331.				
a Applied to 2016, but not more than line 2a	*		8,448.	
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.			
d Applied to 2017 distributable amount	· · · · · · · · · · · · · · · · · · ·			19,883.
e Remaining amount distributed out of corpus	0.			
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.	l	
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				6,983.
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				1
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017		<u> </u>		

	EBEC SAVIN		ENT FOR TTER	E 01-600	18548 Page 10
1 a If the foundation has received a ruling or o			,, 4200	II/ A	
foundation, and the ruling is effective for 2			.		
b Check box to indicate whether the foundat	•		in section	4942(J)(3) or 494	2(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	•	Prior 3 years		/***
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
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					
3 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					
listed c "Support" alternative test - enter:		_/			
(1) Total support other than gross					
investment income (interest,	إ	/			
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 Inform	nation (Complet	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during the					
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who h	•	han 2% of the total con	tributions received by the	foundation before the close	of any tax
year (but only if they have contributed mo	re than \$5,000). (See se	ection 507(d)(2).)	•		•
NONE					
b List any managers of the foundation who o			(or an equally large portion	on of the ownership of a par	tnership or
other entity) of which the foundation has a	10% or greater interes	t.			
NONE					
2 Information Regarding Contribution	n, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ► ☐ If the foundation only	makes contributions to	preselected charitable	organizations and does n	ot accept unsolicited reques	sts for funds. If
the foundation makes gifts, grants, etc., to	individuals or organiza	tions under other condi	ions, complete items 2a,	b, c, and d.	
a The name, address, and telephone numbe	r or email address of the	e person to whom appli	cations should be address	sed:	
ATTN: ANDREW SILSBY K	ENNEBEC SA	VINGS BANK,	207-622-58	301	
PO BOX 50, AUGUSTA, M	E 04332				
b The form in which applications should be	submitted and informati	on and materials they s	hould include;	·· <u>-</u> -·	
WRITTEN REQUEST					·
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awards, s			·		
TRUST DISTRIBUTES INC		PORT HEALTH	EDUCATION	OF BOYS & GI	RLS
PURSUANT TO THE TRUST	AGREEMENT				

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Form 990-PF (2017) TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548 Page 11

Part XV Supplementary Information	(continued)		·	
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		<u> </u>
a Paid during the year			·	
BABSON COLLEGE - CHRISTINA HODGKINS 231 FOREST ST	NONE	I	SCHOLARSHIP AWARD	
BABSON PARK, MA 02457				1,500,
THOMAS COLLEGE - ROBERT HARMON 180 WEST RIVER ROAD WATERVILLE, ME 04901	NONE	I	SCHOLARSHIP AWARD	1,500,
HUSSON UNIVERSITY - MICHAYA DOSTIE	NONE	I	SCHOLARSHIP AWARD	
1 COLLEGE CIR BANGOR, ME 04401				750,
KENNEBEC VALLEY COMMUNITY COLLEGE - CORBIN DOSTIE 92 WESTERN AVE	NONE	ī	SCHOLARSHIP AWARD	
FAIRFIELD, ME 04937				1,500,
ST. JOSEPH'S COLLEGE - KATELYN PINO 278 WHITES BRIDGE RD STANDISH ME 04084	NONE ·	I	SCHOLARSHIP AWARD	750.
Total SEE CO	NTINUATION SHE	T(S)	► 3a	26,000.
b Approved for future payment NONE				
Tabl			<u> </u>	
Total			▶ 3b	0.

