Form 990-P.F. Department of the Treasury Internal Revenue Service

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

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

01.0	aler	ndar year 2018 or tax year beginning SEP	1, 2018	, and ending	AUG 31, 2019	
		f foundation		-	A Employer Identification	number
		HORACE WILLIAMS MEMORIA		_	01 6000545	
K	<u>EN</u>	NEBEC SAVINGS BANK, AGE	NT FOR TRUSTE		01-6008547	<u> </u>
•		and street (or P.O, box number if meil is not delivered to etreet a	ddress)	Room/suite	B Telephone number	01
<u>. T</u>	<u>5 U</u>	STATE STREET			207-622-58	
City	or t	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is po	ending, check here
		USTA, ME 04332				
i C	heck	call that apply: Initial return	=	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eling the 85% test,
		Address change	Name change	<u>-</u>	check here and attach co	mputation
U		type of organization: X Section 501(c)(3) ex		00	E If private foundation sta	
			Other taxable private founda		under section 507(b)(1)	•
		arket value of all assets at end of year J Account	-	Accrual	F If the foundation is in a	
•			ther (specify)	• \	under section 507(b)(1)	(B), check here ▶∟
<u>></u>		535, 925. (Part I, colum	nin (a) must be on cash bash			185
Ŗa	π.,	→ (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Diabursementa for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
- [1	Contributions, gifts, grants, etc., received	15,000.		N/A	
	2	Check I if the foundation is not required to attach Sch B			1	
1	3	eash Investments	269.	269.		STATEMENT 1
	4	Dividends and interest from securities	13,053.	13,053.	<u> </u>	STATEMENT 2
	5a	Gross rents				
ļ	b	Net rental income or (loss)		-		
	6a	Net gain or (loss) from sale of assets not on line 10	7,860.		, .	·
죕	b	Gross sales price for all essets on line 6a 74,437.	- •			
Revenu	7	Capital gain net income (from Part IV, line 2)	. ,	7,860.	PECE	
襌	8	Net short-term capital gain		one and as a	TILUE	VED .
- 1	9	Income modifications	~		55	70
- 1	10a	Gross sales less returns and allowances			B DEC 3 0	2010
- [Less Cost of goods sold		-		2013
		Gross profit or (loss)		-	000=	
	11	Other income			T CODEW	, 07
	12	Total. Add lines 1 through 11	36,182.	21,182.		
_	13	Compensation of officers, directors, trustees, etc.	3,881.	1,940.	- 111	1,941.
•		Other employee salaries and wages	=,			
- 1		Pension plans, employee benefits				
	160	I enal fees				
ense	.va h	Legal fees STMT 3	710.	355.		355.
90		Other professional fees	7.20	3331		
Ñ						
ative Ext	17 40	Interest STMT 4	273.	49.		0.
E	10 10	Degraciation and desistant	4/3.	47.		0.
g and Administra		Depreciation and depletion				
뒤	20	Occupancy				
4		Travel, conferences, and meetings				
ä	22	Printing and publications				
힏		Other expenses				
핕	24	Total operating and administrative				
Operating and		expenses. Add lines 13 through 23	4,864.	2,344.		2,296. 29,750.
- 1'		Contributions, gifts, grants paid	29,750.	· •	*	29,750.
- [3	26	Total expenses and disbursements.				
┙		Add lines 24 and 25	34,614.	2,344.		32,046.
Ţ	27	Subtract line 26 from line 12:		•		
-	8	Excess of revenue over expenses and disbursements	1,568.		· · · · · · · · · · · · · · · · · · ·	·
	b	Net investment income (if negative, enter -0-)		18,838.		
		Adjusted net income (if negative, enter -0-)		-	N/A	

Form **990-PF** (2018)

