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Return of Private Foundation

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

DLN: 93491316018029 OMB No 1545-0052

2018

Form 990-PF
Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 07-01-20)18 , a	nd en	nding 06-30-	2019	
		indation NSETT NUMBER ONE FOUNDATION			A Employer ıd	entification numbe	er
14/	ININAGA	NOTIFICATION ON E TOURDATION			01-0546133		
	ber and D BOX 7	street (or P O box number if mail is not delivered to street address)		B Telephone nu	mber (see instructio	ns)	
				(207) 929-8111			
		, state or province, country, and ZIP or foreign postal code ME 04004			C If exemption	application is pendir	g, check here
G Ch	eck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere
		☐ Final return ☐ Amended return				ganizations meeting	
		Address change Name change				k here and attach co	· -
H Ch	eck ty	pe of organization \square Section 501(c)(3) exempt private	foundation			ındatıon status was n 507(b)(1)(A), che	
	Section	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation				
of '	year (f	tet value of all assets at end from Part II, col (c), \$\begin{array}{c} \begin{array}{c} \beq \begin{array}{c} \begin{array}{c} \begin{array}{c} array	Cash Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)		(c) Adjusted net	for charitable
		equal the amounts in column (a) (see instructions))	books		income	ıncome	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ✓ if the foundation is not required to attach					
	_	Sch B					
	3	Interest on savings and temporary cash investments	120.024		120.024		
	4	Dividends and interest from securities	138,924		138,924		
	5a b	Net rental income or (loss)					
a)	6a	Net gain or (loss) from sale of assets not on line 10	358,048				
Ĕ	_		330,010				
Revenue	ь	Gross sales price for all assets on line 6a1,812,085					
ž	7	Capital gain net income (from Part IV, line 2)			358,048		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold]				
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	179		179		
	12	Total. Add lines 1 through 11	497,151		497,151		
	13	Compensation of officers, directors, trustees, etc	(0		(
	14	Other employee salaries and wages					
6S	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)					
Administrative Expenses	ь	Accounting fees (attach schedule)	3,900		0		3,900
e.	С	Other professional fees (attach schedule)	37,559		37,559		(
a Ç	17	Interest					
2	18	Taxes (attach schedule) (see instructions)	435		435		(
≣	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
<u> </u>	21	Travel, conferences, and meetings					
ਰ	22	Printing and publications	66.1				
Operating and	23	Other expenses (attach schedule)	2,041		0		2,041
at at	24	Total operating and administrative expenses.					
ದ	2-	Add lines 13 through 23	43,935	-	37,994		5,941
_	25	Contributions, gifts, grants paid	372,310	<u> </u>			372,310
	26	Total expenses and disbursements. Add lines 24 and 25	416,245		37,994		378,251
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	80,906				
	ь	Net investment income (If negative, enter -0-)	50,900		459,157		
	c	Adjusted net income (If negative, enter -0-)			.55,157		
For	Daner	work Reduction Act Notice, see instructions.	[Cat No. 11280	/ 50	

Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Investments—land, buildings, and equipment basis ▶ _

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 5,406

Total assets (to be completed by all filers—see the

Less accumulated depreciation (attach schedule) ▶ _

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) > ____

3,135,796

1,287,344

4,591,725

4,591,725

4,591,725

4,591,725

0

3,069,871

1,303,561

12,009

4,672,631

4,672,631

4,672,631

4,672,631

1 2

3

4

5

4,591,725

4,672,631

4,672,631 Form 990-PF (2018)

