Form 990-PF Department of the Treasury Internal Rovenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

For ca	itendar year 2018 or tax year beginning SEP	1, 2018	, and ending	AUG 31, 2019)
	e of foundation			A Employer identification	numbet
	NJAMIN <u>FULL</u> ER & HARRIET				
	, KENNEBEC SAVINGS BANK			01-6008548	<u> </u>
	er and street (or P.O box number if mail is not delivered to street a	uddress)	Room/suite	B Telephone number	
	0 STATE STREET			(207) 622-	5801
City	or town, state or province, country, and ZIP or foreign p IGUSTA, ME 04332	ostal code		C if exemption application is p	ending, check here
CAU	GUSTA, ME 04332				
G Ch	eck all that apply: Initial return	===	ormer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return		Foreign organizations me check here and attach co	eating the 85% test,
H Ch	Address change	Name change		check here and attach co	emputation
)	eck type of organization: X Section 501(c)(3) ex			E If private foundation sta	
	Section 4947(a)(1) nonexempt charitable trust market value of all assets at end of year J Accounts			under section 507(b)(1)	
•	· I —	-	Accrual	Fill the foundation is in a	
(Iroi ▶\$		ther (specify)	21	under section 507(b)(i))(B), check here
Par		T-' ' T	· · · · · · · · · · · · · · · · · · ·	fal Administration	(d) Disbursements
rai	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a),)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1		15,000.		N/A	(Costi Dasis Only)
	1 Contributions, gifts, grants, etc., received 2 Check if the foundation is not required to attach Sch. B	13,000	<u></u>	- A(/A)	
-	Interest on cavings and temporary	196.	196.		STATEMENT 1
	4 Dividends and interest from securities	10,851.	10,851.		STATEMENT 2
		10,031.	10,031.		SIRIBMENI Z
ŀ	5a Gross rents b Net rental income or (loss)	<u></u>			
1	•	16,906.			
읙	6a Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all assets on line 8a	20,500.		₩EG/	IVED
Revent	7 Capital gain net income (from Part IV, line 2)		16,906.		
æ			10,300.	S DEC 2	
	8 Net short-term capital gain 9 Income modifications			 	10 2019 Q
١,	Gross sales less returns 0a and allowances	* *	<u> </u>	- Landing and Landing	2
'	b Less. Cost of goods sold			OGDE	VIII
	c Gross profit or (loss)		,		
- [4	1 Other income				
1	• .	42,953.	27,953.		
1		3,957.	1,979.		1,978.
1					
1					
	6a Legal fees				
ens	b Accounting fees STMT 3	700.	350.		350.
Exp	e Other professional fees		•		[
g 1					
割1	7 Interest 8 Taxes STMT 4	286.	0.		0
.討 1	9 Depreciation and depletion	-			
뒫				-	
뒫 2					
면 2			-		
g 2	3 Other expenses		•	_	
ء					
Operating and Administrative	expenses. Add lines 13 through 23	4,943.	2,329.		2,328, 30,250.
리 _{2!}	5 Contributions, gifts, grants paid	30,250.		\$ x4	30,250.
2	6 Total expenses and disbursements.				
	Add lines 24 and 25	35,193.	2,329.		32,578.
2	7 Subtract line 26 from line 12:		-		-
ł	2 Excess of revenue over expenses and disbursaments	7,760.			
- [b Net investment income (if negative, enter -0-)		25,624.	-	
	c Adjusted net income (If negative, enter -0-)			N/A	1

