Form 990-PF

Department of the Treasury

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 to the security numbers on the latest information

=		endar year 2018 or tax year beginning	09/	01 2018	and ending	·	08/31,2019
		foundation	0)/	UI , 2018,	and ending	A Employeridentifi	
		•	CIIDCII			· · · · ·	6006980
		LIAM O EMERY TR F NO PARISH and street (or P O box number if mail is not delivered to			Room/suite	B Telephone number	
Nu	ımber	and street (or PO box number if mains not delivered to	street address)		noom/suite	B relephone namod	r (acc manachona)
		nov. 31				20	7 772 2761
~	P ()	BOX 31 own, state or province, country, and ZIP or foreign posta	Loods				7-772-3761
Cit	y or to	own, state or province, country, and zir or foreign posta	code			C If exemption applicat	uon is
						pending, check here	
		TLAND, ME 04112-0031	<u> </u>				
G	Che	ck all that apply. Initial return	Initial return	•	ublic charity	D 1 Torongar organizati	
		Final return	Amended ret			2 Foreign organizati 85% test, check h	
_		Address change	Name change			computation .	
H		ck type of organization X Section 501(c)(3) exempt private f	oundation	ለ ስ	E If private foundation	status was terminated
1		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri	ivate foundat		under section 507(b	(1)(A), check here . F
i	Fair	· —	unting method: X Ca		rual	F If the foundation is it	n a 60-month termination
		,	ther (specify)			under section 507(b)(1)(B),check here . >
			column (d) must be on ca	sh basis)		<u> </u>	
Ŀ	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net inve	etment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per books	incom		income	purposes
_		column (a) (see instructions))	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .		<u> </u>			
	2	Check ► if the foundation is not required to attach Sch B					1
	3	Interest on savings and temporary cash investments.					, , , , , , , , , , , , , , , , , , , ,
	4	Dividends and interest from securities	14,249.	1	4,249.		STMT 1
•	5a	Gross rents					
	ь	Net rental income or (loss)					
ē	6a	Net gain or (loss) from sale of assets not on line 10	22,281.				SELVED.
Ĕ	b	Gross sales price for all 359, 213.				KE	JEIVED ,
Revenue	7	Capital gain net income (from Part IV, line 2)		2	2,281.	(O	
œ	8	Net short-term capital gain				7 DEC	1 6 2019
	9	Income modifications				0	RS .
	10a	Gross sales less returns and allowances					SEN UT
	ь	Less Cost of goods sold				UG	DEN, UT
	l	Gross profit or (loss) (attach schedule)					<u> </u>
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	36,530.	3	6,530.		1
	13	Compensation of officers, directors, trustees, etc	2,656.		1,991.		665.
sasus	14	Other employee salaries and wages			NONE	NONE	
šuš	15	Pension plans, employee benefits			NONE	NONE	
ğ	16a	Legal fees (attach schedule)					
ω̈́	b	Accounting fees (attach schedule) STMT. 3	690.		345.	NONE	345.
Σ	c	Other professional fees (attach schedule)					
rat	17	Interest					
Operating and Administrative Expe	18	Taxes (attach schedule) (see instructions, 4.	1,082.		90.	*	
를	19	Depreciation (attach schedule) and depletion.					
퉏	20	Occupancy					
∀ P	21	Travel, conferences, and meetings			NONE	NONE	
ă	22	Printing and publications			NONE	NONE	
ģ	23	Other expenses (attach schedule) STMT. 5.	2.		2.		
킃	24	Total operating and administrative expenses					
ė		Add lines 13 through 23	4,430.		2,428.	NONE	1,010.
ဝီ	25	Contributions, gifts, grants paid	30,380.				30,380.
_	26	Total expenses and disbursements Add lines 24 and 25	34,810.		2,428.	NONE	
_	27	Subtract line 26 from line 12					
		Excess of revenue over expenses and disbursements	1,720.				
		Net investment income (if negative, enter -0-)		3	4,102.		
	l	Adjusted net income (if negative, enter -0-).					
_							

