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Form 990 Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

mema	neve	inue Service India: The realisation may t	oc abic to ase a copy of this	Totalli to Satisfy State Topo	rang requirements	
For c	alend	lar year 2011 or tax year beginning		, and ending		
Nam	ne of t	foundation			A Employer identification	number
	•					
\mathbf{E}^{I}	AST	THÀMPTON SAVINGS FOUNDA	TION, INC.		04-3371592	
		d street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
		MAIN STREET				4111
		wn, state, and ZIP code			C If exemption application is p	
		THAMPTON, MA 01027			- II exemption application is p	winding viscok lide F
		all that apply Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organizations	s check here
u c	HECK	Final return	Amended return	offiler public charity	1. Totelgii organizations	S, CHECK HEIE P
		Address change	Name change		Foreign organizations me 2. check here and attach co	eeting the 85% test,
H C	hack	type of organization: X Section 501(c)(3) ex			1	
T (_		empt private roundation Other taxable private founda	ation	E If private foundation sta	
l Fai				1	under section 507(b)(1)	
		rket value of all assets at end of year J Accounting	•	Accrual	F If the foundation is in a	
(fro		Part II, col. (c), line 16) 0t 0t 0t	her (specify)	hacie l	under section 507(b)(1))(b), cneck nere
	-		I		4-> 6 11 11 1	(d) Disbursements
ra	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
—-	_		787631.		income	(cash basis only)
		Contributions, gifts, grants, etc., received	/8/831.			
		Check [Interest on savings and temporary cash investments	7991.	7991.	<u> </u>	STATEMENT I
			10728.	10728.		STATEMENT 2
		Dividends and interest from securities	10/28.	10/28.		TIMIEPENI Z
		Gross rents				
	_	Net rental income or (loss)	61.			
9	ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	01.		<u> </u>	
Revenue		Gross sales price for all assets on line 6a 61.		<i>C</i> 1	<u> </u>	
Re		Capital gain net income (from Part IV, line 2)		61.		
_	_	Net short-term capital gain	<u> </u>			
	9	Income modifications				
		and allowances				
		Less Cost of goods sold				
		Gross profit or (loss)				
	• •	Other income	006411	10700		
		Total. Add lines 1 through 11	806411.	18780.	0.	1
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	i	Other employee salaries and wages		= = OFN/FN	 	
S		Pension plans, employee benefits		RECEIVED		
Expenses	16a	Legal fees	\\\		<u> </u>	
(bei	b	Accounting fees	32	MAV 1 5 2012	S	
Ä	C	Other professional fees	9	MAY 1 5 2012	&	
Administrative	17	Interest) W	The second of the second	11=1	
tra	18	Taxes		DGDEN. UI		<u> </u>
inis	19	Depreciation and depletion	<u> </u>	0 45 =		
Ē	20	Occupancy				
Ă	1	Travel, conferences, and meetings				
and		Printing and publications				
g	23	Other expenses STMT 3	125.	0.	0.	125.
perating	24	Total operating and administrative		_	<u>.</u>	
pe (expenses. Add lines 13 through 23	125.	0.	0.	125.
Operating and Administrati		Contributions, gifts, grants paid	187167.			187167.
	26	Total expenses and disbursements.				
3	L.	Add lines 24 and 25	187292.	0.	0.	187292.
3	27	Subtract line 26 from line 12			:	1
	a	Excess of revenue over expenses and disbursements	619119.	, , , , , , , , , , , , , , , , , , ,	<u> </u>	-
	b	Net investment income (if negative, enter -0-)		18780.		

