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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

| | | evenue Service | | Note. The found | lation ma | y be able | to use a copy of th | us return to satisf | y state reportir | ng requ | urements | pen to Public Inspection |
|----------------------|-----------|--|----------|---------------------------------|--|--|------------------------|---------------------|---------------------------------------|--------------|--|---|
| Fo | ог са | lendar year 2012 | or ta | x year begir | nning | | 07 | 7/01 ,2012 | , and endi | ng | | 06/30, 2013 |
| | Name | of foundation | | - | | | | | | A | Employer identi | fication number |
| , | THE | PUTNAM BANK | FOU | NDATION | | | | | | | 20-171687 | 76 |
| | Numb | er and street (or P O | box nur | nber if mail is no | t delivered | d to street | address) | | Room/suite | ; E | 3 Telephone numi | ber (see instructions) |
| | | | | | | | | | |] | (8) | 60) 928-6501 |
| | 40 1 | MAIN STREET | | | | | | | 1 | | | |
| | City or | town, state, and ZIP of | ode | • | | | | | | | | |
| | | | | | | | | | | 0 | If exemption applic | cation is |
| | PUTI | NAM, CT 0626 | 0 | | | | | | | | pending, check hei | |
| _ | _ | ck all that apply | | Initial retur | 'n | | Initial return | of a former | oublic char | itv . | | |
| _ | | | | Final return | | | Amended re | | , , , , , , , , , , , , , , , , , , , | ין יי | 1 Foreign organiz 2 Foreign organiz | |
| | | | | Address ch | | | Name chang | | | | 85% test, check | here and attach |
| H | Che | ck type of organi | zation | | | (c)(3) ex | | | | | computation • | |
| Ϊ | _ | ection 4947(a)(1) i | | | | | ther taxable pr | | tion | E | | on status was terminated |
| 亡 | | market value of | | | T | | | ash X Ace | | ᅱ. | | (b)(1)(A), check here . P |
| • | | ear (from Part II, o | | | | ther (sp | | usii [| Ji dai | ' | | s in a 60-month termination b)(1)(B), check here |
| | • | • • | | 332. | _ | | (d) must be or | | | | ander seakin sort | D)(1)(D), Glock Hole . |
| ſ. | | Analysis of Re | | | • | 1 | | T | | | | (d) Disbursements |
| | الكالث | total of amounts in | colum | ns (b), (c), and | d (d) | | Revenue and penses per | (b) Net inv | | (c) | Adjusted net | for charitable |
| | | may not necessar column (a) (see in | | | s <i>in</i> | •^ | books | incor | ne | | income | purposes |
| \neg | | • | | | | | 20,000. | | | | | (cash basis only) |
| | 1 | | e found | ation is not requ | ured to | | 20,000. | | | | | |
| - 1 | 2 | Check ► L atta | ch Sch | в | | | | | + | | | |
| | 3 | Interest on savings a | | - | | - | - | | + | | | - |
| | 4 | Dividends and inte | | | | | | | | | | |
| | | Gross rents | | | | | | | | | | |
| | | Net rental income or | – | | | | 219,950. | | | | | |
| Revenue | | Net gain or (loss) fro Gross sales pice for | | | line 10 , 000. | <u> </u> | 219,930. | | | | <u>-</u> . | |
| ver | | assets on line 6a | | • | | <u> </u> | | | 0.050 | | | |
| Re | 7 | Capital gain net in | | • | • | <u> </u> | | | 19,950. | | | |
| | 8 | Net short-term cap | - | | | - | | | | | | |
| | 9 10 a | Income modification Gross-sales-less-return | | | • • • • | | · · · · · · | | | | * | |
| | | and allowander | F۱۱ | /FD | | | | | | | | |
| | p | Less Costroligueds | old ' | | | | | - | | | | |
| | C | Gross profit or (los | s) (atta | icu scuednie? | | | | | | | | |
| | 11 | Other income (atta | ach(scr | | | | 239,950. | 2- | L9,950. | | | |
| _ | 12_ | Total Add lines 1 | throug | | | 1 | 1,426. | | 15,550. | | | 1,426 |
| | 13 | Compensation of off | cers, di | rector s, trustees , | etc | - | 1,126. | | | | | 1,126 |
| ses | 14 | Other employees | alaries | and wages | ٠٠٠ او | <u> </u> | 1,120. | | | _ | | 1,126 |
| ens | 15 | Pension plans, en | ipioyee | benefits | • • • • | | | | | | | |
| ă | | Legal fees (attach | | | | — | 2,950. | | | | | 2,950 |
| ΘĒ | | Accounting fees (| | | | | 2,930. | | | | | 2,950 |
| 흟 | | Other professiona | | | • | <u> </u> | | | | | | + |
| Str | 17 | Interest | | | | | 100. | | | | | + |
| Administrative Expen | 18 | Taxes (attach schedu | | , | | | 100. | <u> </u> | | | | |
| 튬 | 19 | Depreciation (atta | | • | | <u> </u> | | | | | _ | - |
| ₹ | 20 | Occupancy | | | | | | | | | | |
| Operating and | 21 | Travel, conference | | | | <u> </u> | | <u> </u> | | | | |
| ğ | 22 | Printing and public | | | | | 254 | | | | | 354 |
| Ħ | 23 | Other expenses (a | | • | | | 354. | · | | | | 354 |
| ē | 24 | Total operating a | | | - | | 5 056 | | ļ | | | |
| 9 | | Add lines 13 throu | | | | <u> </u> | 5,956. | | | | | 5,856 |
| | 25 | Contributions, gift | s, gran | its paid | | ļ | 63,734. | | | | | 55,734 |
| _ | 26 | Total expenses and dis | burseme | nts Add lines 2 | 4 and 25 | ļ | 69,690. | <u> </u> | - 9 | | | d 61,590 |
| | 27 | Subtract line 26 fi | om lin | e 12 | | | | | ĺ | | | |
| | а | Excess of revenue over | expense | es and disbursem | ents | <u></u> | 170,260. | | | | | |
| | b | Net investment in | come | (if negative, er | nter -0-) | | | 2: | 19,950. | | | |
| | С | Adjusted net inco | me_(ıf | negative, ente | r -0-) | | | <u> </u> | | | | |