80,906

0

5,108,961

1,339,878

11,909

6,747,938

	6
	7
S.	8
Assets	9
As	10a
	ь

11

12

13

14

15

16

17 18

19

20 21

22

23

24

25

26

28

29 Net 30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27

	pe the kınd(s) of property sold (e g , arehouse, or common stock, 200 sh	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a PUBLICLY TRADED SECU	RITIES				
b CAPITAL GAINS DIVIDE	NDS		Р		
С					
d					
e					
(-)	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		or (loss)
	(or allowable)	plus expe	ense of sale	· · · · ·	minus (g)
a 1,80	06,748		1,454,03	37	352,711
b	5,337				5,337
с					
d					
е					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
(i)	(j)		(k)		h) gain minus
FMV as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) or om col (h))
	as of 12/31/69	over col	(j), if any	Losses (II	
a					352,711
b					5,337
c					
d					
e					
	gain or (loss) as defined in sections art I, line 8, column (c) (see instruct		Part İ, line 7	3	358,048
	Under Section 4940(e) for Ro				
(For optional use by domestic p	private foundations subject to the se	ction 4940(a) tax on ne	t investment inco	me)	
If section 4940(d)(2) applies, l	eave this part blank				
If "Yes," the foundation does n	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part			es 🔽 No
	nount in each column for each year,	see instructions before	making any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by o	
2017	395,512		6,916,793		0 057181
2016	348,947		6,469,810		0 053935
2015	329,283		6,270,396		0 052514
2014	390,756		6,624,945		0 058983
2013	359,570		6,447,147		0 055772
2 Total of line 1, column (d)		2		0 278385
number of years the four 4 Enter the net value of no	o for the 5-year base period—divide ndation has been in existence if less oncharitable-use assets for 2018 fror	than 5 years n Part X, line 5	<u>3</u>		0 055677
					373,592
	ent income (1% of Part I, line 27b)				4,592
				1	378,184
	ions from Part XII, line 4 , . . eater than line 7, check the box in P			 Ing a 1% tax rate Se	378,251 e the Part VI
mistractions					orm QQN-DF (2018)

Page **6**

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?						
(4) Provide a grant to an organization other than a charitable, etc., organization described							
	, , , , , ,			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
L	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
٠	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? \square			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🗸	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). 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
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anity and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

За 3h

4

5

378.251

4.592

373.659

Form 990-PF (2018)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4

5

330,907

330.907

Form 990-PF (2018)

0

(d)

2018

Form 990-PF (20	018)		
Part XIII	Undistributed Income	(see instructions)	

1	11 220		(201	.0,
P	art X	100		Unc
1	Distri	hut	able	amo

b From 2014. . . . c From 2015. . .

e From 2017.

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed

instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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) 8 Excess distributions carryover from 2013 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

indicated below:

d From 2016. . . .

- Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.
- **b** Total for prior years Excess distributions carryover, if any, to 2018 From 2013.
 - 42.745
 - 69,225
 - 17,564
 - 34.114
 - 57,738
- f Total of lines 3a through e.
 - - - 221.386

(a)

Corpus

47.344

268,730

42.745

225,985

69.225 17,564

34.114

57,738

47.344

0

(b)

Years prior to 2017

(c)

2017

income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

THE FOUNDATION MAKES THE MAJORITY OF ITS GRANTS TO PUBLIC CHARITIES IN THE TOWN OF BUXTON, MAINE AND SURROUNDING

factors

AREAS

Form 990-PF (2018)



nter gross	s amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
Membe	and contracts from government agencies ership dues and assessments					
investr						
	nds and interest from securities ntal income or (loss) from real estate			14	138,924	
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property			14	179	
	r (loss) from sales of assets other than				1,7	
invento	•			18	358,048	
	come or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
b						
с						
		1				
е					407.454	
е			0	13	497,151	
e Subtot Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		13	497,151	
e Subtot Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	0 497,151
Subtot Total. (See w art XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
Subtot Total. (See wart XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
Subtot Total. (See wart XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
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Subtot Total. (See wart XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	Bted importantly to	
Subtot Total. (See w art XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	Bted importantly to	
Subtot Total. (See w art XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	Bted importantly to	
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Subtot Total. (See w art XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
Subtot Total. (See w art XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
e2 Subtot 3 Total. (See w Part XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	