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 990-PF (2011)

0.

c Adjusted net income (if negative, enter -0-)

1

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1027027
2	Enter amount from Part I, line 27a	2	619119
	Other increases not included in line 2 (itemize) SEE STATEMENT 4	3	29717
-	Add lines 1, 2, and 3	4	1675863
	Decreases not included in line 2 (itemize)	5	0
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1675863
<u>~</u>	Total not appete at lane at the at lane at lan		

Form **990-PF** (2011)

Part IV Capital Gains	and Los	ses for Tax on In	vestment	Income					
(a) List and des 2-story brick w	cribe the kin varehouse; o	d(s) of property sold (e.g r common stock, 200 shs	, real estate, . MLC Co)		(b) Hov P - P D - C	v acquired urchase Jonation		e acquired day, yr)	(d) Date sold (mo., day, yr.)
1a SECURITIES LIT	IGATI	ON PAYOUT					12/	31/11	12/31/11
<u>b</u>		 							ļ
<u>c</u>					├				
<u>d</u>									
	(f) D	epreciation allowed	In) Cas	t or other basis			(h)	Gain or (loss	<u> </u>
(e) Gross sales price	, ,,	(or allowable)		xpense of sale				us (f) minus	
a 61.	•								61.
b	<u> </u>								
<u>c</u>	1					 			
<u>d</u>	 								
Complete only for assets show	ing gain in c	olumn (h) and owned by t	he foundation	on 12/31/69			(I) Gains	(Col (h) gain	minus
) Adjusted basis		cess of col. (I)			ol (k), bu	t not less tha	ın -0-) or
(i) F.M.V. as of 12/31/69		as of 12/31/69		col. (j), if any			Losse	s (from col	
a			·						61.
b	_								
<u>C</u>	 								
<u>d</u>	ļ								
<u>e</u>	1				<u> </u>				
2 Capital gain net income or (net	canital loss)	If gain, also enter If (loss), enter -0-	In Part I, line :	7 7	- 	2			61.
• •				,	7 🖯				
3 Net short-term capital gain or (I If gain, also enter in Part I, line is			a (o).)				
If (loss), enter -0- in Part I, line	8.				<u> </u>	3		N/A	1
Part V Qualification						stment In	come		
(For optional use by domestic priva	ite foundatio	ns subject to the section 4	1940(a) tax on	net investment ir	ncome.)				
If section 4940(d)(2) applies, leave	this part bla	nk.							
			4	AL . L	40				Yes X No
Was the foundation liable for the so if "Yes," the foundation does not qu				•	noa?				LI 162 LAI MU
1 Enter the appropriate amount i					ies.				
(a)		(b)			(c)			Dietri	(d) ibution ratio
Base penod years Calendar year (or tax year begin	ning In)	Adjusted qualifying dist		Net value of no	onchanta			(col. (b) di	vided by col. (c))
2010			80240.			91820			.196296
2009			52275.			74172			.205298
2008			56830.			89160			.288054
2007			12825. 50466.			94857 83400			.329785
2006		3	30400.			03400	 -	<u> </u>	. 420223
2 Total of line 1, column (d)							2		1.439656
3 Average distribution ratio for th		e neriod - divide the total o						<u> </u>	
the foundation has been in exis							3		.287931
		•							
4 Enter the net value of nonchari	able-use ass	ets for 2011 from Part X,	line 5		٠		4		1200104.
									245545
5 Multiply line 4 by line 3							. 5		345547.
									188.
6 Enter 1% of net investment inc	ome (1% of	Part I, line 27b)					. <u> 6</u>		. 100.
7 Add lines 5 and 6							7		345735
, Mud IIII 65 3 and 0			• •				·		
8 Enter qualifying distributions for	om Part XII,	line 4					8		187292
If line 8 is equal to or greater th						tax rate			
See the Part VI instructions									