| Part II | | Palance Sheets | Attached schedules and amounts in the description column should be for end-of-year | | End | nd of year | |
|-------------|--------|---|--|------------------------------|----------------------------------|-----------------------|--|
| 4 | artı | ———————— | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| | 1 | Cash - non-interest-beari | ng | 14,246. | 194,306 | . 194,306. | |
| | | | cash investments | | | | |
| | 3 | Accounts receivable | | | | | |
| | | Less allowance for doul | btful accounts ▶ | | | | |
| | | | | | | | |
| | | Less allowance for doub | btful accounts ▶ | | | | |
| | | | | · | | | |
| | | | officers, directors, trustees, and other | | | | |
| | | | tach schedule) (see instructions) | | | | |
| | | | ecceivable (attach schedule) | | | | |
| | • | Less allowance for dou | btful accounts ▶ | | | * | |
| S | | | e | - | | | |
| Assets | | | eferred charges | | | | |
| As | | | e government obligations (attach schedule) | | | | |
| | | | stock (attach schedule) ATCH 4 | | 681,026 | . 681,026. | |
| | | Investments - corporate | bonds (attach schedule) ATCH 5 | 50. | 001,020 | . 001,020. | |
| | 11 | Investments - land, buildings and equipment basis | s, > | | | | |
| | | Less accumulated deprecia (attach schedule) | ation > | | | | |
| | 12 | Investments - mortgage | loans | | | | |
| | 13 | Investments - other (atta | ach schedule) | | | | |
| | 14 | Land, buildings, and equipment basis | - | | | | |
| | | Less accumulated deprecia (attach schedule) | ation | | | | |
| | 15 | Other assets (describe | -) | | | | |
| | 16 | Total assets (to be | completed by all filers - see the | | | | |
| _ | | instructions Also, see p | age 1, item i) | 521,677. | 875,332 | . 875,332. | |
| | 17 | Accounts payable and a | accrued expenses | 2,700. | | | |
| | 18 | Grants payable | | 40,000. | 52,450 | | |
| S | | | | | | | |
| ≝ | ı | | ors, trustees, and other disqualified persons | | | | |
| Liabilities | 21 | Mortgages and other no | otes payable (attach schedule) | | , | | |
| _ | 22 | Other liabilities (describe | • -) | | | | |
| | | | | | | 7 | |
| _ | 23 | Total liabilities (add line | es 17 through 22) | 42,700. | 52,450 | | |
| | | Foundations that fol | low SFAS 117, check here ►X | | | 7 | |
| S | | and complete lines | 24 through 26 and lines 30 and 31. | | | | |
| ည | 24 | Unrestricted | | 478,977. | 822,882 | | |
| Balances | 25 | | | | | 7 | |
| | 26 | | | | | 7 | |
| or Fund | | | not follow SFAS 117, | | | 7 | |
| Ē | | | plete lines 27 through 31. | | | | |
| Ö | 27 | | cipal, or current funds | | | | |
| Assets | 28 | | r land, bldg, and equipment fund | | | 7 | |
| Ass | 29 | | ulated income, endowment, or other funds | | | 7 | |
| Net. | | | balances (see instructions) | 478,977. | 822,882 | | |
| Z | 31 | | net assets/fund balances (see | | | 7 | |
| | | instructions) | | 521,677. | 875,332 | | |
| E | art II | | anges in Net Assets or Fund | | | | |
| | | | palances at beginning of year - Part | | (must agree with | | |
| | | | d on prior year's return) | • • • | ` • | 478,977. | |
| 2 | | r amount from Part I, | | | | | |
| 3 | Othe | r increases not includ | ed in line 2 (itemize) ► ATCH 6 | | · · · · · · · · · · · <u></u> | | |
| 4 | Add | | | | | | |
| _ | _ | | line 2 (itemize) ▶ | | · · · · · · · · · _ | | |
| 6 | Total | net assets or fund ha | line 2 (itemize) ► alances at end of year (line 4 minus | line 5) - Part II, column (h | o), line 30 6 | | |
| <u> </u> | | accord of failed be | Tour (mio + minus | on a district Column (t | .,, 0 | | |