Par	Balance Sheets Alached schedules and amounts in the description	Beginning of year	End o	f year
rai	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	-1.		
2		3,766.	14,508.	14,508.
3	Accounts receivable			
	Less: allowance for doubtful accounts	and the second of the second o		
4	Pledges receivable			
ľ	Less; allowance for doubtful accounts	THE RESERVE OF THE PROPERTY OF	The state of the s	
5	Grants receivable	-		
6				• ,
	disqualified persons			
7	Other notes and toans receivable			
	Less; allowance for doubtful accounts			
8 ارب	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
₹ 10	a Investments - U.S. and state government obligations			
- 1 "	b Investments - corporate stock STMT 6	297,195.	290,562.	381,761.
	c Investments - corporate bonds STMT 7	138,186.	135,602.	
11	investments - land, buildings, and equipment basis		•	
	Less accumulated depreciation	anastellas es representativos estratos estado	an in half-hanning - naturalizationium	·
12	Investments - mortgage loans	• •		
13	Investments - other			
14		÷ • •		
	Less accumulated depreciation	where the state of the second section of	The second second section of the second section of the second section	Complete on one or end of a c
15	· · · · · · · · · · · · · · · · · · ·			
1				
	instructions. Also, see page 1, item I)	439,146.	440,672.	535,925.
17	Accounts payable and accrued expenses			<u> </u>
18	Grants payable			,
_m 19	Deferred revenue	53.		, ,
Liabilities 12 02 12 02 12	Loan's from officers, directors, trustees, and other disqualified persons			,
[21	,			1
تا ₂₂	Other liabilities (describe			,
]
23	Total liabilities (add lines 17 through 22)	53.	0.	, , , , , , , , , , , , , , , , , , ,
	Foundations that follow SFAS 117, check here			-
1	and complete lines 24 through 26, and lines 30 and 31.			ţ
8 24	Unrestricted			
E 25	Temporarily restricted .			
图 26	Permanently restricted			
밀	Foundations that do not follow SFAS 117, check here			,
리	and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds	346,712.	346,712.	_
[28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	.0.	A 100 K TE 34 T 1 T 1 T 1 T 1
Vet Ass	Retained earnings, accumulated income, endowment, or other funds	92,381.	93,960.	
Net Assets or Fund Balances	Total net assets or fund balances	439,093.	440,672.	· I
Γ				1
) 81	Total liabilities and net assets/fund balances	439,146.	440,672.	ļ.,
Part	Analysis of Changes in Net Assets or Fund Ba	lances		
	il net assets or fund balances at beginning of year - Part II, column (a), line (430 003
	11.455 11.	······································		439,093.
	er amount from Part I, line 27a er increases not included in line 2 (itemize)		A MEMENT 5	1,568.
	r 4.0 4.0			440,672.
	lines 1, 2, and 3 reases not included in line 2 (itemize)			0.
	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	tump (h) line 20	5	440,672.
0 10(2	ir net assets or runu udianices at enu ur year (fine 4 filinus line 5) • Par II, co	ianui (U), iiile 3U		Form 990-PF (2018)

THE HORACE WILLIAMS MEMORIAL FUND 01-6008547 Form 990-PF (2018) KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE Page 8 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (for example, real estate, (d) Date sold (c) Date acquired 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) 18 PUBLICLY TRADED SECURITIES - SHORT TERM b PUBLICLY TRADED SECURITIES - LONG TERM c CAPITAL GAINS DIVIDENDS d e (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price (or allowable) ((e) plus (f) minus (g)) plus expense of sale 3,947. 3,983. -36. 70.421. 62,594. 7.827. b 69. 69 C đ Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any -36. 7.827. 69. If gain, also enter in Part I, line 7 7,860. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 1940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part, 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

2017	28,687.	E 0 E 0 0 0		. (b) divided by col. (c))
0040		525,089.		.054633
2016	24,912.	482,225.		.051661
2015	12,550.	457,430.		.027436
2014	15,725.	335,855.		.046821
2013	13,472.	280,043.		.048107
Total of line 1, column (d)	co period - dueda the total pollupe 2 by 5.6	or but the number of ware	2	.228658
-		-	3	.045732
Enter the net value of noncharitable use as	scts for 2018 from Part X, line 5		4	515,398.
Multiply line 4 by line 3	6	23,570.		
Enter 1% of net investment income (1% of	6	188.		
Add lines 5 and 6			7	23,758.
Enter qualifying distributions from Part XII,	line 4		8	32,046.
	Average distribution ratio for the 5-year bathe foundation has been in existence if less Enter the net value of noncharitable use as Multiply line 4 by line 3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0 the foundation has been in existence if less than 5 years Enter the net value of noncharitable use assets for 2018 from Part X, line 5 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4	Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years Enter the net value of noncharitable use assets for 2018 from Part X, line 5 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years Enter the net value of noncharitable use assets for 2018 from Part X, line 5

See the Part VI instructions.