-BENJAMIN FULLER & HARRIET WILLIAMS MEM

TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548

3 Grants and Contributions Paid During the Y	ear (Continuation)	1		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
UNIVERSITY OF MAINE AT ORONO - SYDNEY	NONE	I	SCHOLARSHIP AWARD	
GREEN DRONO CAMPUS				
DRONO ME 04469				1,50
JNIVERSITY OF MAINE AT ORONO - BENJAMIN LEET DRONO CAMPUS	NONE	I	SCHOLARSHIP AWARD	
DRONO, ME 04469				75
UNIVERSITY OF MAINE AT ORONO - ZOE QUICK ORONO CAMPUS ORONO ME 04469	NONE	ī	SCHOLARSHIP AWARD	
UNIVERSITY OF NEW ENGLAND - ALEXIS BONENFANT 11 HILLS BEACH RD	NONE	I	SCHOLARSHIP AWARD	
BIDDEFORD, ME 04005				1,50
UNIVERSITY OF NEW ENGLAND - CAMERON ARMSTRONG 11 HILLS BEACH RD	NONE		SCHOLARSHIP AWARD	
BIDDEFORD, ME 04005		-		
UNIVERSITY OF NEW HAVEN - EMMA CONRAD 300 BOSTON POST RD WEST HAVEN, CT 06516	NONE	I	SCHOLARSHIP AWARD	1,50
UNIVERSITY OF SOUTHERN MAINE - HOPE HOANG	NONE	Ι	SCHOLARSHIP AWARD	
96 FALMOUTH ST PORTLAND, ME 04103				2,37
GORDON COLLEGE - MAGGIE ANDERSON 255 GRAPEVINE RD	NONE	п	SCHOLARSHIP AWARD	
WRENTHAM, MA 01984		<u> </u>		75
CLARK UNIVERSITY - NATHAN HUYNH 950 MAIN ST	NONE	I	SCHOLARSHIP AWARD	
NORCESTER, MA 061610				1,25
Total from continuation sheets				

----BENJAMIN FULLER & HARRIET WILLIAMS MEM

TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SPRINGFIELD COLLEGE - DAKOTA CARTER	NONE .	I I	SCHOLARSHIP AWARD	
263 ALDEN ST				
SPRINGFIELD, MA 01109				2,375,
ST. JOSEPH'S COLLEGE - EMILY QUIRION	NONE	ļr .	SCHOLARSHIP AWARD	
278 WHITES BRIDGE RD				750.
STANDISH ME 04084				750.
ST. JOSEPH'S COLLEGE - HAYLEY QUIRION	NONE	Ħ.	SCHOLARSHIP AWARD	
278 WHITES BRIDGE RD STANDISH ME 04084				750.
UNIVERSITY OF MAINE AT FARMINGTON -	NONE	F	SCHOLARSHIP AWARD	
JORDAN BAILEY 224 MAIN ST				
FARMINGTON ME 04938				1,250,
UNIVERSITY OF MAINE AT FARMINGTON - LYDIA ROY	NONE	<u> </u>	SCHOLARSHIP AWARD	
224 MAIN ST				
FARMINGTON ME 04938				750.
UNIVERSITY OF MAINE AT ORONO -	NONE		SCHOLARSHIP AWARD	
ANTHONY SEMENTELLI		,		
ORONO CAMPUS			·	
ORONO, ME 04469				
UNIVERSITY OF MAINE AT ORONO -	NONE	T T	SCHOLARSHIP AWARD	
LINDSEY QUIRION				
ORONO ME 04469				750.
UNIVERSITY OF MAINE AT ORONO - OLIVIA	NONE	F	SCHOLARSHIP AWARD	
VARNEY ORONO CAMPUS				
ORONO ME 04469				750.
UNIVERSITY OF MAINE AT ORONO - NATHAN PRATT-HOLT	NONE	F	SCHOLARSHIP AWARD	
ORONO CAMPUS				
ORONO, ME 04469				1,500.
INTURDETAY OF MATHE AN ORONG OFFICE	NONE	_	COUOI ADGUTD ALIAND	
UNIVERSITY OF MAINE AT ORONO - OLIVIA RANCOURT	NONE	ľ	SCHOLARSHIP AWARD	
ORONO CAMPUS				
ORONO, ME 04469				1,500,
Total from continuation sheets	· <u></u>	· · · · · · · · · · · · · · · · · · ·		20,000.