	n 990-PF (2011) EASTHAMPTON SAVINGS FOUNDATION, INC.	04-33			Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948 - se	instru	ction	<u>1S)</u>
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.		5		• •
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				2.00
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	1		3	<u>76.</u>
	of Part I, 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). $ {\cal J} $				^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2	3		3	76.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	. 5	.,	<u></u> ع	76.
	Credits/Payments:				′
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	72:			
	b Exempt foreign organizations - tax withheld at source				
	c Tax paid with application for extension of time to file (Form 8868)				
	d Backup withholding erroneously withheld			^	70
	Total credits and payments Add lines 6a through 6d	7 -		9	<u>72.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	· · · · · · · · · · · · · · · · · · ·	9			<u>~~</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			96.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► 596 • Refunde	d ▶ 11			0.
	art VII-A Statements Regarding Activities		 	Vaa	No
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or int	ervene in		162	X
	any political campaign?		11		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition of the state o		1b	••••	-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	iblished or			
	distributed by the foundation in connection with the activities.		1.		х
	c Did the foundation file Form 1120-POL for this year?		. 1c		
a	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 - (2) On foundation managers ▶ \$	0.			
_	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1		
e	managers. > \$ 0.	•			
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	•	Х
2	If "Yes," attach a detailed description of the activities.	• • • •	-		-
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	ation or			
Ü	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	2000, 01	3	ĺ	Χ
42	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	·· N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
٠	If "Yes," attach the statement required by General Instruction T.	• • • •	**********		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
-	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with tr	ie state law	ŀ		
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.				
8a	Ba Enter the states to which the foundation reports or with which it is registered (see instructions)		_ [
	MA		<u> </u>		
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		_ - -		
_	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9					
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10			. 10		X
			Form 990	-PF	(2011)

orm	990-PF (2011) EASTHAMPTON SAVINGS FOUNDATION, INC. 04-337	<u> 1592</u>		2age 5
Pa	rt VII-A Statements Regarding Activities (continued)			
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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► BOZENA DABEK Telephone no. ► 413-7	79-2	<u> 296</u>	
	Located at ► 36 MAIN STREET, EASTHAMPTON, MA ZIP+4 ►0	1027		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, ▶	Ш
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	1 3	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	ŀ		
FREE	country	L		
P	art 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
18	During the year did the foundation (either directly or indirectly)			i.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(a) remain goods to the second of the second			
	(4) Tay componential of pay of feminearies and expenses of a sequence person.			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1		
	101 the bollone of both an eleganited person,			
	(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.)	ŧ		
	torrandition of government outloop in terraindening manifest of the control of th			
	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)?	16		
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	·	
	Organizations relying on a current notice regarding disaster assistance check here			
	before the first day of the tax year beginning in 2011?	10	1	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	'		
~	defined in section 4942(j)(3) or 4942(j)(5)).			
	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No			
	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	1		
	statement - see instructions) N/A	2b	<u> </u>	
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	•		1	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No	ŀ		
	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after	1	-	
	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			1
	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,			1
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	3b	-	 ,
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 <u>a</u>	<u> </u>	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		ļ .	
_	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	. 4b		<u>X</u>
		Form 99 (J-PF	(2011)

orm 990-PF (2011) EASTHAMPTON SAVINGS FOUN			04-33715	92 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to.				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No	1 1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		,],
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	es X No	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,				
the prevention of cruelty to children or animals?			s X No	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und			3 (22) (10)	1 1
			N/A	5b / /
section 53 4945 or in a current notice regarding disaster assistance (see instru	· · · · · · · · · · · · · · · · · · ·			
Organizations relying on a current notice regarding disaster assistance check h			·· ' 🖵 [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		I <u>/A</u> . L Ye	es No	1 1
If "Yes," attach the statement required by Regulations section 53.494			1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		(T)	
a personal benefit contract?		∟ Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit 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	helter transaction?	. L Ye	es 🗓 No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	y	
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their				
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
(-)	to position	`enter`-0-)	compensation	allowances
SEE STATEMENT 6		0.	0.	0.
			j	
			ł	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(-) Nome and address of each ampleus and man then \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other
NONE	,, ,, ,, ,, ,, ,, ,, ,,			
				· · · · · · · · · · · · · · · · · · ·
	1			
		<u> </u>		
		 	 	
		 	-	
	1			
Total number of other employees and ever \$50,000	<u> </u>	L	<u> </u>	0
Total number of other employees paid over \$50,000	····	··		