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THE HORACE WILLIAMS MEMORIAL FUND

	1990-PF (2018) KENNEBEC SAVINGS BANK, AGENT F			01-600			Page 4
,Pa	rt VI Excise Tax Based on Investment Income (Section 4940	(a), 4940(b), 49 ⁴	10(e), or 49	48 - see	nstruc	tions	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and er	iter "N/A" on line 1.	ì	, ,		•	7
	Date of ruling or determination letter: (attach copy of letter if nec	essary-see Instruction	8)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		` }	1		1	88.
	of Part I, line 27b				-		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%						-
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth			2			0.
3	Add lines 1 and 2	*		3		1	88.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; other			4 "			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	-	1	88.
6	Credits/Payments:	······································	•••••••			<u> </u>	
-	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0.				ı
	Exempt foreign organizations - tax withheld at source		0.				
	Tax paid with application for extension of time to file (Form 8868)	60	0.				
٠	Backup withholding erroneously withheld	64	0.				-
7	Total credite and navments. Add lines 6s through 6d	(of 1		7	#44***********************************		0.
	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.			8			0.
8						1 1	88.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9		<u> </u>	<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1		10			
	Enter the amount of line 10 to be: Credited to 2019 estimated tax TYVII-A' Statements Regarding Activities	J:	Refunded 📂	11			
			· · · · · · · · · · · · · · · · · · ·			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation and the state of th	•			1	103	X
	any political campaign?			4	1 <u>a</u>		<u>^</u>
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos			tion	1b_	Į.	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	any materials publish	ed or				-
	distributed by the foundation in connection with the activities.						-35
	Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:	•				ĺ
	(1) On the foundation. \$ (2) On foundation managers.	▶ \$	<u> </u>			,	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ure tax imposed on fol	indation		.		
	managers. ► \$ 0.						
	Has the foundation engaged in any activities that have not previously been reported to the IR	s?			2	-	X
	If "Yes," attach a detailed description of the activities.						
	Has the foundation made any changes, not previously reported to the IRS, in its governing in						الدبيي
	by laws, or other similar instruments? If "Yes," attach a conformed copy of the changes \dots						X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year's				1 1		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				4b		
							X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		
	If "Yes," attach the statement required by General Instruction T.			,	5	•	
	If "Yes," attach the statement required by <i>General Instruction T</i> . Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith				5	•	
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or		,		5	•	
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory	ner:	,	law		٠	
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument?	ner: directions that conflict	with the state	law 	6	X	
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory	ner: directions that conflict	with the state	law 	6	X	
7	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	directions that conflict	with the state	law 	6		-
7	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the states to which the foundation reports or with which it is registered. See instruction	directions that conflict	with the state	law 	6		
7 8a	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," completenter the states to which the foundation reports or with which it is registered. See instruction ME	directions that conflict ste Part II, col. (c), and	with the state	law 	6		
7 8a b	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the states to which the foundation reports or with which it is registered. See instruction ME If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	directions that conflict ete Part II, col. (c), and s. orney General (or desi	Part XV	law 	6 7	Х	
7 8a b	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the states to which the foundation reports or with which it is registered. See instruction ME If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att of each state as required by General Instruction G? If "No," attach explanation	directions that conflict ete Part II, col. (c), and s. orney General (or desi	Part XV	law 	6		
7 8a b	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the states to which the foundation reports or with which it is registered. See instruction ME If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of sec	directions that conflict ete Part II, col. (c), and s. orney General (or desi	Part XVgnate)	law 	6 7	Х	
7 8a b	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the states to which the foundation reports or with which it is registered. See instruction ME If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of sec year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," comp	directions that conflict ete Part II, col. (c), and s. orney General (or desi	Part XVgnate)	law 	6 7 8b	Х	
7 8a b	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the states to which the foundation reports or with which it is registered. See instruction ME If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of sec	directions that conflict ete Part II, col. (c), and s. orney General (or desi	Part XVgnate)	law	6 7	X	- Z

KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547 Form 990-PF (2018)

Part VII-A: Statemento Regarding Activities (continued)	-		
		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule. See instructions	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?	··· - ··		
	12		x
If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	··· —	х	
Website address > N/A	10		<u> </u>
14 The books are in care of ► KENNEBEC SAVINGS BANK Telephone no. ► 207	622-5	801	
	04332		
Located at ► 150 STATE ST., AUGUSTA, MB ZIP+4 ■ 15 Section 4947(a)(1) nonexempt charitable tructs filing Form 980-PF in lieu of Form 1041 - check here			$\overline{\Box}$
and enter the amount of the exampt interest received or account during the year	N	://A	
and enter the amount of tex exempt interest received or accrued during the year 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	- C	103	X
securities, or other financial account in a foreign country?	16	- 1	
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	l'	,	
foreign country ► Part-VII-B* Statements Regarding Activities for Which Form 4720 May Be Required		-	
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):	<u> </u>		, ,,,,
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	.	1	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	"		1
		ì	· '
a disqualified person? Yes X N (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X N	1		
			4 1
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes N	°		,
(5) Transfer any income or assets to a disqualified person (or make any of either available	_	l	-
for the benefit or use of a disqualified person)?	0	'	
(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.)	١		
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			X
Organizations relying on a current notice regarding disaster assistance, check here	┙╽┊╵		,
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		Aug	
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 operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			· 1
a 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? Yes 🗶 N	0		ļ., ,
If 'Yes,' list the years 🛌 🔒 💮 💮 💮 💮 💮 💮 💮	.		[
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			, f
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		1	1
statement - see instructions.)	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		·	ı
>]		,
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time]		¹ j
during the year? Yes X N	0	1	,
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	ļ !		. }
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			,]
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			, ,
Form 4720, to determine if the 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?	48		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		,	<u> </u>
had not been removed from popardy before the first day of the tax year beginning in 2018?	4b		X
The state of the s	Form 99 0)-PF	

01-6008547 KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No 5a During the year, did the foundation pay or incur any amount to: (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions Yes X No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ______ Yes X No b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations Бb section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ______ Yes 🗶 No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b if "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ______ Yes X No 7b b 11 "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Yes X No excess parachute payment(s) during the year? Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (d) Contributions lo employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other allowances (c) Compensation (If not paid, enter -0-) (a) Name and address KENNEBEC SAVINGS BANK AGENT PO BOX 50 AUGUSTA, ME 04332 1.00 3,881 0 0. MARK L. JOHNSTON TRUSTEE PO BOX 50 AUGUSTA, ME 04332 0.00 0. 0 0. ANDREW E. SILSBY TRUSTEE PO BOX 50 AUGUSTA, ME 04332 0. 0.00 0. 0 WILLIAM S. HILL TRUSTEE PO BOX 50 AUGUSTA, ME 04332 0.00 0. 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense account, other allowances (b) Title, and average (d) Contributions to ployee benefit plant and deferred compensation (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation NONE

Form 990-PF (2018)

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

THE HORACE WILLIAMS MEMORIAL FUN Form 990-PF (2018) KENNEBEC SAVINGS BANK, AGENT FOR	R TRUSTEE 01-	60085 47 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "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 Part/IX=A' Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
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 or	n lines 1 and 2.	Amount
1 N/A		
2	***************************************	
-		