BENJAMIN FULLI Form 990-PF (2017) TR, KENNEBEC S					008548 Page 12
Part XVI-A Analysis of Income-Prod	ucing Activi	ties			
Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b					
C	,				
0	ı		1 -		
e	_		 	-	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	271. 10,209.	
4 Dividends and interest from securities			14	10,209.	
5 Net rental income or (loss) from real estate:			 .		
a Debt-financed property			<u> </u>		
b Not debt-financed property6 Net rental income or (loss) from personal					
property					
7 Other investment income					· ·
8 Gain or (loss) from sales of assets other					-
than inventory			18	20,646.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			ι		044
a REFUND			 		911
b			- 		
c	I .				
0	_		1 1		
12 Subtotal. Add columns (b), (d), and (e)		0		31,126.	911
13 Total Add line 12, columns (b), (d), and (e)				13	32,037
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xempt P	urposes	
					1.1
Line No. Explain below how each activity for which income the foundation's exempt purposes (other that			·A contributed	importantly to the accomp	iisnment of
the foundation's exempt purposes (other that 11A TAX REFUND	in by providing to				
TIM REFORE					
1					

Form **990-PF** (2017)

7) TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548
Information Regarding Transfers to and Transactions and Relationships With Noncharitable Form.990-PF (2017) Part XVII **Exempt Organizations**

1	Did the org	ganization directly or indir	ectly engage in an	y of the followin	g with any other organization	on described in secti	on 501(c)		Yes	No
	(other than	n section 501(c)(3) organ	izations) or in sect	tion 527, relating	to political organizations?					
a	Transfers t	from the reporting founda	ation to a nonchari	table exempt org	ganization of:					
	(1) Cash							1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other trans	sactions:		-						
	(1) Sales	of assets to a noncharitat	ble exempt organiz	ation				1b(1)		X
	(2) Purch	ases of assets from a nor	ncharitable exempt	t organization				1b(2)		X
	(3) Renta	l of facilities, equipment, e	or other assets					1b(3)		X
	(4) Reimb	oursement arrangements						1b(4)		X
	(5) Loans	or loan guarantees						1b(5)		X
	(6) Perfor	rmance of services or me	mbership or fundr	aising solicitatio	ns			1b(6)		X
		facilities, equipment, mai						1c		X
d					dule. Column (b) should alv				ets,	
	or services	s given by the reporting fo	oundation. If the fo	undation receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, s	how in		
	column (d) the value of the goods,						_		
1)L	ine no	(b) Amount involved	(c) Name	_	exempt organization	(d) Description	of transfers, transactions, and	sharing ar	angeme	nts
				N/A						
		<u> </u>								
					 					
					 					
										
										
									_	
			L							
2a			•		or more tax-exempt organ	izations described	_	٦	[1 7	л
		501(c) (other than sectio		section 527?			L	Yes	LX	No
b	If "Yes," co	implete the following schi			(h) Turn of augmentation		(c) Description of relations	hin.		
		(a) Name of org	janization		(b) Type of organization		c) Description of relations	шр		
		N/A					<u>-</u>			
							<u></u>			
						-				
	Lindon	nonalting of narries I dealers	that I have knowned	this rature, includin	g accompanying schedules and	Letatements, and to the	heet of my knowledge			
e:					n taxpayer) is based on all inform			y the IRS	discuss e prepa	this rer
	gn and be	Millian	5/1/4		1/9/10	MD II CITE	sho	irn with th	? See in	
		/ www	1110			TRUSTE	<u> </u>	X Yes	<u> </u>	_∣ No
	Sign	nature of officer or trustee		Draparar's a	Date	Title Date	Check If PTIN			
		Print/Type preparer's na	атте	Preparer's s		Date	self- employed			
p۰	nid	DODDD 7	WEI 3 D 37 C	DODED!	T 1255 2 2 2 2	01/07/10		U E 0 4	700	i
	eparer	ROBERT J.		ROBERT	J. KEARNS	01/07/19	Firm's EIN ► 39 – 0	0584		
	eparer se Only	Firm's name ► WIP	երլ Իրե				FIRM'S LIN > 39-0	/ 5 8 4	43	
U	e Only	Firm's address b. Car		00113.55						
		Firm's address > ON					Dhanna 207 C	22 4	760	
		ı AU	GUSTA, M	<u>ıe 04330</u>	·····		Phone no. 207-6	22-4 orm 99 (
							+	orm yy l	J- 22	12017/1