Fo	rm O	DENJAMIN FULLER & HARRII 0-PF (2018) TR, KENNEBEC SAVINGS BAI		WILLIAMS ME		6008548 Page 2
=		and a substitution of the	I	Beginning of year		of year
F	art	Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only.	\vdash	(a) Book Value	(b) Book Value	(c) Fair Market Value
_			├─	(a) Book Value	(D) DOOK VAIDE	(C) Fall Market Value
	;	Cash - non-interest-bearing		608.	13,819.	13,819.
	2	Savings and temporary cash investments Accounts receivable ▶	 		13,013.	13,013.
	3	Less: allowance for doubtful accounts	ł			
	١.		₩			
	1 4	Pledges receivable ► Less; allowance for doubtful accounts ►	ł		• • • • • • • • • • • • • • • • • • • •	
	_ ا		-		<u></u>	
	0	Grants receivable		-		· · · · · · · · · · · · · · · · · · ·
	١٥	Receivables due from officers, directors, trustees, and other				
	١,	disqualified persons	\vdash			
	'	Other notes and loans receivable	ł	- •		-
	١.	Less; allowance for doubtful accounts	\vdash		· · · · · · · · · · · · · · · · · · ·	
ets:	B	Inventories for sale or use	⊢			
Assets	9	Prepaid expenses and deferred charges	├			
~	liva	Investments - U.S. and state government obligations	 -	742 022	247 526	200 500
	١٥	Investments - corporate stock STMT 5	<u> </u>	343,833.	347,536.	
	c	Investments - corporate bonds STMT 6		148,138.	138,939.	143,435.
	11	investments - land, buildings, and equipment basks Less accumulated depreciation		- 1		
		Less accumulated depreciation				
		Investments - mortgage loans	<u> </u>			
	13	Investments - other	<u> </u>			
	14	Land, buildings, and equipment: basis		İ		
	ł	Less accumulated depreciation	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	i .	Other assets (describe	ļ			
	16	Total assets (to be completed by all filers - see the				
_		instructions. Also, see page 1, item I)		492,579.	500,294.	545,783.
		Accounts payable and accrued expenses	<u> </u>			
		Grants payable				
g	19	Deferred revenue		42.		
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			<u> </u>	
jab	21	Mortgages and other notes payable				
_	22	Other liabilities (describe 🕨)				
					_	i
	23	Total liabilities (add lines 17 through 22)	Щ.	42.	0.	
		Foundations that follow SFAS 117, check here 🕨 🗀 📗				
	l	and complete lines 24 through 26, and lines 30 and 31.				4
8	24	Unrestricted				,
Net Assets or Fund Balances		Temporarity restricted				·····
Ba	26	Permanently restricted			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Ē		Foundations that do not follow SFAS 117, check here 📗 🔀				
Ę		and complete lines 27 through 31.				
8		Capital stock, trust principal, or current funds		305,280.	305,280.	
Set		Paid-ın or capital surplus, or land, bldg., and equipment fund		0.	0.	اِ ا
As		Retained earnings, accumulated income, endowment, or other funds		187,257.	195,014.	
Net	30	Total net assets or fund balances		492,537.	500,294.	
				j		
<u>)</u>	31	Total liabilities and net assets/fund balances		492,579.	500,294.	
P	art i	Analysis of Changes in Net Assets or Fund Ba	ian	ces		
=						
		net assets or fund balances at beginning of year - Part II, column (a), line i	30		1	4
						492,537.
2	Enter	amount from Part I, line 27a		***,******* ***** *****	2	7,760.
3	Other	increases not included in line 2 (itemize)				0.
		nes 1, 2, and 3	<u></u>			500,297.
		ases not included in line 2 (Itemize) PRIOR PERIOD AI			5	3.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn	(b), line 30	6	500,294.

01-6008548 ... Form 990 PF (2018) TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE Page 3 Partiv 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, (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 18 PUBLICLY TRADED SECURITIES 4 SHORT TERM P b PUBLICLY TRADED SECURITIES - LONG TERM P c CAPITAL GAINS DIVIDENDS đ е (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) 18,075 18,435. -360. Ь 104,632. 111,680. -7,048. 24,314. 24,314 d <u>`е</u> *** 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 (i) Adjusted basis (k) Excess of col. (i) (i) FMV as of 12/31/69 Losses (from col. (h)) over col (j), if any as of 12/31/69 -360. ā -7.048. b 24,314. d٠ If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 16,906. 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 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No 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. Enter the appropriate amount in each column for each year, see the instructions before making any entries. (d) Distribution ratio (col. (b) divided by col. (c)) (a) Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 2017 28,045. 543,039. .051645 26,013. 491,413. .052935 2016 11,584. 466,204. .024847 2015 4,581. 184,431. .024839 2014 84,163. 4,317. .051293 2013 .205559 2 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 .041112 4 Enter the net value of noncharitable use assets for 2018 from Part X; line 5 527,738. 6 Multiply line 4 by line 3 21,696. 5 6 Enter 1% of net investment income (1% of Part I, line 27b) 256. 21,952. 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 32,578. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions. Form 990-PF (2018)