| , | THE PUTNAM BANK FOU | JNDATION | | ' 20-17168 | - | |
|---|--|--|--|---|--------------------------------|--|
| Form 990-PF(2012) | and Lagger for Tay on Inv | and mand In a man | | | Page | |
| | and Losses for Tax on Inve | | (b) How | (c) Date | | |
| | d describe the kind(s) of property sold (rick warehouse, or common stock, 200: | | acquired P - Purchase | acquired (mo, day, yr) | (d) Date sold (mo, day, yr) | |
| 1a SEE PART IV SCHEI | | SIIS WILC CO) | D - Donation | (iiio , day, yi) | | |
| | | | | | | |
| b c | | | | | <u> </u> | |
| <u>d</u> | - | | | | | |
| е | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | | |
| a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | - | | | | |
| e | | | | | | |
| Complete only for assets | showing gain in column (h) and owne | d by the foundation on 12/31/69 | _ o | Gains (Col (h) g | ain minus | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | | col (k), but not less than -0-) or Losses (from col (h)) | | |
| a | | | | | | |
| _b | | | | | | |
| C | | | | | | |
| d | | | | | | |
| е | | | | | | |
| | | | 2 | | 219,950. | |
| | <u> </u> | | 3 | | 0 | |
| Part V Qualification l | Under Section 4940(e) for Re | duced Tax on Net Investment I | ncome | _ | | |
| If section 4940(d)(2) applies, | leave this part blank | e section 4940(a) tax on net invest | | , | | |
| If "Yes," the foundation does | not qualify under section 4940(e). | | · | | Yes X No | |
| 1 Enter the appropriate am | | r, see the instructions before making | y any entr | les (d) | | |
| Base penod years | (b) Adjusted qualifying distributions | (c) Net value of nonchantable-use assets | | Distribution r | | |
| Calendar year (or tax year beginning in) 2011 | 52,969. | | + | (col (b) divided by | | |
| 2010 | 43,387. | 580,667. 587,242. | + | | 0.091221 | |
| 2009 | 59,543. | 556,825. | | | 0.106933 | |
| 2008 | 46,249. | 825,241. | | | 0.056043 | |
| 2007 | 64,574. | 1,300,485. | <u> </u> | | 0.049654 | |
| 2 Total of line 1, column (d) |) | | 2 | | 0.377734 | |
| | for the 5-year base period - divide | e the total on line 2 by 5, or by the s than 5 years | 3 | | 0.075547 | |
| 4 Enter the net value of nor | ncharitable-use assets for 2012 fro | om Part X, line 5 | 4 | | 726,853. | |
| 5 Multiply line 4 by line 3 | | | 5 | | 54,912. | |