JSA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2018)

Part II		Relence Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		d of year
	art II	Dalatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing			70.160
			cash investments	39,089.		
	3					
			btful accounts >			
	4					
			btful accounts >			-
	5	=			·-·	
	6		officers, directors, trustees, and other			
	_		tach schedule) (see instructions)			-
	7		btful accounts NONE			
s	_		Se		.=	
Assets	8		leferred charges		······································	
Ass	9 10a	•	e government obligations (attach schedule).			
•	b		stock (attach schedule) . STMT .6.	263,344.	245,419	9. 410,939
			bonds (attach schedule). STMT .8.			
	11	Investments - land, building and equipment basis Less accumulated depreci (attach schedule)	gs, >			
	12	Investments - mortgage	loans			
	13 14	Investments - other (atta Land, buildings, and equipment basis Less accumulated depreci	ach schedule) STMT .9.			5. 203,236
		(attach échodoló)				
	15)			
	16		completed by all filers - see the page 1, item i)		521 351	692,335
-	-				321,33.	0,2,333
	17		accrued expenses			
S	18 19					· · · · · · · · · · · · · · · · · · ·
itie	20		ors, trustees, and other disqualified persons.			
Liabilities	21		otes payable (attach schedule)			• ,
Ë	22		pe ▶)			
		Cinor masmines (accord				
	23	Total liabilities (add line	es 17 through 22)		NOI	NE
ances		Foundations that follow	w SFAS 117, check here Land through 26, and lines 30 and 31			
an	24					
Bal		Temporarily restricted		· · · ·		
ק	26					<u> </u>
or Fund B		Foundations that do no and complete lines 27	ot follow SFAS 117, check here ► X through 31	510 706	F01 25	;
S	27		cipal, or current funds	519,726.	521,35	<u> </u>
se	28		or land, bldg, and equipment fund			
Ā	19	•	ilated income, endowment, or other funds	F10 726	521,35	5
1 <u>5</u>	27 28 29 30 31		d balances (see instructions)	519,726.	521,35	· · · · · · · · · · · · · · · · · · ·
0=	4,		I net assets/fund balances (see	519,726.	521,35	_
	art II		nges in Net Assets or Fund Bala		321,33.	<u> </u>
			balances at beginning of year - Part		must agree with	
•			ed on prior year's return)		-	519,726.
2			line 27a			
			ded in line 2 (itemize) ► 2017 TRANSAC		3	
					4	
			n line 2 (ıtemize) ►SEE STA		5	
_6	Tota	al net assets or fund b	palances at end of year (line 4 minus l	ine 5) - Part II, column (I	o), line 30 6	521,355.

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
(a) List and dea 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1 a PUBLICLY TRADED	SECURITIES				
b					
<u>e</u>	// D	(g) Cost or other basis		(1) Companie	1
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a 359,213.		336,932.			22,281.
b					· · · · · · · · · · · · · · · · · · ·
C				·	
e					
Complete only for assets sh	nowing gain in column (h) and owned b	T		Gains (Col (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
	83 01 12/31/03	Over cor (j), ir arry		•	22,281.
<u>a</u>					22,201.
C				<u> </u>	
e					
Capital gain net incomeNet short-term capital g	or (not capital loce)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7 1222(5) and (6):	2		22,281.
If gain, also enter in F	Part I, line 8, column (c) See ins	structions If (loss), enter -0- in	3		
Part V Qualification \(Inder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib	outable amount of any year in the b o not complete this part	ase perio	d ⁷	Yes X No
1 Enter the appropriate a	mount in each column for each yea	r; see the instructions before makir	ng any en	tries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
2017	29,073.	670,143.			0.043383
2016	28,636.	605,920.			0.047260
2015	29,358.	569,650.			0.051537
2014	27,075.	612,119. 601,419.			0.044232
2013	25,266.	001,419.			0.042011
	(d)		2		0.228423
	The state of the s	If less than 5 years	3		0.045685
		rom Part X, line 5	4		661,901.
5 Multiply line 4 by line 3			5		30,239.
					341.
			7		30,580.
		in Part VI, line 1b, and complete	8 that part	using a 1% tax	31,390. crate See th