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BENJAMIN FULLER & HARRIET WILLIAMS MEM

	1990-PF (2018) TR, KENNEBEC SAVINGS BANK AGEN				008548		Page 4	-
	irt VI Excise Tax Based on Investment Income (Section 4940		or 49	48 - SE	e instru	Cuon	<u>s) </u>	:
18	Exempt operating foundations described in section 4940(d)(2), check here and er		i					ĺ
	Date of ruling or determination letter: (attach copy of letter if nece	essary-see instructions)	l			~ -		ì
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		·	_1		2	56.	:
	of Part 1, line 27b	,					}	1
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part I, line 12, col. (b).			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ĺ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth	ers, enter -0-)		2			0.	_
3	Add lines 1 and 2		.	3		2	56.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; otl	ners, enter -0-)	,, <i>,</i> ,, [4			<u>0.</u>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		[5		2	56.	
6	Credits/Payments:							ĺ
8	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0.					ŀ
	Exempt foreign organizations - tax withheld at source		0.	İ				l
C	Tax paid with application for extension of time to file (Form 8868)	6c	0.					
d	Backup withholding erroneously withheld	6d	.0.				ļ	Į
7	Total credits and payments. Add lines 6a through 6d	<u> </u>		7 -			0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	ched	· · · ·	В			0.	•
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9		2	56.	
-	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10				•
	Enter the amount of line 10 to be: Credited to 2019 estimated tax	Refunde		11				
	rt:VII-A Statements Regarding Activities		<u>.u</u>					•
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it participate or int	ervenė i	n		Yes	No	•
10	any political campaign?				1a	1	X	•
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos					 	X	•
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of		e ucilin		· , · ''	 		
	distributed by the foundation in connection with the activities.	ally materials published of					ָּן <u>'</u>	! !
_						·	- x -	•
	Did the foundation file Form 1120-POL for this year?				1c	+	A	í
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		0.			1	;	
	(1) On the foundation. > \$ 0. (2) On foundation managers.						}	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ure tax imposed on toundation						ĺ
_	managers. ▶ \$ 0.							Ť.
2	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.					1 ,	į	i
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in						-,	i
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year					 	X	,
	If "Yes," has it filed a tax return on Form 990-T for this year?			.N/2	45		-,- -	
5	$\dot{\text{W}} \text{as there a liquidation, termination, dissolution, or substantial contraction during the year?}$				5	ļ	Х	:
	If "Yes," attach the statement required by General Instruction T.					Ί		ĺ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:				1	}	į
	By language in the governing instrument, or					1 .	{	}
	ullet By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with th	e state l	aw		.		(
	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	ete Part II, col. (c), and Part X\	<i>!</i>		7	X	<u> </u>	
					,	i '		
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ıs. ►				1		!
	ME					1 .	{	!
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney General (or designate)						ŀ
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec						[]	7
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," comp	lete Part XIV			9		X	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing their names and addresses					X	
					Form 99			

BENJAMIN FULLER & HARRIET WILLIAMS MEM TR. KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548 Page 5 Part VII-A: Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A Telephone no. ► (207) 622-5801 14 The books are in care of **KENNEBEC SAVINGS BANK** Located at \$150 STATE ST., AUGUSTA, ME ZIP+4 **→04332** 15 Section 4947(a)(1) nonexempt charitable tructs filing Form 990-PF in lieu of Form 1041 - check here N/A 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 securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII:D Statements Regarding Activities for Which Form 4720 May Be Required Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies, 1a During the year, did the foundation (either directly or indirectly): (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? _____ Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available (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.) 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 1h ·· 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 before the first day of the tax year beginning in 2018? ... 10 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(1)(3) or 4942(1)(5)); 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? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

statement - see instructions.) N/A 2b during the year? Yes X No 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 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.) 36 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? X 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that Form 990-PF (2018)