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions JSA 2E1430 1 000 7103EK 2912 9/11/2013 3:42:05 PM V 12-6.5T

Enter 1% of net investment income (1% of Part I, line 27b)

Add lines 5 and 6

Form 990-PF (2012)

2,200.

57,112.

7

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)

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete

Form **990-PF** (2012)

Х

Х

Х

8b

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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

Form 990-PF(2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. Expenses Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3.

Page 8

| Pa | rt X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.) | ign foundation | ons, |
|-----|---|--|-------------|
| 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 | 648,009. |
| b | Average of monthly cash balances | 1b | 89,913. |
| С | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 737,922. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | T PF# | |
| | 1c (attach detailed explanation) | <u> </u> | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 737,922. |
| 4 | Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 11,069. |
| 5 | Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 726,853. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 36,343. |
| Pa | To Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this | part.) | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 36,343. |
| 2 a | Tax on investment income for 2012 from Part VI, line 5 2, 200 | . 1. 3. L | |
| b | Income tax for 2012 (This does not include the tax from Part VI) | 7 261 | |
| С | Add lines 2a and 2b | 2c | 2,200. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | 34,143. |
| 4 | Recoveries of amounts treated as qualifying distributions | | |
| 5 | Add lines 3 and 4 | l = 1 | 34,143. |
| 6 | Deduction from distributable amount (see instructions) | 6 | - |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | ine 1 | 7 | 34,143. |
| Pa | rt 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 | _1a | 61,590. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | 250 25 0 | |
| а | Suitability test (prior IRS approval required) | | |
| b | 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 | 61,590. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | · |
| | Enter 1% of Part I, line 27b (see instructions) | | 2,200 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 59,390. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years | alculating wh | |

Page 9

| Pa | t XIII Undistributed Income (see instru | ictions) | | | |
|----|--|----------|---------------------|------|---------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2012 from Part XI, | Corpus | Years prior to 2011 | 2011 | 2012 |
| | line 7 | | | | 34,143. |
| 2 | Undistributed income, if any, as of the end of 2012 | | | | |
| а | Enter amount for 2011 only | | | | |
| | Total for prior years 20 10 20 09 20 08 | | | | |
| 3 | Excess distributions carryover, if any, to 2012 | | | | |
| а | From 2007 | | | | ì |
| | From 2008 | | | | |
| | From 2009 | | | | |
| d | From 2010 9,301. | | | | |
| | From 2011 | | | | 1 |
| f | Total of lines 3a through e | 33,437. | | | |
| 4 | Qualifying distributions for 2012 from Part XII, | | | | |
| | line 4 ▶ \$61,590. | | | | |
| а | Applied to 2011, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | 1 |
| | required - see instructions) | | | | |
| d | Applied to 2012 distributable amount | | | | 34,143. |
| е | Remaining amount distributed out of corpus | 27,447. | | | |
| 5 | Excess distributions carryover applied to 2012. | | | | |
| | (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 | Enter the net total of each column as | | | | |
| | indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 60,884. | | | |
| þ | Prior years' undistributed income Subtract | | | | |
| c | line 4b from line 2b Enter the amount of prior years' undistributed | | | | |
| Ť | income for which a notice of deficiency has been | | | | |
| | issued, or on which the section 4942(a) tax has | | | | |
| | been previously assessed | | | | |
| đ | Subtract line 6c from line 6b Taxable amount - see instructions | · · | | | |
| е | Undistributed income for 2011 Subtract line | | | | , |
| | 4a from line 2a Taxable amount - see instructions | | | | |
| | | | | | · |
| f | Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2013 | | | | |
| 7 | Amounts treated as distributions out of corpus | | | | |
| | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| 8 | Excess distributions carryover from 2007 not | | | | |
| | applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2013. | | | - | |
| | Subtract lines 7 and 8 from line 6a | 60,884. | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2008 | | | | |
| b | Excess from 2009 | | | | |
| С | Excess from 2010 9,301. | ļ | | | |
| d | Excess from 2011 24,136. | 1 | | | |
| _е | Excess from 2012 27,447. | | | | |