Form 990-PF (2011) EASTHAMPTON SAVINGS FOUNDATION, INC. 04	-3371592 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 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
	_
3	
	-
4	
	_
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
1 NONE	_
	0.
2	_
	-
All other program-related investments. See instructions	
3 NONE	-
	0.
Total. Add lines 1 through 3	
	Form 990-PF (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	540864.
	Average of monthly cash balances	1b	677516.
	Fair market value of all other assets	10	
	Total (add lines 1a, b, and c)	1d	1218380.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1218380.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	18276.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1200104.
6_	Minimum Investment return. Enter 5% of line 5	6	60005.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum Investment return from Part X, line 6	1	60005.
2a	Tax on investment income for 2011 from Part VI, line 5 2a 376.		
b	Income tax for 2011. (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	376.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	59629.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	59629.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	59629.
P	art XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	12	187292.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	187292.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	187292.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for 1	the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	,			
line 7		,		59629.
2 Undistributed income, If any, as of the end of 2011				
a Enter amount for 2010 only	,		0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2011:		······································	111111111111111111111111111111111111111	
a From 2006 309186.	,		,	,
b From 2007 266748.				
c From 2008 212668.				
d From 2009 115477.			,	
e From 2010 134652.				· '
f Total of lines 3a through e	1038731.			
4 Qualifying distributions for 2011 from				•••••
Part XII, line 4: ►\$ 187292.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				······································
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			***************************************	***************************************
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount			161111 11P16111P111111111	59629.
e Remaining amount distributed out of corpus	127663.			
5 Excess distributions carryover applied to 2011	0.	···· /····	***************************************	0.
(If an amount appears in column (d), the same amount must be shown in column (a))	J.			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1166394.			
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 assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of		**************************************		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	309186.	,	,	
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	857208.			
10 Analysis of line 9		······································		
a Excess from 2007 266748.				
b Excess from 2008 212668.			ĺ	2 22
c Excess from 2009 115477.	,		,	
d Excess from 2010 134652.	. 5	,	*	
e Excess from 2011. 127663.	1	,		
G LAUGSS HUHI ZUTT. 1 12 7 0 0 3 6	<u> </u>	···········	<u> </u>	50m 990-PE (2011)

	IPTON SAVING				71592 Page	10
Part XIV Private Operating F			l-A, question 9)	N/A		
1 a If the foundation has received a ruling of						
foundation, and the ruling is effective fo		•	▶ ∟	1		
b Check box to indicate whether the foun		ng foundation described i		4942(j)(3) or 49	942(j)(5)	
2 a Enter the lesser of the adjusted net	(a) 2011	(5) 0010	Prior 3 years	(4) 2000	(a) Total	
income from Part I or the minimum	(2) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total	
investment return from Part X for						
each year listed	<u> </u>	<u> </u>	 		<u> </u>	
b 85% of line 2a	<u> </u>		 	 	<u> </u>	
e Qualifying distributions from Part XII,	•					
line 4 for each year listed	}	ļ	 	 	·	
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities						
 Qualifying distributions made directly for active conduct of exempt activities. 	ļ		1			
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the		 		 		_
alternative test relied upon						
a "Assets" alternative test - enter: (1) Value of all assets		ļ	1			
• •				-		
(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,		(Ĭ		Ì	
dividends, rents, payments on securities loans (section						
512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from			}			
an exempt organization .				ļ		
(4) Gross investment income	1	<u> </u>		1 105 000	1	
Part XV Supplementary Info			if the foundation	n nad \$5,000 or m	ore in assets	
		i detions./			 -	
1 Information Regarding Foundati a List any managers of the foundation w	•	than 20% of the total cont	ributions received by th	a foundation hafors the clo	ca of any tay	
year (but only if they have contributed			indutions received by the	e logitoation before the cio	Se of ally tax	
NONE						
b List any managers of the foundation w	ho own 10% or more of the	he stock of a corporation	(or an equally large port	ion of the ownership of a p	artnership or	_
other entity) of which the foundation h			,		·	
NONE						
2 Information Regarding Contribu	tion, Grant, Gift, Loan	, Scholarship, etc., Pi	rograms:			
Check here 🕨 🔲 ıf the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds If	
the foundation makes gifts, grants, etc	. (see instructions) to indi	viduals or organizations u	inder other conditions, o	complete items 2a, b, c, an	d d	
a The name, address, and telephone nur		m applications should be	addressed:			
BOZENA C DABEK, 413-						
36 MAIN STREET, EAS		····				
b The form in which applications should APPLICATIONS AVAILAL		•	hould include:			
c Any submission deadlines SEE APPLICATION FOR						
d Any restrictions or limitations on aware			kinds of institutions or	other factors:		_
NOT APPLICABLE	us, sucii as ny yenyiapiiio	ai aitas, ciiaillavie lielus,	หแนง บา แเอเมียนกแร่, กา	omer factors		