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)	,				
5a During the year, did the foundation pay or incur any amount to:				Yes	No			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	🗀 Ye	s X No	-				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,								
any voter registration drive?								
(3) Provide a grant to an individual for travel, study, or other similar purposes?								
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				.			
4945(d)(4)(A)? See instructions		Ye	s X No					
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	ļ					
the prevention of cruelty to children or animals?		☐ Ye	s X No	1	1			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations						
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b				
Organizations relying on a current notice regarding disaster assistance, check h	nere		¨ ▶[¯]					
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it maintal	neđ		1	ŀì			
expenditure responsibility for the grant?	N.	//A □ y/	s No					
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				İ				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav oremiums on		1	Ι,				
a personal benefit contract?	pay promiumo on		s X No	· ' '	}			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	oregnal honefit contract?			6b	X,			
If "Yes" to 6b, file Form 8870.			····	" ,				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	holter transaction?	v	s 🕱 No		,			
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	_			
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	_		**** -	"				
is the foundation subject to the section 4500 tax on payment(s) of more than \$	r,000,000 in remuneration of	v	יי באו		,			
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste	es Foundation Mar	nagers Highly	3 [X] NO].	· I				
Paid Employees, and Contractors	es, i cultuation mai	lagers, riiginiy						
List all officers, directors, trustees, and foundation managers and tr	neir compensation.							
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exp	ense			
(a) Name and address	hours per week devoted	(if not paid, enter -0-)	(d) Contributions lo employee benefit clans and deferred compensation	(e) Exc account allowa	other			
KENNEBEC SAVINGS BANK	AGENT	enter -0-1	Compensation	dilowa	11003			
150 STATE STREET	nouna			İ				
AUGUSTA, ME 04332	1.00	0.	0:		0.			
	TRUSTEE			 	<u> </u>			
150 STATE STREET	IKODIBB							
AUGUSTA, ME 04332	1.00	0.	0.	1	0.			
· · · · · · · · · · · · · · · · · · ·	TRUSTEE	<u> </u>		<u> </u>	<u> </u>			
150 STATE STREET	IKUSIEE							
AUGUSTA, ME 04332	1.00	0.	0.	ŀ	0.			
	TRUSTEE	<u> </u>	0.		<u> </u>			
WILLIAM S. HILL 150 STATE STREET	IKOSIEE			ł				
AUGUSTA, ME 04332	1.00	0.	0.		0.			
2 Compensation of five highest-paid employees (other than those inc			0.	<u> </u>	··			
Compensation of the highest-paid employees totale than those the	(b) Title, and average	I I I I I I I I I I I I I I I I I I I	(d) Contributions to	(e) Exp	ense			
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account	, other			
NOVE	devoted to position		compensation	allowa	nces			
NONE								
	,	,		 				
		,		ľ				
		<u> </u>		 	 .			
		[
				 				
				 				
				<u> </u>	 .			
Total number of other employees paid over \$50,000		 · · · · · · · · · · · · · · · · ·	<u></u>	OOO DE	0			

BENJAMIN FULLER & HARRIET WILLIAMS MEM 01-6008548 Form 990'PF (2018) TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A

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All other program-related investments. See instructions.

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Minimum Investment Return (All domestic foundations must complete this part, Foreign foundations, see Instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 528,561. 12 7.214. b Average of monthly cash balances 16 c Fair market value of all other assets 10 535,775. d Total (add lines 1a, b, and c) 10 e Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 535 3 Subtract line 2 from line 1d 8.037. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 527,738. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 26.387. Minimum investment return. Enter 5% of line 5. Part XI | Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(5) private operating foundations and certain foreign organizations, check here | and do not complete this part.) Minimum investment return from Part X, line 6 26,387. 256. Tax on investment income for 2018 from Part VI, line 5 Income tax for 2018. (This does not include the tax from Part VI.) 256. c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 26.131. 3 3 Recoveries of amounts treated as qualifying distributions Λ. 4 Add lines 3 and 4 ______ 5 Deduction from distributable amount (see instructions) 6 26. 131. 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 32,578. 1a b Program-related investments - total from Part IX-B 16 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: Sultability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 32,578. 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 256. income. Enter 1% of Part I, line 27b 322. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2018)

4940(e) reduction of tax in those years.