	/
XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XV	Exempt Organi	zations							
1 Did the (c) (oth	organization directly or in er than section 501(c)(3)	directly engage in	any of the f	following with any 27, relating to pol	other organization	n described in section s	501	Yes	No
	rs from the reporting foun								
(1) Ca	sh						1a(1)		No
	her assets						1a(2)		No
b Other to	ransactions								
(1) Sa	les of assets to a nonchar	ıtable exempt orga	anızatıon.				1b(1)		No
(2) Pu	rchases of assets from a r	oncharitable exen	npt organıza	ition			. 1b(2)		No
	ntal of facilities, equipmer	•					. 1b(3)		No
(4) Re	ımbursement arrangemen	ts					1b(4)		No
	ans or loan guarantees.						1b(5)		No
(6) Per	formance of services or m	embership or fund	traising solic	citations			1b(6)		No
-	of facilities, equipment, r						1c		No
of the g in any t	nswer to any of the above oods, other assets, or ser ransaction or sharing arra	vices given by the ngement, show in	reporting fo column (d)	oundation If the f the value of the	oundation receive goods, other asse	d less than fair market ts, or services received	value I		
(a) Line No	(b) Amount involved	(c) Name of nonch	iaritable exem	pt organization	(d) Description of	transfers, transactions, an	d sharing arra	ngemen	ts
describe	oundation directly or indire ed in section 501(c) (other complete the following s (a) Name of organizatio	r than section 501 chedule	(c)(3)) or in				✓ No relationship		
of w	nder penalties of perjury, f my knowledge and belief hich preparer has any kno	, it is true, correct							
Sign Here	*****		2019-10-29		retu		May the IRS d eturn with the prepa pelow		
	Signature of officer or t	rustee]	Date	Title		see instr)? [√ γes l	□ No
	Print/Type preparer's	name Prep	arer's Signa	ature	Date	Check if self- employed ▶ ☐	N P0151	5981	
Paid Prepare	RYAN W DAWSON Firm's name MAR	CUM LLP			2019-10-29			4055	
Jse On	i ii i					Firr	n's EIN ▶11	-19863	;23
		CASCO STREET ORTLAND, ME 041	.01			Pho	one no (207	') 352-7	7600
	PORTERIO, PIE 04101								

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter hours per week Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation PATRICIA M WALES PRESIDENT, DIRECTOR 0 1 00 PO BOX 779 BAR MILLS, ME 04004 ANGELA H DESRUISSEAUX 0 SECRETARY/TREASURER/DIR 0 3 00 PO BOX 779 BAR MILLS, ME 04004 DAVID DESRUISSEAUX DIRECTOR 0 O 1 00 PO BOX 779 BAR MILLS, ME 04004 BAR MILLS, ME 04004 DIRECTOR ERIC P WALES 0 0 1 00 PO BOX 779 BAR MILLS, ME 04004 WENDY YORK WALES DIRECTOR 0 0 1 00 PO BOX 779 BAR MILLS, ME 04004 DIRECTOR 0 REID DESRUISSEAUX

0

PAMELA H HAINES	DIRECTOR	0	0	C
PO BOX 779 BAR MILLS, ME 04004	1 00			
THOMAS CHARLES HOLDING	DIRECTOR	0	0	C
PO BOX 779	1 00			

1 00

1 00

DIRECTOR

PO BOX 779

PO BOX 779

BAR MILLS, ME 04004 LIBBY ANNE DESRUISSEAUX

BAR MILLS, ME 04004

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Recipient If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

BAR MILLS COMMUNITY CHURCH

PO BOX 424

Total .

BAR MILLS, ME 04004

recipient

501(C)(3)

PARTIALLY FUND CHRISTMAS

PROGRAM AT CHURCH THAT

RAISES MONEY FOR THE NEEDY

1,600

a Paid during the year			
TOWN OF BUXTON185 PORTLAND ROAD BUXTON, ME 04093	GVT ENTITY	PROVIDE FUNDS TO PURCHASE NEW BEDDING FOR LOW INCOME FAMILIES	9,415
WAYSIDE FOOD PROGRAMPO BOX 1278 PORTLAND, ME 04104	501(C)(3)	FUND GENERAL OPERATING EXPENSES FOR FOOD RESCUE PROGRAM	7,500
	ı	1	1