0. Form **990-PF** (2018)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Form 990-PF (2018)

F	Part X 1 Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	ee Instructions.) ,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	,	
	Average monthly fair market value of securities	Ta l	514,110.
ь	Average of monthly cash balances	1b	9,137.
c		1c	
ď		10	523,247.
е	Reduction claimed for blockage or other factors reported on lines 1a and	10.1	
	1c (attach detailed explanation)	[34]	
2	- Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	523,247.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,849.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	515,398.
6	Minimum investment return. Enter 5% of line 5	6	25,770.
[F	art XI 4 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	d certain	
	foreign organizations, check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	25,770.
28	Tax on investment income for 2018 from Part VI, line 5	[· · · · · ·]	
b	Income tax for 2018. (This does not include the tax from Part VI.)],	
C		2c	188.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	25,582.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	25,582.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	25,582.
IP	art XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		20.046
a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12	32,046.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
2	Suntability test (prior IRS approval required)	3a	
Ь	4	3b	20.046
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	32,046.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		100
	income. Enter 1% of Part I, line 27b	5	188.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	31,858.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	uanties for t	ne section
	4940(e) reduction of tax in those years.		

Form 990-PF (2018)

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Form 990-PF (2018)

THE HORACE WILLIAMS MEMORIAL FUND

Undistributed Income (see instructions)

Form 990-PF (2018)

Part XIII

KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE

(a) (b) (c) (d) Corpus Years prior to 2017 2017 2018 1 Distributable amount for 2018 from Part XI, 25,582. line 7 ______ 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only 4,473 b Total for prior years: 0 3 Excess distributions carryover, if any, to 2018: a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 0 f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: > \$_ 4,473 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) ... c Treated as distributions out of corpus 0 (Election required - see instructions) d Applied to 2018 distributable amount 25.582 1.991. e Remaining amount distributed out of corpus Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) 0 U Enter the net total of each column as indicated below: 1,991 à Corpus Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b 0. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - coe inctr. 0 f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must 0. 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) 0. 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 0. 9 Excess distributions carryover to 2019. 1,991. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 ... 1,991 e Excess from 2018 ...

Form 990-PF (2018) KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(i)(3) or 4942(1)(5 b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (c) 2016 (d) 2015 (b) 2017 (e) Total (a) 2018 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter. (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) ... b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed _____ c "Support" alternative test - enter; (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section) 512(a)(5)), or royaltues) (2) Support from general public and 5 or more exempt organizations as provided in section, 4942(i)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here I if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: ANDREW SILSBY KENNEBEC SAVINGS BANK, 207 622-5801 PO BOX 50, AUGUSTA, ME 04332 b The form in which applications should be submitted and information and materials they should include: NO SPECIAL FORMAT c Any submission deadlines; NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE

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01-6008547 KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE Form 990-PF (2018) Page 11 Part XV. Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE. SCHOLARSHIP AWARDS HUSSON UNIVERSITY - CHASE WARREN I 1 COLLEGE CIR BANGOR, ME 04401 1,500. SCHOLARSHIP AWARDS HUSSON UNIVERSITY - KASSIE JOLER NONE I 1 COLLEGE CIR 1,500. BANGOR; ME 04401 HUSSON UNIVERSITY - PAIGE WARREN NONE SCHOLARSHIP AWARDS I 1 COLLEGE CIR BANGOR, ME 04401 1,500. SCHOLARSHIP AWARDS MOUNT HOLYOKE COLLEGE - SIERRA MILLAY NONE I 50 CCOLLEGE STREET 1,250. SOUTH HADLEY, MA 01075 ROCHESTER INSTITUTE OF TECHNOLOGY -SCHOLARSHIP AWARDS NONE 1 ANTHONY TAMBORINI 1 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 750. SEE CONTINUATION SHEET(S) **▶** 3a 29,750. b Approved for future payment NONE

3b

Total

Form 990-PF (2018)