Form 990-PF (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,		route prior to 200		26,131.
line 7				20,131.
2 Undistributed Income, if any, as of the end of 2018			6,983.	
a Enter amount for 2017 only			0,363.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:		0.	- •	
1				1
a From 2013				
b From 2014 c From 2015				'
15 0045				1
- F-o 0017	•			
4 × 4 + 41 0 - 41 1 -	0.	:		
4 Qualifying distributions for 2018 from				
Part XII, line 4: > \$ 32,578.				
a Applied to 2017, but not more than line 2a			6,983.	
b Applied to undistributed income of prior			0,2001	
years (Election required - see instructions)	_	0.	•.	ļ
c Treated as distributions out of corpus	-			1
(Election required - see instructions)	0.			,
d Applied to 2018 distributable amount				25,595.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount of must be shown in column (a))			_	
6 Enter the net total of each column as indicated below:	:			
8 Corpus. Add lines 3f, 4c, and 4e, Subtract line 5	0.	,)
b Prior years' undistributed income. Subtract	-			
line 4b from line 2b		0.		
c Enter the amount of prior years'	*			
undistributed income for which a notice of deficiency has been issued, or on which				1
the section 4942(a) tax has been previously	,			
assessed		0.	*	,
d Subtract line 6c from line 6b. Taxable				-
amount - see instructions		. 0 .		ļ
e Undistributed income for 2017. Subtract line			_	
4a from line 2a. Taxable amount - see instr.	-	· · · · · · · · · · · · · · · · · · ·	0.	
f Undistributed Income for 2018. Subtract		'		
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				536.
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	۸.			•
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.	0.			
Subtract lines 7 and 8 from line 6a	0.		•	
Analysis of line 9:				
b Excess from 2015				
c Excess from 2016	ļ		•	,]
d Excess from 2017				{
a Excess from 2018	`		,	

01-6008548 Form 990-PF (2018) TR. KENNEBEC SAVINGS BANK AGENT FOR TTEE Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A guestion 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 b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2018 (b) 2017 (c) 2016 (d) 2015 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) ... b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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 payalties) (2) Support from general public and 5 or more exempt organizations as provided in seption 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income , Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Fig. 1 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: ATTN: 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: WRITTEN REQUEST 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: TRUST DISTRIBUTES INCOME TO SUPPORT HEALTH EDUCATION OF BOYS & GIRLS

PURSUANT TO THE TRUST AGREEMENT

TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548 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, show any relationship to any foundation manager or substantial contributor Recipient **Foundation** Purpose of grant or **Amount** status of contribution Name and address (home or business) reciplent a Paid during the year BABSON COLLEGE - CHRISTINA HODGKINS NONE SCHOLARSHIP AWARD 231 FOREST ST BABSON PARK, MA 02457 1,500. CLARK UNIVERSITY - NATHAN HUYNH NONE SCHOLARSHIP AWARD 950 MAIN ST WORCESTER MA 01610 2,500. GORDON COLLEGE - MAGGIE ANDERSON SCHOLARSHIP AWARD NONE 255 GRAPEVINE RD 1,500. WRENTHAM, MA 01984 KENNEBEC VALLEY COMMUNITY COLLEGE -NONE SCHOLARSHIP AWARD CORBIN DOSTIE 92 WESTERN AVE FAIRFIELD ME 04937 1,500. SPRINGFIELD COLLEGE - DAKOTA CARTER NONE SCHOLARSHIP AWARD 263 ALDEN ST SPRINGFIELD, MA 01109 1,250. SEE CONTINUATION SHEET(S) 30,250. → 3a Total .. b Approved for future payment NONE