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| Part XV Supplementary Information (c | continued) | | | |
|--|---|----------------------|----------------------------------|--------------------|
| 3 Grants and Contributions Paid Durin | ng the Year or Appr | oved for F | uture Payment | |
| Recipient | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | contribution | |
| Recipient Name and address (home or business) a Paid during the year SEE ATTACHMENT | any foundation manager or substantial contributor | recipient | contribution | 55,734. |
| Total | | | | 55,734. 48,000. |

Page **12**

| Part XV | /I-A Analysis of Income-Produ | cing Activ | /ities | | | |
|--------------|--|---------------|-------------------------|---------------------------------------|--------------------------|--------------------------------------|
| | ss amounts unless otherwise indicated | | ated business income | Excluded by | section 512, 513, or 514 | (e) |
| - | | (a) | (b) | (c) | (d) | Related or exempt function income |
| 1 Progra | am service revenue | Business code | Amount | Exclusion code | Amount | (See instructions) |
| a | | | - | | | |
| b | | | | _ | | |
| c | | | | | | |
| d | | | | <u> </u> | | |
| e _ | | | | | | |
| f _ | | | | | _ | |
| g Fe | es and contracts from government agencies | | | | | |
| 2 Memb | ership dues and assessments | | | | | |
| 3 Interes | t on savings and temporary cash investments | | | ļ | <u> </u> | |
| 4 Divide | ends and interest from securities | | | ļ | | |
| 5 Net re | ental income or (loss) from real estate | | | | | |
| | ebt-financed property | | | | | |
| b No | ot debt-financed property | | | | | |
| 6 Net rei | ntal income or (loss) from personal property | | | | | |
| 7 Other | investment income | | | | | |
| 8 Gain o | r (loss) from sales of assets other than inventory | | | 18 | 219,950. | |
| 9 Net in | come or (loss) from special events | | | | | |
| 10 Gross | profit or (loss) from sales of inventory | | | | | |
| 11 Other | revenue a | | | | | |
| b | | | | | | |
| c _ | | | | | | |
| d | | | | <u> </u> | | - |
| е | | | | | | |
| 12 Subto | tal Add columns (b), (d), and (e) | | | | 219,950. | |
| | Add line 12, columns (b), (d), and (e) | | | | 13 | 219,950. |
| | ksheet in line 13 instructions to verify calc | | | | | |
| Part X | VI-B Relationship of Activities | to the Ac | complishment of Ex | empt Purp | oses | |
| Line No. | Explain below how each activit | y for whic | h income is reported | ın column (| e) of Part XVI-A contrib | uted importantly to the |
| lacktriangle | accomplishment of the foundation | on's exemp | ot purposes (other than | by providing | g funds for such purpose | s) (See instructions) |
| | | | · | | | |
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| Part XVI! | Information R Exempt Organ | | fers To and T | ransactio | ons and | Relations | ships With Non | chari | table | • |
|------------------|--|--|---|------------------|-------------------------------|------------------|-----------------------------|----------------|--------------|-----------|
| ın sect | e organization direct ion 501(c) of the Co zations? | ly or indirectly eng | • | _ | - | _ | | | Yes | No |
| _ | ers from the reportin | g foundation to a r | noncharitable exei | mpt organi | zation of. | | | | | |
| | sh | | | | | | | 1a(1) | | Х |
| (2) Oth | ner assets | | | | | | | 1a(2) | | Х |
| | transactions. | | | | | | | | | |
| (1) Sal | es of assets to a no | ncharitable exempt | organization | | | | | 1b(1) | | Х |
| (2) Pur | rchases of assets fro | om a noncharitable | exempt organizati | on | | | | 1b(2) | | X |
| | ntal of facilities, equi | | | | | | | 1b(3) | | Х |
| | ımbursement arrang | | | | | | | 1b(4) | | X |
| (5) Loa | ans or loan guarantee | es | | | | | | 1b(5) | | Х |
| | rformance of service | | | | | | | 1b(6) | <u> </u> | X |
| | g of facilities, equipn | | | | | | | 1c | <u> </u> | <u> </u> |
| | answer to any of th | | • | _ | | | • | | | |
| | of the goods, other | | | | | | | | | |
| | n any transaction of | T | | | | | | | | |
| (a) Line no | (b) Amount involved | (c) Name of nonc | hantable exempt organ | ization | | nption of transf | ers, transactions, and sha | nng arra | ingeme | nts |
| | N/A | | | | N/A | | | | | |
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| 20 lo 4bo | farradation discostin | ar indicately affilia | 4 | lad ta an | | | | | | |
| | foundation directly bed in section 501(c) | • | | | | • | _ | | es 🖸 | No |
| b If "Yes | "," complete the follo | wing schedule | | | | | | | | |
| | (a) Name of organizatio | n | (b) Type of on | ganization | | | (c) Description of relation | ship | _ | |
| | | | | | | | | | | |
| | | | | | | · | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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| Tueste. | | | Abra anti-markadian an | | | | - the best of my leaveled | | halas . | 4 .a. Am |
| Sign Correct | r penalties of perjury, I decl ct, and complete Declaration o | are that I have examined of preparer (other man taxpa | this return, including activer) is based on all informs | ation of which p | necules and preparer has a | ny knowledge | to the best of my knowled | ige and | Dellet, I | t is true |
| | 2.4 | . , // | 1 9/10 | /, | 511 | | May the IR | | | |
| Here Sign | nature of officer or trustee | y | Date | | Title | CHI C | with the p | | shown Yes | |
| l Sign | nature of officer of dustee | 1 | Date | | TIGE | | (see instruction | ns)/ <u></u> 2 | Yes | No |
| | Print/Type preparer's | s name | Preparer's signatur | _ | | Date | Check If | PTIN | | |
| Paid | CHARLES J. FR | (|) leales | 11. | _D. | 9-17 | IONEGNI III I | | 155 | 87 |
| Preparer | | OLF & COMPANY | PC | 1 Via | | | Firm's EIN ▶ 04 - 2 | _ | _ | |
| Use Only | Firm's address ▶ 99 | | | | | | I HITS CITY FOR - Z | | | |
| • | | OSTON, MA | , | | 021 | 110 | Phone no 617-4 | 39-9 | 700 | |
| | | | | | | | • | Form 9 | | (2012 |