	990-PF (2018) 01-6006980 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstri		rage 4
		113414	7	31
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)			341.
b	bollications that most the desired specific requirements in text of			<u> </u>
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)		1	<u>IO</u> NE
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			341.
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u>341.</u>
6	Credits/Payments		•	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 628 .		,	٠.
b	Exempt foreign organizations - tax withheld at source		-	-,
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			1
7	Total credits and payments Add lines 6a through 6d			<u>528.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u> 287.</u>
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 287. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in 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	1ь	}	Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	\Box		
	published or distributed by the foundation in connection with the activities	1		
c	Did the foundation file Form 1120-POL for this year?	1c		. Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
u	(1) On the foundation \blacktriangleright \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
٠	on foundation managers \$			
•	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	• •	Х
2				· ^
_	If "Yes," attach a detailed description of the activities		,	١,
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		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
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?	_5		X
	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		١	
	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?	6	X	<u> </u>
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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ME		Ì.	•
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	<u> </u>		l
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	`- ′
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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			-
	complete Part XIV	9	1	Х
10				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х

Part	t VII-A Statements Regarding Activities (continued)			
		14	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	11		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► HM PAYSON Telephone no ► (207) 772	- 376	1	
	Located at ► ONE PORTLAND SQUARE, PORTLAND, ME ZIP+4 ► 04112			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			İ
13	and enter the amount of tax-exempt interest received or accrued during the year			· L
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
10	· · · · · · · · · · · · · · · · · · ·	$\overline{}$	163) X
	over a bank, securities, or other financial account in a foreign country?	16	1 1 1 1 1	1) K # 4
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1 3		3
Dar	the foreign country ► t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	7. 588	2101
L CI		<u></u>	Vaa	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	i i	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	1	1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	l g	. 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	l i	111	
	disqualified person? Yes X No	1 15		
	(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?	1		
	(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)?	1	Ç.	101
	(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	-1		11.81
	termination of government service, if terminating within 90 days), Yes X No	1 9	1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		111	711
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	#		p.
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	<u></u>	111	
	were not corrected before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	I it		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1	1 7	181
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?		1	
	If "Yes," list the years	i ii		181
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	•	133	[]
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	197		الللا
	all years listed, answer "No" and attach statement - see instructions)	2b		_, _,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	[P		
	•		'	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		ŧ,	
	at any time during the year?		i	
b	If "Yes," did it have excess business holdings in 2018 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		, 1	- [[]
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		, !!!	404
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		_1	LL.
	foundation had excess business holdings in 2018)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		181	101
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Χ