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
VALLEY COMMUNITY DEVELOPMENT	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
CORPORATION	ROI REDATED	501(0)(3)	BAERITI FORFOSE	
ON FILE - DETAILS AVAILABLE UPON REQUEST				8000
NORTHAMPTON EDUCATION FOUNDATION ON FILE - DETAILS AVAILABLE UPON	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
REQUEST				11000
WESTERN MASSACHUSETTS ENTERPRISE FUND ON FILE - DETAILS AVAILABLE UPON	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
REQUEST				4000
PIONEER VALLEY HABITAT FOR HUMANITY	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
PIONEER VALLET RABITAT FOR HUMANITY ON FILE - DETAILS AVAILABLE UPON REQUEST	NOT RELATED	501(0)(3)	EXEMPT PURPOSE	5000
NAL COLOR				
AMERICAN RED CROSS PIONEER VALLEY	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON REQUEST				7500
Total SEE CON	TINUATION SHE	ET(S)	. > 3a	187167
b Approved for future payment				
FRIENDS OF GRANBY FREE PUBLIC LIBRARY	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON REQUEST				12500
HAMPSHIRE COMMUNITY UNITED WAY	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON REQUEST				22000
CONSUMER CREDIT COUNSELING SERVICE OF	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
SOUTHERN NEW ENGLAND ON FILE - DETAILS AVAILABLE UPON				
Total SEE COI	 NTINUATION SHE	T(S)		2500 153667
				rm 990-PF (2011

Part XVI-A Analysis of Income-Producing Activities

	Unrelated	business income	Eyalııdad t	by section 512, 513, or 514	4-1
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code		
<u>a</u>			+		
b		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	 	· · · · · · · · · · · · · · · · · · ·			
d	 	 			
8					
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			- -		
3 Interest on savings and temporary cash					
investments			14	7991.	
4 Dividends and interest from securities	1		14	10728.	
5 Net rental income or (loss) from real estate:		······································			
a Debt-financed property	<u> </u>				
b Not debt-financed property					
6 Net rental income or (loss) from personal					
· · ·					
property	-		- 		
8 Gain or (loss) from sales of assets other	ļ <u>-</u>				
	1 1		18	61.	
than inventory			 	020	
10 Gross profit or (loss) from sales of inventory	<u> </u>				
11 Other revenue:					
_					
a	·				
h			1 1		
b					
c	1				
c	1				
c).	18780.	0
d e 12 Subtotal Add columns (b), (d), and (e)).	18780.	10700
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				40	10700
d e 12 Subtotal Add columns (b), (d), and (e)				13	10700
t d e 12 Subtotal Add columns (b), (d), and (e)	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e)	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the second seco	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the second seco	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the second seco	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the second seco	to the Accor	mplishment of	Exempt P	urposes	18780
t d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the second seco	to the Accor	mplishment of	Exempt P	urposes	18780
c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780
t e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income	to the Accor	mplishment of	Exempt P	urposes	18780