Total

Analysis of Income-Producing Activities

01-6008548 Page 12 TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE

	Unrelated	business income	Cualis	ded by cost on \$12 \$12 or \$14	
Enter gross amounts unless otherwise Indicated.	(a) Business	(b) Amount	(c) Exclu- sion	ded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Amount	iunction income
a					
b				<u> </u>	
C				·	
d					
e			ļ		
f					
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments	\vdash		ļ		
3 Interest on savings and temporary cash	1		اما	400	
investments			14	196.	
4 Dividends and interest from securities			14	10,851.	
5 Net rental income or (loss) from real estate;	·	· · · · · · · · · · · · · · · · · · ·			-
a Debt-financed property ,					
b Not debt-financed property ,,					
6 Net rental income or (loss) from personal	i I				
property					
7 Other investment income			L		
8 Gain or (loss) from sales of assets other	1 1				
than inventory			18	16,906.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	ļl.				
11 Other revenue:] 1			•	
2	1				
b		"			
c					
d					
e	<u> </u>				
12 Subtotal. Add columns (b), (d), and (e)		0.		27,953.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	27,953.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Accon	nplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incom			contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing fund	ls for such purposes).			
				<u></u>	
				W	
· · · · · · · · · · · · · · · · · · ·					
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Form 990-PF (2018) TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548

Part:XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

01-6008548

Page 13 .

	<u> </u>	Exempt Organizations			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1	Did the o		any of the following with any other organi	ration described in sect	ion 501(c)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
•			section 527, relating to political organization			ļ.	_	
2	-	from the reporting foundation to a nonch					l	
	•	• •				18(1)		X
						1a(2)		X
b		nsactions;						
	(1) Sale	s of assets to a noncharitable exempt orga	anization		M	16(1)		X
	(2) Puro	hases of assets from a noncharitable exer	mpt organization			16(2)		X
	(3) Rent	al of facilities, equipment, or other assets				16(3)	,	X
	(4) Rein	nbursement arrangements	h	1		1b(4)		X
	(5) Loar	s or loan guarantees				16(5)		X
	(0) Perfe	ormance of services or membership or ful	ndraising solicitations	1000000 8 1 1 1 2 1 1 1 1		16(6)		X
C.	Sharing o	of facilities, equipment, mailing lists, other	assets, or paid employees			10		X
			the following schedule. Column (b) should			ther ass	ets,	-
			foundation received less than fair market v					
	column (d) the value of the goods, other assets, or	services received.	-				
(a)L	ine no.	(b) Amount involved (c) Na	me of noncharitable exempt organization	(d) Description	of transfers, transactions, and si	naring em	angemer	ıts
			N/A					
	J							
							-	-
				•				-
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			· · · · · · · · · · · · · · · · · · ·					
-								
	1							
	in section		i, or related to, one or more tax-exempt org in section 527?			Yes	X) No
		. (a) Name of organization	(b) Type of organization	on .	(c) Description of relationsh	ip		
	-	N/A						
			,					
			<u> </u>					
Się He	n and be	penalties of periury, I deplare that have examine allef, it is true (concernated complete, the true feature)	thy return, including accompanying schedules an of troparer (other than taxpayer) is based on all infor	d statements, and to the be mation of which preparer h	as any knowledge. May retui	the IRS on with the vn below	prepare 7 See ins	er
	Sign	nature of officer or trustee	Date	Title	L _	-	: :	
		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self- employed			
Pa		NICK CROSMAN	NICK CROSMAN	12/09/19		498		
	eparer e Only	Firm's name ► WIPFLI LLP			Firm's EIN ► 39-07	58,4	49	
		Firm's address ► 30 LONG C	REEK DRIVE	-	•	- ; -		—
			TI.AND MP 0/106-2/3	7	207 77	4 5	701	

TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548

3 Grants and Contributions Paid During the You		<u>-</u>		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
ST. JOSEPH'S COLLEGE - ANDREW GOODALL	NONE	ļr	SCHOLARSHIP AWARD	
278 WHITES BRIDGE RD		1		
STANDISH, ME 04084			-	1,000
ST. JOSEPH'S COLLEGE - KATELYN PINO	NONE	F	SCHOLARSHIP AWARD	
278 WHITES BRIDGE RD				1,50
STANDISH, ME 04084				1,500
THOMAS COLLEGE - ROBERT HARMON	NONE		SCHOLARSHIP AWARD	
180 WEST RIVER ROAD				
WATERVILLE, ME 04901				1,50
UNIVERSITY OF MAINE AT FARMINGTON -	NONE	I	SCHOLARSHIP AWARD	
JORDAN BAILEY				
224 MAIN ST				
FARMINGTON, ME 04938				1,25
UNIVERSITY OF MAINE AT ORONO -	NONE	Į.	SCHOLARSHIP AWARD	
BENJAMIN LEET		ł		
ORONO CAMPUS				
ORONO, ME 04469				750
UNIVERSITY OF MAINE AT ORONO - NATHAN	NONE	Į.	SCHOLARSHIP AWARD	
PRATT-HOLT				
ORONO CAMPUS				4 50
DRONO, ME 04469				1,500
UNIVERSITY OF MAINE AT ORONO - OLIVIA	NONE	Į.	SCHOLARSHIP AWARD	
RANCOURT				
ORONO CAMPUS ORONO, ME 04469				750
UNIVERSITY OF MAINE AT ORONO - OLIVIA VARNEY	NONE	*	SCHOLARSHIP AWARD	
DRONO CAMPUS				
DRONO, ME 04469				1,500
UNIVERSITY OF MAINE AT ORONO - SYDNEY	NONE	T T	SCHOLARSHIP AWARD	
GRBEN CONTROL				
DRONO CAMPUS				:
DRONO, ME 04469		-		750
UNIVERSITY OF NEW ENGLAND - ALEXIS	NONE	F F	SCHOLARSHIP AWARD	
BONENFANT				
11 HILLS BEACH RD				1,500
BIDDEFORD, ME 04005				

BENJAMIN FULLER & HARRIET WILLIAMS MEM TR, KENNEBEC SAVINGS BANK AGENT FOR TTEE 01-6008548

Part XV Supplementary Information Grants and Contributions Pald During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor SCHOLARSHIP AWARD UNIVERSITY OF NEW HAVEN - EMMA CONRAD NONE 300 BOSTON POST RD WEST HAVEN, CT 06516 750. UNIVERSITY OF SOUTHERN MAINE - HOPE NONE SCHOLARSHIP AWARD HOANG 96 FALMOUTH ST PORTLAND, ME 04103 1,250. TUFTS UNIVERSITY- MADELYN DWYER SCHOLARSHIP AWARD NONE 419 BOSTON AVENUE MEDFORD, MA 02155 1,000. UNIVERSITY OF NEW HAMPSHIRE- NORA NONE SCHOLARSHIP AWARD CONRAD 105 MAIN STREET DURHAM, NH 03824 1,000. BATES COLLEGE- NATHANIEL BERRY NONE SCHOLARSHIP AWARD 2 ANDREWS ROAD LEWISTON ME 04240 1,000. BROWN UNIVERSITY- MACGUIRE ANUSZEWSKI NONE SCHOLARSHIP AWARD 75 WATERMAN STREET PROVIDENCE, RI 02912 1,000. UNIVERSITY OF MICHIGAN- MOLLIE NONE SCHOLARSHIP AWARD BERGLUND 500 S STATE ST ANN ARBOR, MI 48109 ... 1,000. SAINT THOMAS UNIVERSITY- ERIN NONE SCHOLARSHIP AWARD **PRANKHAUSER** 16401 NW 37TH AVENUE MIAMI GARDENS, PL 33054 1,000. BRYANT UNIVERISTY- SYDNEY AVERY SCHOLALSHIP AWARD NONE 1150 DOUGLAS PIKE SMITHPIELD RI 02917 1,000. CONNECTICUT COLLEGE- GRACE BEGIN NONE SCHOLARSHIP AWARD 270 MOREGAN AVENUE NEW LONDON, CT 06320 1,000. Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