Part	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	unt to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	n 4945(e))?	. Yes X N			
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955), or to carry or	n, <u> </u>		'	•
	directly or indirectly, any voter registration drive?			. Yes X N	o		
	(3) Provide a grant to an individual for travel, study, or o			[] [••]	0	Ι.	
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described	n			,
	section 4945(d)(4)(A)? See instructions			Yes X N	0		
	(5) Provide for any purpose other than religious, ch	aritable, scientific, l	literary, or educations	ıl		,•	
	purposes, or for the prevention of cruelty to children			• — —			_
b	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regar				5b	 	
	Organizations relying on a current notice regarding disas				· []		
C	If the answer is "Yes" to question 5a(4), does the						
	because it maintained expenditure responsibility for the			. Yes N	0		١.
	If "Yes," attach the statement required by Regulations se					1	
6a	Did the foundation, during the year, receive any fur	•				.	
	on a personal benefit contract?						1
ь	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	ict ⁷	. <u>6b</u>	+	X
٦.	If "Yes" to 6b, file Form 8870						
7a b	At any time during the tax year, was the foundation a pa						1
8	If "Yes," did the foundation receive any proceeds or have			on/	· 7b	+	
۰	Is the foundation subject to the section 4960 tax on pay remuneration or excess parachute payment(s) during the			. Yes X No	_		
Par	Information About Officers, Directo					Ь	L
	and Contractors		•				
_	1						
1	List all officers, directors, trustees, and foundatio	n managers and th			r		
1	List all officers, directors, trustees, and foundatio (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Exper	nse accor	
		(b) Title, and average	(c) Compensation	(d) Contributions to			
НМ РА	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
НМ РА	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			25
НМ РА	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			25
НМ РА	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			25
НМ РА	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			25
НМ РА	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			25
HM PA	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	llowance	-0-
HM PA	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	llowance	-0-
HM PA	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -0-	ons). If r	ilowance	-0-
HM PA	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 -	ons). If r	ilowance	-0- enter
HM PA	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656.	(d) Contributions to employee benefit plans and deferred compensation - 0 - 1 - see instruction (d) Contributions to employee benefit	ons). If r	none,	-0- enter
HM PA ONE P	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If r	none,	-0- enter
HM PA	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656.	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred	ons). If r	none,	-0- enter
HM PA ONE P	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If r	none,	-0- enter
HM PA ONE P	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If r	none,	-0- enter
HM PA ONE P	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If r	none,	-0- enter
HM PA ONE P	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If r	none,	-0- enter
HM PA ONE P	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If r	none,	-0- enter
HM PA ONE P	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If r	none,	-0- enter
HM PA ONE P	(a) Name and address YSON CO ORTLAND SQUARE, PORTLAND, ME 04112 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 2,656. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If r	none,	-0- enter

Form 990-PF (2018)

3 Five highest-paid independent contractors for professional services See instructions. If none, enter	er "NONE "
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e (c) Compensation
NONE	NONE
NOTATE .	NONE
Total number of others receiving over \$50,000 for professional services	···▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the norganizations and other beneficiaries served, conferences convened, research papers produced, etc.	umber of Expenses
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NONE</u>	
2	
All other program-related investments. See instructions 3 NONE	
2 NONE	
Total. Add lines 1 through 3	

Len	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	606,357.
b	Average of monthly cash balances	1b	65,624.
С	Fair market value of all other assets (see instructions)		NONE
	Total (add lines 1a, b, and c)	1d	671,981.
е	Reduction claimed for blockage or other factors reported on lines 1a and		0.1,001.
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	671,981.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	10,080.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	661,901.
_6	Minimum investment return Enter 5% of line 5	6	33,095.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	33,095.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 341.		
	Income tax for 2018. (This does not include the tax from Part VI). 2b		
	Add lines 2a and 2b	2c	341.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	32,754.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	32,754.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	32,754
Pari	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		31,390.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.		
	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	31,390.
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 See instructions		341.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		31,049.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	culating whether t	he foundation

Part XIII Undistributed Income (see instruc				
1 Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
line 7				32,754.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			17,088.	
b Total for prior years 20,20,20		NONE		
3 Excess distributions carryover, if any, to 2018				. •
a From 2013 NONE				• 1
b From 2014 NONE				
c From 2015 NONE d From 2016 NONE				
270275				
2 110111 2017	NONB			
f Total of lines 3a through e	NONB			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 31,390.			17 000	
a Applied to 2017, but not more than line 2a			17,088.	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election				
required - see instructions)	NONB			
d Applied to 2018 distributable amount				14,302.
e Remaining amount distributed out of corpus	NONB			
(If an amount appears in column (d), the same amount must be shown in column (a)	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONB			<u>.</u>
b Prior years' undistributed income Subtract line 4b from line 2b		NONE		· · · · ·
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		NONE		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		NONE		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions				•
f Undistributed income for 2018 Subtract lines				
4d and 5 from line 1 This amount must be				
distributed in 2019				18,452
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	27027			1
required - see instructions)	NONB			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2019.			ľ	•
Subtract lines 7 and 8 from line 6a	NONB			
10 Analysis of line 9				
a Excess from 2014 NONE				
b Excess from 2015 NONE				+
c Excess from 2016 NONE				
d Excess from 2017 NONE e Excess from 2018 NONE				- •
e Excess from 2018 NONE		<u>_</u> _\.		Form 990-PF (2018)