823621 12-11-18

KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE

nter gross amounts unless otherwise indicated.	Unrelated	business income	Exclud	ded by section 512, 513, or 514	(e)	
mer gross uniounts unless otherwise maiozieu.	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt	
Program service revenue:	Business code	Amount	nola eboo	Amount	function income	
•						
a			1			
_		· ·/	1 1			
	·		1	-		
	-		1 1			
e			1 1			
g Fees and contracts from government agencies	· -		+ +			
g Fees and contracts from government agencies Membership dues and assessments			+ +			
Interest on savings and temporary cash	·	· · · · · · · · · · · · · · · · · · ·	+ +			
	1 1		14	269.		
Dividends and interest from securities	 		14	13,053.		
			7.4	13,033.		
Net rental income or (loss) from real estate:			 			
a Debt-financed property	 		+ +			
b Not debt-financed property						
Net rental income or (loss) from personal						
property	——			 		
Other Investment income						
Gain or (loss) from sales of assets other			امما			
than inventory	ļ		18	7,860.		
Net income or (loss) from special events						
Gross profit or (loss) from sales of Inventory			4			
Other revenue:	1 1		1			
1			-			
b						
D	.		-			
c						
c						
c d						
c d		0.		21,182.		
c d e Subtotal. Add columns (b), (d), and (e)						
c d e Subtotal. Add columns (b), (d), and (e)						
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.)				13		
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B: Relationship of Activities t	o the Accon	nplishment of Ex	:empt	Purposes	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B: Relationship of Activities t	o the Accon	nplishment of Ex	:empt	Purposes	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t	to the Accon	nplishment of Ex	:empt	Purposes	21,18	
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than	to the Accon	nplishment of Ex	:empt	Purposes	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI_B Relationship of Activities t The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Accon	nplishment of Ex	:empt	Purposes	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B: Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,182	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI_B Relationship of Activities t The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B: Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B: Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B: Relationship of Activities to the foundation's exempt purposes (other than	o the Acconome is reported in by providing fund	nplishment of Ex column (e) of Part XVI- s for such purposes).	:empt	Purposes uted importantly to the accomp	21,18	

Form 990-PF (2018) KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547

[Part XVII | Information Regarding Transfers to and Transactions and Relationships With Noncharitable

01-6008547

	,	Exempt Organ		.0.0.0 10 0	Transastions a					
1	Did the	organization directly or indi		of the following	ng with any other organizati	on described in secti	on 501(c)		Yes	No
		han section 501(c)(3) organ					• •			
2	Transfo	rs from the reporting found:	ation to a noncharita	able exempt or	ganization of:			١.		١.
	(1) Ca	sh		<i></i>				1a(1)		X
	(2) Otl	her assets	**** **********************************					1a(2)		X
b		ransactions:						_		
	(1) Sa	les of assets to a noncharita	ıble exempt organiza	ation	, ,			16(1)		X
	(2) Pu	rchases of assets from a no	oncharitable exempt	organization $$				1b(2)		X
	(3) Re	ntal of facilities, equipment,	or other assets \dots	,				1b(3)		X
	(4) Re	imbursement arrangements	·				.,,	1b(4)		Х
	(5) Lo	ans or Ioan guarantees 🔒						1b(5)		X
	(6) Po	rformance of services or me	mbership or fundra	ising solicitatio	one			16(6)		X
		of facilities, equipment, ma						10	لببا	X
đ		nswer to any of the above is							ets,	
		ces given by the reporting for			ed less than fair market vali	ue in any transaction	or sharing arrangement, she	ow in		
/al.		(d) the value of the goods, (b) Amount involved			e exempt organization	(4) Danielette	of transfers, transactions, and sh			
(a)L	on eni	(b) Amount involved	(c) Name o		e exempt organization	(0) Description	or vansiers, vansactions, and si	aring arre	ingemen	123
	-			N/A						
			 		4.					
						·				
										