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

2012

| Name of the organization | | Employer identification number | | | | |
|---|--|--------------------------------|--|--|--|--|
| THE PUTNAM BANK FOUNDATE | 20-1716876 | | | | | |
| Organization type (check one) | | | | | | |
| Filers of: S | Filers of: Section: | | | | | |
| Form 990 or 990-EZ | | | | | | |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundar | tion | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| Note. Only a section 501(c)(7), (8) instructions General Rule | , or (10) organization can check boxes for both the General Rule and a S | Special Rule See | | | | |
| X For an organization filing | Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 contributor. Complete Parts I and II. | or more (in money or | | | | |
| Special Rules | | | | | | |
| under sections 509(a)(1) | organization filing Form 990 or 990-EZ that met the 33 1/3 % support to and 170(b)(1)(A)(vi) and received from any one contributor, during the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form | e year, a contribution of | | | | |
| during the year, total cor | (8), or (10) organization filing Form 990 or 990-EZ that received from atributions of more than \$1,000 for use <i>exclusively</i> for religious, charitat, or the prevention of cruelty to children or animals. Complete Parts I, II, | ible, scientific, literary, | | | | |
| 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | | |

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) (2012)

Employer identification number 20-1716876

| Part I | Contributors (see instructions). Use duplicate copies of Part | I if additional space is need | led. |
|--------|---|-------------------------------|------|
| (a) | (b) | (c) | Т |
| No. | Name, address, and ZIP + 4 | Total contributions | |

| No. | Name, address, and ZIP + 4 | Total contributions | (a) Type of contribution |
|------------|---|----------------------------|--|
| 1_ | PUTNAM BANK 40 MAIN STREET PUTNAM, MA 06260 | \$20,000. | 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 |
| | | \$ | Person 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 |
| | | \$ | Person 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 |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | | | |
| _140. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | (c) Total contributions | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | | Total contributions | Person Payroll Noncash (Complete Part II if there is |