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

BENJAMIN FULLER & HARRIET WILLIAMS MEM TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE

Employer identification number

01-6008548

Organization type (check one) Filers of: Section: Form 990 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-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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization 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 contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 any one contributor, 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, or (ii) Form 990-EZ, 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 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

BENJAMIN FULLER & HARRIET WILLIAMS MEM TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE

Employer identification number

01-6008548

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 FULLER, JR 11215 SEVEN LOCKS ROAD POTOMAC, MD 20854	\$12,500.	Person X Payroll
(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 Noncash (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 Noncash (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)

Name of organization

Employer identification number

BENJAMIN FULLER & HARRIET WILLIAMS MEM TR. KENNEBEC SAVINGS BANK AGENT FOR TTEE

01-6008548

art II None	cash Property (see instructions) Use duplicate copies of Pr	art II if additional 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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	

Name of org	anization			Employer identification number
	MIN FULLER & HARRIET WILL			01 6000540
TR , KI Part III	ENNEBEC SAVINGS BANK AGES Exclusively religious, charitable, etc., contrib	NT FOR TTEE	in section 501(c)(7) (8)	01-6008548
raitiii	the year from any one contributor (Complete Coll	imne (a) inrollan (a) and ine iollo	WIND LINE ENTRY For organizat	none
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or	less for the year (Enterthis info o	nce) • •
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held
Ļ				
İ		(e) Transfer of gif	t	
-	Transferee's name, address, and	ZIP + 4	Relationship of t	ransferor to transferee
		- 		
(a) No.				
from Part I	(b) Purpose of gift (c) Use of g		(d) De	scription of how gift is held
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		(e) Transfer of git	t	
	Transferee's name, address, and	71D + 4	Relationship of t	ransferor to transferee
-	Transletee's name, address, and	<u></u>	Troid troil troil to the	
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(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I	(4,7 4,7 4,7 4,7 4,7 4,7 4,7 4,7 4,7 4,7			
				
ľ		(e) Transfer of git	ft	
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	Transferee's name, address, and	ZIP + 4	Relationship of t	ransferor to transferee
				
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
<u> </u>				
-		(e) Transfer of gi	ft	
	<u> </u>	71D 4	5	
}	Transferee's name, address, and	ZIP + 4	Relationship of t	ransferor to transferee

FORM 990-PF INTERE	ST ON SAVING	SS AND TEMPOR	ARY CASH	INVESTMENTS	STATEMENT 1
SOURCE			(A) REVENUE NET II PER BOOKS II		(C) ADJUSTED NET INCOME
CORPORATE		2	71.	271.	
TOTAL TO PART I, LI	NE 3	2	71.	271.	
FORM 990-PF	DIVIDENDS	AND INTEREST	' FROM SECU	JRITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM	
FOREIGN LT ORDINARY ST	1,091. 18,148. 7,023. 2,095.	0. 18,148. 0. 0.	1,091 7,023 2,095). 3. 7,023	0. 3.
TO PART I, LINE 4	28,357.	18,148.	10,209	10,209	9
FORM 990-PF		OTHER INCO	ME		STATEMENT 3
DESCRIPTION			(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REFUND	,		911.	0 .	•
TOTAL TO FORM 990-P	F, PART I, I	JINE 11	911.	0.0	•

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED ET INCOMI		
TAX PREP	645.	3	23.		32	2.
TO FORM 990-PF, PG 1, LN 16B	645.	3	23.		32	2.
FORM 990-PF	TAX	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED ET INCOMI		
US -	156.	1	56.			0.
TO FORM 990-PF, PG 1, LN 18	156.	1	56.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			воок	VALUE	FAIR MARKET VALUE	
CORPORATE STOCK		_	3	43,833.	411,03	4.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	=	3	43,833.	411,03	4.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	7
DESCRIPTION			воок	VALUE	FAIR MARKET VALUE	ı
CORPORATE BONDS			1	48,138.	146,90	8.
		-				