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

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid Duri	ng the Year or App	roved for	Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor	recipient	contribution						
a Paid during the year									
NORTH PARISH CONGREGATIONAL CHURCH									
ATTN: TREASURER SANFORD ME 04073	NONE	PC	SUPPORT CHURCH	30,380.					
			,						
		,							
				,					
			<u> </u>						
Total	· · · · · · · · · · · · · · · · · · ·		<u>▶</u> 3a	30,380.					
b Approved for future payment									
				·					
Total		<u> </u>	▶ 3b						
	 	· · · · · ·	· · · · · · · · · · · - 3D	<u></u>					

Part XVI-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a			<u> </u>	-	(See instructions)
b					
с					
d					
е	_				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	14,249.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
h Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	,		18	22,281.	
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					- 4
b			ļ		
c					
d		<u> </u>			
e					
12 Subtotal Add columns (b), (d), and (e)				36,530.	
13 Total Add line 12, columns (b), (d), and (e)				13	36,530
(See worksheet in line 13 instructions to verify calci					
Part XVI-B Relationship of Activities	s to the A	ccomplishment of Ex	cempt Pur	poses	
Line No Explain below how each activit	ty for which	h income is reported ii	n column (e	e) of Part XVI-A contribu	uted importantly to the
▼ accomplishment of the foundation	on's exemp	t purposes (other than l	oy providing	funds for such purpose	s). (See instructions)
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Form 99	0-PF (20)18)						01-600698	30			Pag	ge 13
Part	XVII	Information F Exempt Orga	legarding [*] nizations	Transfers	to and Tr	ansaction	ons an	d Relations	hips W	ith None	harit	able	
1 [old the	organization direct	ly or indirect	tly engage	in any of the	following	g with a	iny other orga	nization	described		Yes	No
11	n sect	ion 501(c) (other ations?											
	-	rs from the reportin	a foundation	to a nonchi	aritabla avan	nnt organ	ization o	ν έ •					
		h									1-/1		v
		er assets											X
		ransactions.									10(2)		
		es of assets to a nor	ocharitable ex	vemnt organ	uzation						16/11		Х
		chases of assets fro											X
		ital of facilities, equi											X
	-	mbursement arrang	•										X
		ns or loan guarante											X
	•	formance of service											Х
		of facilities, equipm											X
		enswer to any of the										fair m	
		of the goods, other											
		n any transaction o		_		-							
(a) Lin	e no	(b) Amount involved	(c) Name	of noncharitab	le exempt organ	nization	(d) De	escription of transf	ers, transac	tions, and shar	ıng arra	ingeme	nts
			_		·								
				-									
			<u></u>										
			ļ										
			<u> </u>				<u> </u>						
C	describ	foundation directly ed in section 501(c) (other than	section 501				-	_	Г	Y	es 🔼	∐ No
<u>D I</u>	i yes,	" complete the follo (a) Name of organization		<u>e </u>	(b) Type of org	nanization	I		(a) Descript	ion of relation:	- hin		
		(a) Name of Organization		_	(b) Type of Oig	gameation		<u> </u>	(c) Descript	ion of relation.			
								-					
		·· · · · · · · · · · · · · · · · ·											
									·				
		· · · · · · · · · · · · · · · · · · · 											
	Under	penaltics of perjury, I decl	are that have ex	xamined this reti	urn, including acc	companying so	hedules an	d statements, and t	o the best	of my knowledg	e and t	oclief, it	is truc
C:	correct	and complete Declaration	If preparer (other th	nan taxpayer) is ba	ased on all informa	ation of which	preparer has	s any knowledge					
Sign	10	190001/10s	llece	1	11/13/20	19	TRUS	STEE		May the IRS	discus		
Here	Sign	ature of officer or trustee			Date		Title			See instruction		Yes	No
	Н	M PAYSON & CO)							L			
<u> </u>	<u> </u>	Print/Type preparer's na		Pregra	rer's signature	011		Date	Ch	eck If F	TIN		
Paid -		DOAK ARTHUR	PFAFF		oah A.	V felt	•	11/13/2			P008	7851	18
Prepa			RNST & YO					, -, -, -, -	Firm's EIN		6565		
Use (Only				ET, SUIT	E 201							
			CHMOND,	_VA	·		223		Phone no	804-3	44-4	548	