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Amount Foundation show any relationship to status of contribution

recipient

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
HOLLIS CENTER LIBRARY ASSOCIATION 14 LITTLEFALLS ROAD HOLLIS CENTER, ME 04042		501(C)(3)	FUND SUMMER READING PROGRAM	7,500
MAINE RIVERSPO BOX 782 YARMOUTH, ME 04096		501(C)(3)	FUND THE ALEWIFE RESTORATION INITIATIVE IN CHINA LAKE	10,000

YARMOUTH, ME 04096	301(C)(3)	RESTORATION INITIATIVE IN CHINA LAKE	10,00
QUODDY TIDES FOUNDATION PO BOX 161 EASTPORT, ME 04631	501(C)(3)	HELP FUND THE RESTORATION OF THE MASONIC BUILDING IN EASTPORT	5,00

QUODDY TIDES FOUNDATION PO BOX 161 EASTPORT, ME 04631	501(C)(3)	HELP FUND THE RESTORATION OF THE MASONIC BUILDING IN EASTPORT	5,000
Total	 	▶ 3a	372,310

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a Falu during the year			
TOWN OF LIMINGTON425 SOKOKIS AVE LIMINGTON, ME 04049	GVT ENTITY	PURCHASE VIDEO LARYNGOSCOPE FOR FIRE & RESCUE DEPARTMENT	5,000

DORCAS SOCIETY OF HOLLIS & BUXTON PO BOX 23 BAR MILLS, ME 04004	501(C)(3)	PROVIDE FOR FIREWORKS DISPLAY AT TOWN CELEBRATION	10,706
THE FIRST BAPTIST CHURCH OF	501(C)(3)	FUND PROGRAM THAT	5,000

PO BOX 23 BAR MILLS, ME 04004		CELEBRATION	
THE FIRST BAPTIST CHURCH OF WESTBROOK 733 MAIN STREET WESTBROOK ME 04092	501(C)(3)	FUND PROGRAM THAT PROVIDES FREE MEALS TO NEEDY	5,000

B/(((1)1225/112 01001			
THE FIRST BAPTIST CHURCH OF WESTBROOK 733 MAIN STREET WESTBROOK, ME 04092	501(C)(3)	FUND PROGRAM THAT PROVIDES FREE MEALS TO NEEDY	5,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
IN-A-PINCH NON FOOD PANTRY 9 THERRIEN AVENUE UNIT 15 SACO, ME 04072	501(C)(3)	PURCHASE PERSONAL CARE ITEMS AND CLEANING SUPPLIES FOR PANTRY FOR NEEDY	12,000

SACO, ME 04072		TORTANTRITORNEEDI	
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAPTER 74 GRAY ROAD FALMOLITH ME 04105	501(C)(3)	FUNDS FOR MS FUNDRAISER	3,000

NATIONAL MOLTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAPTER 74 GRAY ROAD FALMOUTH, ME 04105	501(C)(3)	FUNDS FOR MS FUNDRAISER	3,000
LAKE REGION SENIOR SERVICES INC	501(C)(3)	FUND TRANSPORTATION	10,000

74 GRAY ROAD FALMOUTH, ME 04105			
LAKE REGION SENIOR SERVICES INC 182 NORTH ROAD BRIDGION ME 04009	501(C)(3)	FUND TRANSPORTATION PROGRAM FOR ELDERLY AND	10,000

TALMOUTH, ML 04103			
LAKE REGION SENIOR SERVICES INC 182 NORTH ROAD BRIDGTON, ME 04009	501(C)(3)	FUND TRANSPORTATION PROGRAM FOR ELDERLY AND DISABLED	10,00

182 NORTH ROAD BRIDGTON, ME 04009	PROGRAM FOR ELDERLY AND DISABLED	
Total	 ▶ 3a	372,310

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
GOOD SHEPHERD FOOD BANK PO BOX 1807 AUBURN, ME 042111807	501(C)(3)	PROVIDE FUNDS FOR EMERGENCY AND SUPPLEMENTAL FOOD DELIVERTES	10,000