			 		<u></u>	 -				
	\dashv		 							
	_									
								******	*******	******
Žа	Is the fo	oundation directly or indirect	lly affiliated with, or	related to, one	or more tax-exempt organ	izations described		•		
	ın sectio	on 501(c) (other than section	n 501(c)(3)) or in se	ection 527?	**** *** ******	·····	,	Yes	X] No
b		complete the following sche								
		(a) Name of org	janization		(b) Type of organization	<u></u>	(c) Description of relationshi	p		
		N/A								
	_						<u> </u>			
	Line			1			d of my be syledes			
Qi,		er penalties of perjury, I declare the belief, it is true/correct, and com					May 1	the IAS d with the	iscuss t	ils t
Sig He		Millian	~ \\d	N	1 12/20/19	morrows	show	n balow?	See ins	tr.
		gnature of officer or trustee	CONT	/	70/20/11	TRUSTE	E A	Yes		J No
	31			Dranararie el	Date	Title	Check if PTIN			
		Print/Type preparer's na	THE ALL	Preparer's si	ignature	Date	self- employed			
Pa	id	NICK CROSM	A NT	NITCE C	DOCMAN	12/11/19		498	228	
	.u eparei	Firm's name WIP		NICK C	VOSIMMIN	12/11/13	Firm's EIN ► 39-07			—
	e Only		LUL NUE				FRAISEIN F 35-07	204,	= <i>y</i>	
		Firm's address ► 30	LONG CRE	ידאת אא	VE		<u> </u>			
SOUTH PORTIAND MR 04106-2437 Phone no 207.774					4.5'	701				

THE HORACE WILLIAMS MEMORIAL FUND KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547

Part XV Supplementary Information Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,	1	7	
•	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	Contribution	
ROCHESTER INSTITUTE OF TECHNOLOGY -	NONE	ı	SCHOLARSHIP AWARDS	
OLIVIA TAMBORINI	NONE	1	SCHODAROHIE AWARDS	
1 LOMB MEMORIAL DRIVE				
ROCHESTER NY 14623		1		1,500
ROCHBILK, RI 14020				
		_		
ST, JOSEPH'S COLLEGE - ALLEE CLOUTIER	NONE	I	SCHOLARSHIP AWARDS	
278 WHITES BRIDGE ROAD	İ	ļ.		1 250
STANDISH, ME 04084				1,250
ST. JOSEPH'S COLLEGE - CODY VEILLEUX	NONE	I	SCHOLARSHIP AWARDS	
278 WHITES BRIDGE ROAD		1	1	 -
STANDISH, ME 04084			_1	750
ST. JOSEPH'S COLLEGE - HUNTER	NONE	1	SCHOLARSHIP AWARDS	
RICHARDSON		-		
278 WHITES BRIDGE ROAD	1		•	
STANDISH, ME 04084			,	1,500
		<u> </u>		
		l_		
THOMAS COLLEGE - DEAN JACKMAN	NONE	l I	SCHOLARSHIP AWARDS	
180 WEST RIVER ROAD				1 500
WATERVILLE, ME 04901				1,500
			,	
THOMAS COLLEGE - HARRISON MOSHER	NONE	I	SCHOLARSHIP AWARDS	•
180 WEST RIVER ROAD				
WATERVILLE, ME 04901				1,500
	,			
THOMAS COLLEGE - QUINTON STEBBINS	NONE	l _I	SCHOLARSHIP AWARDS	
180 WEST RIVER ROAD	Í			
WATERVILLE, ME 04901				1,500
DYNING TOUR OF MATHE AM ENDUTYGOU	TOVE	_	SCHOLARSHIP AWARDS	
JNIVERSITY OF MAINE AT FARMINGTON -	NONE	l I	BCHOLLARSHIP AWARDS	
LYDIA ROY 224 MAINE STREET				
FARMINGTON, ME 04938				750
			4	•
JNIVERSITY OF MAINE AT ORONO - JORDAN	NONE	I	SCHOLARSHIP AWARDS	•
PELLETIER '				
DRONO CENTER		1		1
ORONO, ME 04469 ^				/ 750
UNIVERSITY OF MAINE AT ORONO - WALKER	NONE	1	SCHOLARSHIP AWARDS	
THOMAS		I -		
DRONO CENTER				
DRONO, ME 04469				2,500
Total from continuation sheets	·· ·			23,250,