804-344-4548 Form **990-PF** (2018)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

		S.I.A.I.EMEN.I.
NET INVESTMENT INCOME	276. 3332. 1893. 1899. 2700. 284. 284. 239. 215. 215. 215. 215. 216. 216. 216. 216. 216.	,
REVENUE AND EXPENSES PER BOOKS	276. 3332. 3322. 300. 1890. 270. 270. 234. 234. 234. 234. 234. 234. 234. 234	XXXXX6929
DESCRIPTION	OM RESS CO ICA CORP COM COM ARKETS CORE EQUITY POR ANCIAL SERVICES ION CL B COM MICS CORP TETSHARES 2019 CORP BD ET ETSHARES 2021 CORPORATE ETSHARES 2020 CORP BD ET HNSON COM NC CLASS A RP COM RP	DSF232 9/6V II/I3/2019 I3:2I:29

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- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	449	231.	92.	. 96	277.	52.	181.	45.	1,372.	627.	100.	97.	292.	123.	1,454.	14,249.	
REVENUE AND EXPENSES PER BOOKS	449	231.	92.	. 96	277.	52.	181.	45.	1,372.	627.	100.	. 76	292.	123.	1,454.	14,249.	11 11 11 11 11 11 11 11 11 11 11 11 11
DESCRIPTION	PFIZER INC	PHILLIPS 66	POLARIS INDUSTRIES INC	S&P GLOBAL INC COM	TEXAS INSTRUMENTS INC	TWENTY FIRST CENTURY FOX INC COM CL B SH	UNITED TECHNOLOGIES CORP	VF CORPORATION	VANGUARD FISE DEVELOPED MARKETS ETF (MKT	VANGUARD SHORT-TERM GOVERNMENT BOND INDE	VISA INC CLASS A SHARES	WALGREENS BOOTS ALLIANCE INC COM	ACCENTURE PLC A (ISIN #IE00B4BNMY34 SEDO	MEDTRONIC PLC SHS	FDIC INSURED MONEY MARKET DEPOSIT ACCOUN	TOTAL	

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PAR	# H H H H H H H H H H H H H H H H H H H
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990P	 1 1
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CHARITABLE PURPOSES	1 1 1 1 1 1 1	345.	345.	11 11 11 11 11 11 11 11 11 11
ADJUSTED NET INCOME	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	
NET INVESTMENT INCOME	1 1 1 1 1	345.	345.	
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	. 069	.069	
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TAX PREPARATION FEE (NON-ALLOC	TOTALS	

STATEMENT

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NET INVESTMENT INCOME	65. 25
REVENUE AND EXPENSES PER BOOKS	364. 628. 65. 25. 1,082.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED

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WILLIAM O EMERY TR F NO PARISH CHRCH

01-6006980

FORM 990PF, PART I - OTHER EXPENSES

EXPENSES PER BOOKS REVENUE AND

DESCRIPTION

INVESTMENT INCOME

OTHER NON-ALLOCABLE EXPENSE - OTHER EXPENSE (NON-DEDUCTIBLE

TOTALS

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WILLIAM O EMERY TR F NO PARISH CHRCH