WILLISTON IMMANUEL UNITED	501(C)(3)	PROVIDE SUPPORT TO STREET	5,000
CHURCH		FUND THAT PURCHASES	
156 HIGH STREET		SUPPLIES FOR PORTLAND'S	
PORTLAND, ME 04101		HOMELESS	

156 HIGH STREET PORTLAND, ME 04101		SUPPLIES FOR PORTLAND'S HOMELESS	
RIDING TO THE TOP14 LILAC DRIVE WINDHAM, ME 04062	501(C)(3)	FUND PROGRAM THAT PROVIDES SUPPORT TO ADULTS	2,500

▶ 3a

372,310

PORTLAND, ME 04101		HOMELESS	
RIDING TO THE TOP14 LILAC DRIVE WINDHAM, ME 04062	501(C)(3)	FUND PROGRAM THAT PROVIDES SUPPORT TO ADULTS & CHILDREN WITH DISABILITIES	2,500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
TOWN OF BRIDGTON 3 CHASE STREET STE 1 BRIDGTON, ME 04009		FUND SUMMER CAMP FOR 20 CHILDREN FROM LOW INCOME FAMILIES	6,500
MY PLACE TEEN CENTER INC	501(C)(3)	SUPPORT AFTER SCHOOL AND	15,000

IY PLACE TEEN CENTER INC 55 MAIN STREET VESTBROOK, ME 04092	501(C)(3)	SUPPORT AFTER SCHOOL AND SUMMER YOUTH DROP IN CENTER	1!
MILESTONE RECOVERY IS INDIA STREET ORTLAND, ME 04101	501(C)(3)	FUND GENERAL OPERATING EXPENSES FOR HOMELESS SHELTER FOR THOSE	1:

Total .

WESTBROOK, ME 04092		CENTER	
MILESTONE RECOVERY 65 INDIA STREET PORTLAND, ME 04101	501(C)(3)	FUND GENERAL OPERATING EXPENSES FOR HOMELESS SHELTER FOR THOSE SUFFERING FROM SUBSTANCE ABUSE	12,500

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

a Falu during the year			
FRIENDSHIP HOUSE 390 LINCOLN STREET SOUTH PORTLAND, ME 04106	501(C)(3)	PAY FOR HEAT, ELECTRICITY, AND WATER FOR REHAB FACILITY AND PURCHASE BEDDING, TOWELS AND	7,792

		HOUSEHOLD SUPPLIES	
CENTER FOR COMMUNITY DENTAL HEALTH 366 US ROUTE 1 FALMOUTH, ME 04105	501(C)(3)	FUND DENTAL PROGRAM FOR LOW INCOME INDIVIDUALS	15,000

CENTER FOR COMMUNITY DENTAL HEALTH 366 US ROUTE 1 FALMOUTH, ME 04105	501(C)(3)	FUND DENTAL PROGRAM FOR LOW INCOME INDIVIDUALS	15,00
NORTHERN LIGHT HOME CARE &	501(C)(3)	PROVIDE FUNDS FOR	10,00

366 US ROUTE 1 FALMOUTH, ME 04105			
NORTHERN LIGHT HOME CARE & HOSPICE 50 FODEN ROAD	501(C)(3)	PROVIDE FUNDS FOR HOMEBASED HOSPICE CARE	10,000

FALMOUTH, ME 04105			
NORTHERN LIGHT HOME CARE & HOSPICE 50 FODEN ROAD SOUTH PORTLAND, ME 04106	501(C)(3)	PROVIDE FUNDS FOR HOMEBASED HOSPICE CARE	10,000

NORTHERN LIGHT HOME CARE & HOSPICE 50 FODEN ROAD SOUTH PORTLAND, ME 04106	501(C)(3)	PROVIDE FUNDS FOR HOMEBASED HOSPICE CARE	10,0
SOUTH PORTLAND, ME 04106			

50 FODEN ROAD SOUTH PORTLAND, ME 04106			
Total	 	▶ 3a	372,310

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
THE CHAPLAINCY INSTITUTE OF MAINE PO BOX 3833 PORTLAND, ME 04104		501(C)(3)	FUND GENERAL OPERATING EXPENSES ASSOCIATED WITH INTERFAITH ORGANIZATION HELPING THE ELDERLY, POOR, NEGLECTED, GRIEF STRICKEN,	5,000