Part XVII	Exempt Organi		sters To a	ind Transactions	s and Relati	onships With M	Noncharit	able	
1 Did the ord	anization directly or indir		of the following	n with any other organiz	ation described i	n section 501(c) of		""]Y	es No
	other than section 501(c)					. 3000011 30 1(0) 01	[Ť	
	rom the reporting founda				gumzations		ŀ	1	
(1) Cash			no avambt ouf	jumization on.			ļ.	a(1)	X
(2) Other		• • • • • • •						a(2)	$\frac{1}{X}$
b Other trans		• • • • • • • • • • • • • • • • • • • •	•	•	•	******	ļ:		- - -
	of assets to a noncharitat	ole exempt organizati	nn				l,	b(1) [†]	x
	ases of assets from a nor			• •				b(2)	<u> </u>
	of facilities, equipment, (b(3)	X
	oursement arrangements				• •		······	b(4)	X
• •	05 loop ======				•••		· · · · ·	b(5)	<u> </u>
	mance of services or me		 ina salicitatio		•		··· ·· F	b(6)	<u> </u>
	facilities, equipment, mai					• • • • •	· ·	10	X
	er to any of the above is					fair market value of t	 he annas ath		
	given by the reporting fo								",
	the value of the goods, o				•	•	•		
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Des	conption of transfers, trans-	actions, and sha	ring aman	gements
			N/A						
						<u> </u>			
				<u></u>					
			 		<u></u>				
	idation directly or indirect				anizations descri	bed			.
	501(c) of the Code (other		(3)) or in sect	ion 527?	•		لـــا	Yes	X No
b if Yes, co	mplete the following sch			(h) Tune of expensesion		(a) Decoration	of relationship		
	(a) Name of org	janization		(b) Type of organization	^{on}	(c) Description (or relationship		
	N/A					· · · · · · · · · · · · · · · · · · ·		-	
	и						<u> </u>		
					 				
Under	penalties of penury, I declare	that I have examined this	return, uncludin	g accompanying schedules :	and statements, and	to the best of my knowle	dge		
	elief, it is true correct, and cor						return	with the p	
Here	$\sqrt{2}$	2 also	_	1 Klulis		UPA CEO	shown		ee instr)?
	lature of officer of trustee	o and and a		Date	Title	V1 4 C10	[Yes	L_ No
	Print/Type preparer's na	ame	Preparer's si		Date	Check	if PTIN		
	,		_	g		self- employed	1		
Paid	JOHN S. FI	TZGTBBONS	010	12 11	5/10/1	1 ' '	P001	413	24
Preparer	Firm's name ► SHA		ACLEOD	COMPANY		Firm's EIN ▶	04-323		
Use Only	Tamil S manile P DITA	TOMOUNT II		a commun	1.0.	FIRM S CMV	V. J.		•
Joe Only	Firm's address ▶ 44	2 WESTFIE	वक्ट तुर	RET					
		ST SPRING				Phone no.	(413)	737	-5789
	1 4411	DI OLIVING		.41 01007	 -	į rnune nu.			PF (2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Employer identification number Name of the organization EASTHAMPTON SAVINGS FOUNDATION, INC. 04-3371592 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 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** K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

EWO I U	AMPION SAVINGS FOUNDATION, INC.		-33/1392
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	EASTHAMPTON SAVINGS BANK 36 MAIN STREET EASTHAMPTON, MA 01027	\$ 427321.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESB SECURITIES CORP. 36 MAIN STREET EASTHAMPTON, MA 01027	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ESB SECURITIES CORP. 36 MAIN STREET EASTHAMPTON, MA 01027	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

Name of organization

Employer identification number

ASTH.	AMPTON SAVINGS FOUNDATION, INC.	04	<u> -3371592</u>
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	BRISTOL MYERS STOCK		
		<u> </u>	12/22/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	CON EDISON STOCK		
		\$ 184860.	12/22/11
(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>			
	1	i	I

ame of organ	nization	Employer identification number				
ASTHAI	MPTON SAVINGS FOUNDATIO Exclusively religious, charitable, etc., individ	ual contributions to section 501(c)	$\frac{04-3371592}{0(7), (8), \text{ or } (10) organizations that total more than $1,000 for the state of the sta$			
	year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	contributions of \$1,000 or less for	ons completing Part III, enter the year. (Enter this information once.)			
(a) No. 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, and	ZIP + 4	Relationship of transferor to transferee			
(a) No. 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, and	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift	t			
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	<u> </u>			
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u></u>
THE ASSOCIATION OF COMMUNITY LIVING	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON				
REQUEST		<u> </u>		1000.
RIVERSIDE INDUSTRIES	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON REQUEST				11000.
REQUEST		 		11000.
FRIENDS OF HILLTOWN COOPERATIVE	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
CHARTER SCHOOL				Į
ON FILE - DETAILS AVAILABLE UPON REQUEST	1	1		1500.
HILLTOWN COMMUNITY DEVELOPMENT CORP	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON PILE - DETAILS AVAILABLE UPON	NOI RELATED	B01(C/(3/	EXEMPT FORFOSE	
REQUEST				3500.
]
BRIGHT SIDE FOR FAMILIES AND CHILDREN	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON				
REQUEST		 	- 	3000.
CENTER FOR ECOLOGICAL TECHNOLOGY	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON				2500.
REQUEST		 		2500.
		ļ		
JUNIOR ACHIEVEMENT ON FILE - DETAILS AVAILABLE UPON	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
REQUEST				5000.
HAMPSHIRE COMMUNITY UNITED WAY	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON	NOT KEEKTED			
REQUEST		<u> </u>	<u> </u>	20000.
PASTHAMPTON LEARNING FOUNDATION	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON				
REQUEST		 		1300.
NORTHAMPTON FAMILY FOURTH CELEBRATION	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	
ON FILE - DETAILS AVAILABLE UPON REQUEST				1000.
Total from continuation sheets				151667.