THE HORACE WILLIAMS MEMORIAL FUND KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor ST. JOSEPH'S COLLEGE - TYLER NADBAU NONE I SCHOLARSHIP AWARDS 278 WHITES BRIDGE ROAD STANDISH, ME 04084 1,500. UNIVERSITY OF NEW ENGLAND - ASHLEY NONE SCHOLARSHIP AWARDS RHOADES 11 HILLS BEACH ROAD 1,000. BIDDEFORD, ME 04005 KEENE STATE COLLEGE - KIANA JOLER NONE I SCHOLARSHIP AWARDS 229 MAIN STREET KEENE, NH 03435 1,000. NHTI - CHELSEA ROBERTS NONE I SCHOLARSHIP AWARDS 31 COLLEGE DRIVE CONCORD NH 03301 1,500. SCHOLARSHIP AWARDS SOUTHERN MAINE COMMUNITY COLLEGE -NONE I TAYLOR GUSTIN 29 SEWALL STREET BRUNSWICK, ME 04011 1,500. SOUTHERN MAINE COMMUNITY COLLEGE -NONE I SCHOLARSHIP AWARDS OLIVIA YOUNG 29 SEWALL STREET BRUNSWICK, ME 04011 1,000. KENNEBEC VALLEY COMMUNITY COLLEGE -NONE I SCHOLARSHIP AWARDS ROBERT SMITH 92 WESTERN AVE 1,000. FAIRFIELD, ME 04937 NONE SCHOLARSHIP AWARDS UNIVERSITY OF MAINE AT FARMINGTON -1 ALLEE CLOUTIER 224 MAINE STREET FARMINGTON, ME 04938 1,250. Total from continuation sheets

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

THE HORACE WILLIAMS MEMORIAL FUND KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE 01-6008547 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 (entering "N/A" in column (b) instead of the contributor name and address), II. and III. Light 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 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer Identification number

KENNEBEC SAVINGS BANK, AGENT FOR TRUSTEE

-01=6008547

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

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

Employer Identification number

01-6008547

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions,)	(d) Date received			
		\$ <u></u>	······			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

	 ····		 _
	 ·	··········	 _
			_

FORM 990-PF INTER	est on savi	INGS AND TEM	PORARY C	ash in	vestments	STATEMENT 1
SOURCE	REVE			(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
CORPORATE INTEREST	******			269.		
TOTAL TO PART I, L		269.		269.	4.4.4	
FORM 990-PF	DIVIDENI	OS AND INTER	EST FROM	SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV		(B) NET INVES MENT INCO	
DIVIDENDS LTCG DIVIDENDS STCG DIVIDENDS	12,910 69 143	6	0. 12 9. 0.	2,910. 0. 143.		0.
TO PART I, LINE 4	13,122	2. 6	1:	3,053.	13,05	3.
FORM 990-PF		ACCOUNTI	ng fees			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		est-	(C) ADJUSTED NET INCOM	
TAX PREP	_	710.		355.		355.
TO FORM 990-PF, PG	1, LN 16B	710.		355.		355.
FORM 990-PF	- W-C-1-7	TAX	es			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM	
FEDERAL EXCISE TAX PAYMENTS FOREIGN TAX	_	22 4. 49.		0. 49.		0.
TO FORM 990-PF, PG	1, LN 18	273.		49.		0.

FORM 990-PF OTHER INCREASES IN	NET ASSET	S OR	FUND	BALANCES	STATEMENT	5
DESCRIPTION					AMOUNT	
PRIOR PERIOD ADJUSTMENT & BASIS	ADJUSTMENT	s			•	11.
TOTAL TO FORM 990-PF, PART III,	LINE 3					11.
FORM 990-PF	CORPORATE	STOCE	ζ		STATEMENT	6
DESCRIPTION			1	BOOK VALUE	FAIR MARK	ВT
CORPORATE STOCKS				290,562.	381,	761.
TOTAL TO FORM 990-PF, PART II, L	INE 10B			290,562.	381,	761.
FORM 990-PF	CORPORATE	BONDS	3		STATEMENT	7
DESCRIPTION			1	BOOK VALUE	FAIR MARKI VALUE	st
CORPORATE BONDS			-	135,602.	139,	656.
TOTAL TO FORM 990-PF, PART II, L	INE 10C			135,602.	139,	556.