		HELPING THE ELDERLY, POOR, NEGLECTED, GRIEF STRICKEN, ETC	
SANFORD SPRINGVALE MOUSAM WAY LAND TRUST 917 MAIN STREET SUITE B SANFORD, ME 04073	501(C)(3)	FUND CONSTRUCTION OF GREENHOUSE AT LAND TRUST	8

SANFORD SPRINGVALE MOUSAM WAY LAND TRUST 917 MAIN STREET SUITE B SANFORD, ME 04073	501(C)(3)	FUND CONSTRUCTION OF GREENHOUSE AT LAND TRUST	8,492
FRIENDS OF CASCO BAY	501(C)(3)	SUPPORT PROGRAM THAT	2,500

917 MAIN STREET SUITE B SANFORD, ME 04073			
FRIENDS OF CASCO BAY 43 SLOCUM DRIVE	501(C)(3)	SUPPORT PROGRAM THAT MONITORS THE HEALTH OF	2,50

Total .

SANFORD, ME 04073			
FRIENDS OF CASCO BAY 43 SLOCUM DRIVE SOUTH PORTLAND, ME 04106	501(C)(3)	SUPPORT PROGRAM THAT MONITORS THE HEALTH OF CASCO BAY	2,50

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
WINDHAM CHRISTIAN ACADEMY 1051 ROOSEVELT TRAIL WINDHAM, ME 04062		501(C)(3)	FUND BUILDING UPGRADES TO THE SCHOOL	4,705
	l	l		

LIVING WATERS CHRISTIAN CHURCH PO BOX 998 BUXTON, ME 04093	501(C)(3)	PURCHASE SMART TELEVISIONS FOR CLASSROOMS	5,000
COTTONTAIL COTTAGE ANIMAL SANCTUARY	501(C)(3)	FUND CONSTRUCTION OF POLE BARN AT ANIMAL SANCTUARY	5,000

Total	 	▶ 3a	372,310
COTTONTAIL COTTAGE ANIMAL SANCTUARY 471 MILBRIDGE ROAD CHERRYFIELD, ME 04622	501(C)(3)	FUND CONSTRUCTION OF POLE BARN AT ANIMAL SANCTUARY	5,000
BUXTON, ME 04093			

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

14 MAINE STREET BOX 4

BRUNSWICK. ME 04011

ELDER ABUSE INSTITUTE OF MAINE

SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074	501(C)(3)	GENERAL OPERATING EXPENSES FOR PROGRAMS FOR THE ELDERLY	5,000
TOWN OF NAPLESPO BOX 1757	GVT ENTITY	PURCHASE AIR PACKS FOR FIRE	4,000

501(C)(3)

PROVIDE FUNDS FOR ELDER

ABUSE AND AWARENESS

PROGRAM

7.500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

a Paid during the year			
MY FRIEND'S PLACE 368 WASHINGTON STREET DOVER, NH 03820	501(C)(3)	FUND COMPUTER AND SOFTWARE UPGRADES FOR HOMELESS SHELTER	6,500
TEAR CAP WORKSHOPS	501(C)(3)	FUND NEW ROOF FOR	12,000

recipient

372,310

EAR CAP WORKSHOPS 2 HAMPSHIRE STREET IRAM, ME 04041	501(C)(3)	FUND NEW ROOF FOR COMMUNITY WOODWORKING SHOP
HE LAMB HOUSE INCPO BOX 355	501(C)(3)	PROVIDE GENERAL OPERATING

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

HIRAM, ME 04041		SHOP	
THE LAMB HOUSE INCPO BOX 355 CHERRYFIELD, ME 04622	501(C)(3)	PROVIDE GENERAL OPERATING SUPPORT FOR TEMPORARY HOUSING SHELTER	6,500

HIRAM, ME 04041		SHOP	
THE LAMB HOUSE INCPO BOX 355 CHERRYFIELD, ME 04622	, ,, ,	PROVIDE GENERAL OPERATING SUPPORT FOR TEMPORARY HOUSING SHELTER	6,50

Recipient If recipient is an individual, show any relationship to status of contribution status of contribution

recipient

501(C)(3)

GENERAL OPERATING SUPPORT

FOR HOMELESS SHELTER IN

MID-COAST MAINE

20,000

372,310

any foundation manager

or substantial contributor

Name and address (home or business)

KNOX COUNTY HOMELESS COALITION

PO BOX 1696

Total .