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** 3 If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor 501(C)(3) EXEMPT PURPOSE FRIENDS OF GRANBY FREE PUBLIC LIBRARY NOT RELATED ON FILE - DETAILS AVAILABLE UPON 12500. REQUEST EXEMPT PURPOSE AMERICAN RED CROSS WESTFIELD CHAPTER NOT RELATED 501(C)(3) ON FILE - DETAILS AVAILABLE UPON 2500. REQUEST AMHERST SURVIVAL CENTER NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON 1000. REQUEST COOLEY DICKINSON HOSPITAL NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON 1700. REQUEST EXEMPT PURPOSE HAMPSHIRE UNITED WAY NOT RELATED 501(C)(3) ON FILE - DETAILS AVAILABLE UPON 1000. REQUEST 501(C)(3) EXEMPT PURPOSE BOYS & GIRLS CLUB OF GREATER NOT RELATED WESTFIELD ON FILE - DETAILS AVAILABLE UPON 10000. REQUEST BAYSTATE HEALTH FOUNDATION NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON 20000. REQUEST CONSUMER CREDIT COUNSELING SERVICE OF NOT RELATED 501(C)(3) EXEMPT PURPOSE SOUTHERN NEW ENGLAND ON FILE - DETAILS AVAILABLE UPON 2500. REQUEST 501(C)(3) EXEMPT PURPOSE WESTFIELD ON WEEKENDS NOT RELATED ON FILE - DETAILS AVAILABLE UPON 1500. REQUEST 501(C)(3) EXEMPT PURPOSE MASSACHUSETTS BANKERS ASSOCIATION NOT RELATED ON FILE - DETAILS AVAILABLE UPON 1000. REQUEST Total from continuation sheets

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 THE VETERANS COUNCIL OF NORTHAMPTON NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON REQUEST 1500. BIG BROTHERS BIG SISTERS NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON REQUEST 1000. FRANK NEWHALL LOOK MEMORIAL PARK NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON 1000. REQUEST NORTHAMPTON SURVIVAL CENTER NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON REQUEST 16667. NORTHAMPTON CENTER FOR THE ARTS NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON 1000. REQUEST NOT RELATED EXEMPT PURPOSE EASTHAMPTON HIGH SCHOOL PARENTS 501(C)(3) COUNCIL ON FILE - DETAILS AVAILABLE UPON REQUEST 1500. THE FOOD BANK OF WESTERN MA NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON 3000. REQUEST THE CARSON CENTER NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON 2500. REQUEST CITIZEN'S SCHOLARSHIP POUNDATION OF EXEMPT PURPOSE NOT RELATED 501(C)(3) EASTHAMPTON ON FILE - DETAILS AVAILABLE UPON 5000. REQUEST COMMUNITY INVOLVED IN SUSTAINING NOT RELATED 501(C)(3) EXEMPT PURPOSE AGRICULTURE ON FILE - DETAILS AVAILABLE UPON REQUEST 5000. Total from continuation sheets

Part XV Supplementary Information				,
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	7
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HAMPSHIRE REGIONAL YMCA	NOT RELATED	501(C)(3)	EXEMPT PURPOSE	i
ON FILE - DETAILS AVAILABLE UPON				
REQUEST				10000.
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				<u> </u>
		1		
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Total from continuation sheets	!			