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
MCDONALDS CORP AFLAC INC JOHNSON & JOHNSON CSX CORP CUMMINS INC GENERAL DYNAMICS UNITED TECHNOLOGIES APPLE INC INTEL CORP MICROSOFT CORP ORACLE ACCENTURE PLC DANAHER CORP DIAGEO PLC SPONSORED ADR (ISIN INTERNATIONAL BUSINESS MACHINE JOHNORGAN CHASE & CO COM MASTERCARD INC CLASS A PFIZER INC VISA INC CLASS A SHARES THOR INDUSTRIES INC TWENTY FIRST CENTURY FOX INCOM DISCOVER FINANCIAL SERVICES ALPHABET INC	6,911. 10,889. 10,309. 10,318. 10,3	6,911. 3,729. 11,309. 6,922. 3,649. 7,627. 1,677. 5,488. 6,991. 7,798. 6,478. 8,630.	15,476. 13,476. 13,478. 11,942. 10,520. 15,645. 19,817. 16,340. 13,360. 14,282. 14,282. 14,282. 14,282. 14,282. 18,805.
HOME DEPOT INC VF CORP	, 35 , 64	35	96,
PHILLIPS 66 AMGEN INC ABBVIE INC COM	,49 ,27 ,66	5,498. 9,276.	6,904. 12,517.

XXXXXX6929

- CORPORATE STOCK

FORM 990PF, PART II

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
BANK OF AMERICAN CORP D R HORTON INC FISERV INC	9,299. 7,885.	9,299.	8,666.
HASBRO INC S&P GLOBAL INC COM	9,633.	6,881.	8,285.
TEXAS INDUSTRIES AMERICAN EXPRESS CO	9,944.	9,944.	11,138.
BROADCOM INC COM		8,997.	9,892.
DISNEY WALT CO COM MARRIOTT INTERNATIONAL INC CL		5,566.	13,177.
RAYTHEON COMPANY MEDTRONIC PLC SHS		9, 494. 7, 504.	9,266. 8,631.
		, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	

410,939.

263,344.

TOTALS

245,419.

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STATEMENT

WILLIAM O EMERY TR F NO PARISH CHRCH

01-6006980

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

ISHARES 1-3 YR CREDIT BOND FD

BEGINNING BOOK VALUE

103,546.

TOTALS

103,546.

DESCRIPTION	COST/ FMV C OR F	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
DFA EMERGING MARKETS CORE EQUI ISHARES RUSSELL MID-CAP GROWTH	נֿדי נָדי	46,284. 25,496.		
VANGUARD FTSE DEVELOPED MARKET	ţ'n	41,967.	16,985.	21,849.
BAILLIE GIFFORD EMERGING MARK	ഥ		62,741.	
INVESCO BULLETSHARES 2019 COR	ĹŦŧ		26,358.	26,350.
INVESCO BULLETSHARES 2020 COR	ĹΤ		26,376.	26,744.
INVESCO BULLETSHARES 2021	ĹΤι		26,350.	27,132.
VANGUARD SHORT-TERM GOVERNMENT	ഥ		38,966.	39,748.
	!			

203,236.

197,776.

113,747.

TOTALS

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					TOT	Δ Τ.						153.
		CTIONS	POS	TED IN :	2019							152.
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DESCF	NOITGIS										AMOUNT	
=====	======	=====	====:	======	=========		====	=====	===	=====	======	
FORM	990PF,	PART	III ·	- OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	

AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c

MONTH	LINE la-FMV SECURITIES	LINE 1b-FMV CASH BALANCES	LINE 1c-FMV OTHER ASSETS
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER	565,587. 585,783. 596,264. 647,310. 612,690. 646,200. 626,039. 614,173. 671,179. 596,633. 587,918.	83,656. 80,372. 73,820. 44,617. 48,695. 43,989. 73,826. 78,160. 25,370. 58,849. 81,181.	
DECEMBER	526,512.	94,957.	
TOTAL	7,276,288.	787,492.	===========
AVERAGE FMV	606,357. ======	65,624.	