ROCKLAND, ME 04841

a Paid during the year			
HOMELESS SERVICES OF AROOSTOOK PO BOX 1753 PRESQUE ISLE, ME 04769	501(C)(3)	FUND TRANSPORTATION & FOOD SERVICE PROJECT FOR HOMELESS SHELTER	5,000
PAWS ANIMAL ADOPTION CENTER PO BOX 707 ROCKPORT, ME 04856	501(C)(3)	FUND VETERINARY PROGRAM FOR LOW INCOME FAMILIES	2,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

, , ,	or substantial contributor			
a Paid during the year				
BUXTON UNITED METHODIST CHURCH 276 CHICOPEE ROAD BUXTON, ME 04093		501(C)(3)	FUND INSTALLATION OF SIDEWALK AND DRAINAGE PROJECT FOR DRIVEWAY	6,151
TOWN OF LIMERICK 55 WASHINGTON STREET LIMERICK, ME 04048		GVT ENTITY	FUND RESTORATION OF OLD LIMERICK TOWN HALL	15,000
FRIENDS OF BAXTER STATE PARK		501(C)(3)	SUPPORT PROGRAM THAT	10,000

55 WASHINGTON STREET LIMERICK, ME 04048		LIMERICK TOWN HALL	
FRIENDS OF BAXTER STATE PARK PO BOX 322 BELFAST, ME 04915	501(C)(3)	SUPPORT PROGRAM THAT BRINGS TEENS FROM ECONOMICALLY STRUGGLING COMMUNITIES INTO THE PARK TO COMPLETE WORK ON TRAIL	10,00

FRIENDS OF BAXTER STATE PARK PO BOX 322 BELFAST, ME 04915	501(C)(3)	SUPPORT PROGRAM THAT BRINGS TEENS FROM ECONOMICALLY STRUGGLING COMMUNITIES INTO THE PARK TO COMPLETE WORK ON TRAIL SYSTEMS	10,00
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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

372,310

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
GRAZE IN PEACE 591 PINKHAM BROOK ROAD DURHAM, ME 04222	501(C)(3)	GENERAL OPERATING SUPPORT FOR FARM ANIMAL RESCUE	7,500

RYAN HOME PROJECTBOX 193 NORTH BERWICK, ME 03906	501(C)(3)	PROVIDE FUNDS FOR TEEN HOMELESS SHELTER	2
GREATER ANDROSCOGGIN HUMANE SOCIETY	501(C)(3)	FUND SPAY & NEUTER PROGRAM FOR LOW INCOME	

RYAN HOME PROJECTBOX 193 NORTH BERWICK, ME 03906	501(C)(3)	PROVIDE FUNDS FOR TEEN HOMELESS SHELTER	25,000
GREATER ANDROSCOGGIN HUMANE SOCIETY 55 STRAWBERRY LANE LEWISTON, ME 04240	501(C)(3)	FUND SPAY & NEUTER PROGRAM FOR LOW INCOME NEIGHBORHOOD	2,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
TOWN OF WINDHAM375 GRAY ROAD WINDHAM, ME 04062	GVT ENTITY	PURCHASE FIRE EQUIPMENT FOR FIRE DEPARTMENT	6,305

LISBON EMERGENCY INC 42 VILLAGE STREET LISBON, ME 04250	501(C)(3)	PURCHASE MEDICAL EQUIPMENT BAGS USED IN EMERGENCY CALLS	1,482
•			

LISBON, ME 04250		CALLS	
SACO RIVER THEATREPO BOX 661 BAR MILLS, ME 04004	501(C)(3)	FUND GENERAL OPERATING EXPENSES FOR COMMUNITY THEATRE	5,000