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

2018

Name of the organization

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

Schedule of Contributors

Employer identification number

01-6008548

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation				
	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					
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See Instructions.				
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution one contributor. Complete Parts I and II. See Instructions for determining a c					
Special Rules	•					
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/39 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, ling, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that received from				
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receitions of more than \$1,000 exclusively for religious, charitable, scientific, literaty to children or animals. Complete Parts I (entering "N/A" in column (b) inste	ry, or educational purposes, or for the				
year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece exclusively for religious, charitable, etc., purposes, but no such contributions ere the total contributions that were received during the year for an exclusive applete any of the parts unless the General Rule applies to this organization to be etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000. If this box Bely religious, charitable, etc., Decause it received nonexclusively				
-	at isn't covered by the General Rule and/or the Special Rules doesn't file Sch					
	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	or on πs Form 990-PF, P2π I, line 2, to				
LHA For Paperwork Reduction	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)				

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

Employer identification number

01-6008548

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT FULLER, JR 11215 SEVEN LOCKS ROAD POTOMAC, MD 20854	\$ <u>15,000.</u>	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 Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) . Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

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

01-6008548

Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f 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
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MATARIA MATARI	- - - - - - - - -	

Name of organization

Employer identification number

BENJAMIN FULLER & HARRIET WILLIAMS MEM

KENNEBEC	SAVINGS	BANK	AGENT	FOR	TTER	
		~2241	2202242	- 011		

?art III Ex	IEBEC SAVINGS BANK AGE clusively religious, charitable, etc., contributions	ons to organizations described in se	U 1 - 6 U U 8 5 4 8 ection 601(c)(7), (8), or (10) that total more than \$1,000 for the yea						
	om any one contributor. Complete columns (a)	through (e) and the following line en	try. For organizations less for the year. (Enter this info, once) \$						
Us	se duplicate copies of Part III if additional:	space is needed.	tess for the year. (Elizi inis into, once)						
a) No. from									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
•	,								
-									
_									
	(e) Transfer of gift								
	··· -								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
	,	-							
n) No. From Part I	(h) Dimmon of sith	(c) Use of gift	(d) Description of how gift is held						
art I	(b) Purpose of gift	(c) Use of girt	(d) Description of now girt is field						
		ريمت ما المحادي							
ŀ ـــ	·	·	<u> </u>						
`		·							
ļ			<u>``</u>						
ŀ		(e) Transfer of gift	t						
<u></u>	Transferee's name, address, ar	id ZIP +:4	Relationship of transferor to transferee						
			 						
	 								
) No									
i) No. Irom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
rart I									

- -									
<u> </u>	· · · · · · · · · · · · · · · · · · ·		} } }						
-	(e) Transfer of gift								
	fol timping of Aur								
	Transferee's name, address, an	d ZIP.+ 4`	Relationship of transferor to transferee						
-									
n) No. From Part I	, , ,								
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_									
,		(e) Transfer of gift							
	Transferee's name, address, an	d ZIP.+ 4	Relationship of transferor to transferee						
			100.0.0						
-		,							

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	347,536.	388,529	
TOTAL TO FORM 990-PF, PART	347,536.	388,529	
FORM 990-PF	CORPORATE BONDS	-	STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	138,939.	143,435.	
TOTAL TO FORM 990-PF, PART	138,939.	143,435.	

FORM 990-PF INTERE	ST ON SAVI	ngs and tem	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE	REVE	REVENUE NET IN		(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME	
CORPORATE				196.		
TOTAL TO PART I, LI				196.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO	
DIVIDENDS LTCG DIVIDENDS STCG DIVIDENDS	9,887 24,314 964	24,31	0. 4. 0.	9,887. 0. 964.	-	77. 0. 54.
TO PART I, LINE 4	35,165	24,31	10,851.		10,85	1.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	vest-	(C) ADJUSTED NET INCOM	
TAX PREP		700.	350.			350.
TO FORM 990-PF, PG	1, LN 16B =	700.		350.		350.
FORM 990-PF		TAX	TAXES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
FEDERAL EXCISE TAX PAYMENTS		286.	•	0.		0.
TO FORM 990-PF, PG	1, LN 18 _	286.		0.		0.
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