Part XV **Supplementary Information Grants and Contributions Approved for Future Payment (Continuation)** 3 Recipient If recipient is an individual, Purpose of grant or contribution Foundation status of show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor CITIZEN'S SCHOLARSHIP FOUNDATION OF NOT RELATED 501(C)(3) EXEMPT PURPOSE EASTHAMPTON ON FILE - DETAILS AVAILABLE UPON 17500. REQUEST NOT RELATED EXEMPT PURPOSE NORTHAMPTON SURVIVAL CENTER 501(C)(3) ON FILE - DETAILS AVAILABLE UPON 16667. REQUEST EXEMPT PURPOSE CENTER FOR ECOLOGICAL TECHNOLOGY NOT RELATED 501(C)(3) ON FILE - DETAILS AVAILABLE UPON 2500. REQUEST BOYS & GIRLS CLUB OF GREATER NOT RELATED 501(C)(3) EXEMPT PURPOSE WESTFIELD ON FILE - DETAILS AVAILABLE UPON 20000. REQUEST BAYSTATE HEALTH FOUNDATION NOT RELATED 501(C)(3) EXEMPT PURPOSE ON FILE - DETAILS AVAILABLE UPON 60000. REQUEST 116667. Total from continuation sheets

FORM 990-PF INTEREST ON SAVI	NGS AND T	EMPORARY	CASH IN	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
INTEREST				•	79	91.
TOTAL TO FORM 990-PF, PART I,	LINE 3,	COLUMN A		:	79	91.
FORM 990-PF DIVIDEND	S AND IN	PEREST FRO	M SECUI	RITIES	STATEMENT	2
SOURCE	GRO	OSS AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
DIVIDENDS FROM SECURITIES	-	10728	•	0.	107	28.
TOTAL TO FM 990-PF, PART I, I	N 4	10728		0.	107	28.
FORM 990-PF	ОТНЕ	R EXPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOK		VEST-	(C) ADJUSTED NET INCOM		
MISCELLANEOUS FEES	12	25.	0.		0. 125	
TO FORM 990-PF, PG 1, LN 23	12	25.	0.		0. 125.	
FORM 990-PF OTHER INCREASES	IN NET A	ASSETS OR	FUND B	ALANCES	STATEMENT	<u> </u>
DESCRIPTION					AMOUNT	
INCREASE IN UNREALIZED GAIN O	ON SECURI	TIES			297	17.
TOTAL TO FORM 990-PF, PART II	T TIME	.			297	17

FORM 990-PF	CORPORATE STOCK		STATI	EMENT	5
DESCRIPTION BO				FAIR MARKET VALUE	
EQUITY SECURITIES TOTAL TO FORM 990-PF, PART II, LINE 10B		86894	12.	·	
		86894	12.		
	LIST OF OFFICERS, DIF		STAT	EMENT	6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	
WILLIAM S HOGAN, JR 36 MAIN STREET EASTHAMPTON, MA 01027	PRESIDENT 1.00	0.	0.		0.
BOZENA DABEK 36 MAIN STREET EASTHAMPTON, MA 01027	TREASURER 2.00	0.	0.		0.
KENNETH S CERNAK 36 MAIN STREET EASTHAMPTON, MA 01027	DIRECTOR 1.00	0.	0.		0.
PETER DEGRANDPRE 36 MAIN STREET EASTHAMPTON, MA 01027	DIRECTOR 1.00	0.	0.		0.
JAMES G HAYDEN, DVM 36 MAIN STREET EASTHAMPTON, MA 01027	DIRECTOR 1.00	0.	0.		0.
JOSEPH R MAZIARZ 36 MAIN STREET EASTHAMPTON, MA 01027	DIRECTOR 1.00	0.	0.		0.
LORI J INGRAHAM 36 MAIN STREET EASTHAMPTON, MA 01027	ASSISTANT TREASU	URER 0.	0.		0 .
TOTALS INCLUDED ON 990-PF, PA	 AGE 6, PART VIII	0.	0.		0 .