372,310

SACO RIVER THEATREPO BOX 661 BAR MILLS, ME 04004	501(C)(3)	FUND GENERAL OPERATING EXPENSES FOR COMMUNITY THEATRE	5,00

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

,			
SAINT JOSEPH'S COLLEGE 278 WHITE BRIDGE ROAD STANDISH, ME 04084	501(C)(3)	FUND ART & SCIENCE PROGRAM FOR AREA HIGH SCHOOL STUDENTS	4,662

CHESTERVILLE CENTER UNION MEETING HOUSE INC GENERAL DELIVERY FARMINGTON FALLS, ME 04940	501(C)(3)	FUND RESTORATION OF BELL TOWER ON MEETING HOUSE	8,000
<u> </u>			

FARMINGTON FALLS, ME 04940			
COBSCOOK BAY RESOURCE CENTER INC 4 FAVOR STREET FASTPORT MF 04631	501(C)(3)	GENERAL OPERATING SUPPORT FOR COBSCOOK KITCHEN & MARKETPLACE	10,000

COBSCOOK BAY RESOURCE CENTER INC 4 FAVOR STREET EASTPORT, ME 04631	501(C)(3)	GENERAL OPERATING SUPPORT FOR COBSCOOK KITCHEN & MARKETPLACE	10,000
Total	 	▶ 3a	372,310

efile GRAPHIC print - DO NOT PROCESS						
TY 2018 Accounting Fe	es Schedule			_		
Name: NARRAGANSETT NUMBER ONE FOUNDATION EIN: 01-0546133						
Category	Amount	Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	3,9	00	0		3,900	

enie GRAPHIC PHIIC - DO NOT PROCESS	AS Filed Data -		DLN. 93491310018029
TY 2018 Investments Corpora	te Bonds Schedu	ule	
Name:	NARRAGANSETT NUI	MBER ONE FOUNDATION	

DIN. 02/01216019020

1,339,878

1,303,561

ofile CRADHIC print - DO NOT PROCESS | As Filed Data -

CORPORATE BONDS

Investments Corporate Bonds Schedule Name of Bond End of Year Book Value Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316018029			
TY 2018 Investments Corporate Stock Schedule					
Name: N	NARRAGANSETT N	NUMBER ONE FOUNDATION			

5,108,961

3,069,871

EIN: 01-0546133		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

CORPORATE STOCKS

efile GRAPHIC print - DO NOT PROCESS As Filed	Data -	DI	N: 93491316018029			
TY 2018 Investments - Other Schedu	e					
Name: NARRAGA	NSETT NUMBER ONE	FOUNDATION				
EIN: 01-05463	EIN: 01-0546133					
Investments Other Schedule 2						
Category / Item	Listed at Cost or	Book Value	End of Year Fair			

DIN. 02404246040020

ASSIGNMENT OF THE PROCESS AS ESTAD DATE.

Investments Other Schedule 2				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
OTHER INVESTMENTS	AT COST	12,009	11,909	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491316018029	
TY 2018 Other Expenses Schedule					
Name: NARRAGANSETT NUMBER ONE FOUNDATION					
EIN: 01-0546133					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OFFICE SUPPLIES	49	0		49	
TELEPHONE & INTERNET	1,149	0		1,149	
POSTAGE & PO BOX	390	0		390	
WEBSITE EXPENSES	418	0		418	

FILING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316018029
TY 2018 Other Income Schedul	e	

179

179

Name: NARRAGANSETT NUMBER ONE FOUNDATION

179

BANGOR SAVINGS BANK - OTHER INCOME

EIN: 01-0546133

ther Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491316018029		
TY 2018 Other Professional Fees Schedule						
Name: NARRAGANSETT NUMBER ONE FOUNDATION EIN: 01-0546133						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

37,559

37,559

INVESTMENT FEES

efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	-	DLI	N: 93491316018029	
TY 2018 Taxes Schedule					
Name: NARRAGANSETT NUMBER ONE FOUNDATION					
EIN: 01-0546133					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES	435	435		0	