Employer identification number

20-1716876

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is nee | ded. |
|---------------------------|---|--|----------------------|
| (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 |
| | | \$ | |

Name of organization THE PUTNAM BANK FOUNDATION

Employer identification number 20-1716876

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$__

| | Jse duplicate copies of Part III if addition | Tar opace to recouce. | | |
|---------------------------|---|-----------------------|----------------|-------------------------------------|
| (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, an | d ZIP + 4 | Relation | ship 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, an | d ZIP + 4 | Relation | ship of transferor to transferee |
| | | | | |
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| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
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| | | (e) Transfer of gift | <u> </u> | |
| | Transferrado namo addresa au | | | anhin of turneforms to turneform |
| | Transferee's name, address, ar | 10 ZIP + 4 | Kelatioi | nship of transferor to transferee |
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| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| (a) No. from Part I | (b) Purpose of gift | | | (d) Description of how gift is held |
| (a) No. from Part I | (b) Purpose of gift Transferee's name, address, an | (e) Transfer of gift | | (d) Description of how gift is held |
| (a) No. from Part I | | (e) Transfer of gift | | |
| (a) No. from Part I | | (e) Transfer of gift | | |

FORM 990PF, PART I - ACCOUNTING FEES

| CHARITABLE PURPOSES | 2,950. | 2,950. |
|---|-------------|--------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | | |
| REVENUE AND EXPENSES PER BOOKS | 2,950. | 2,950. |
| | | TOTALS |
| DESCRIPTION | AUDIT & TAX | |

*₁

PART I - TAXES

FORM 990PF,

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7103EK 2912 9/11/2013 3:42:05 PM V 12-6.5T

| CHARITABLE PURPOSES | | |
|---|-------------|--------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | | |
| REVENUE AND EXPENSES PER BOOKS | 100. | 100. |
| | | TOTALS |
| DESCRIPTION | FEDERAL TAX | |

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ATTACHMENT 3

OTHER EXPENSES PART I FORM 990PE,

| CHARITABLE | 150. 114. 90. | 354. |
|----------------------------|--|--------|
| ADJUSTED NET | JEDOON T | |
| NET INVESTMENT | LNCCOME | |
| REVENUE AND EXPENSES | FER BOOKS 150. 114. | 354. |
| | DESCRIPTION SERVICE CHARGES FILLING AND REGISTRATION FEES DUES | TOTALS |

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| 4 |
|------------|
| ATTACHMENT |
| |

| STOCK | |
|-----------|--|
| CORPORATE | |
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| ΙI | |
| PART | |
| 990PF, | |
| FORM | |

| ENDING <u>FMV</u> | 681,026. | 681,026. |
|-------------------------|--------------|----------|
| ENDING BOOK VALUE | 681,026. | 681,026. |
| BEGINNING BOOK VALUE | 507,381. | 507,381. |
| | | TOTALS |
| DESCRIPTION | COMMON STOCK | |

ATTACHMENT 4

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| BEGINNING ENDING | DESCRIPTION BOOK VALUE BOOK VALUE |
|------------------|-----------------------------------|
|------------------|-----------------------------------|

FORM 990PF, PART II - CORPORATE BONDS

ENDING FMV

50. TOTALS

CORPORATE BONDS

20-1716876

ATTACHMENT 6

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

CHANGE IN UNREALIZED GAIN ON INVESTMENTS

173,645.

TOTAL

173,645.

| HMENT 7 | EXPENSE ACCT AND OTHER ALLOWANCES | - | | | | |
|---|---|--|---|---|---|---------------------------------|
| ATTACHMENT | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | 0 | 0 | 0 | 0 | 0 |
| | COMPENSATION | 563. | 563. | 0 | 300. | 0 |
| PE OFFICERS, DIRECTORS, AND TRUSTEES | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | PRESIDENT AND CHAIRMAN 1.00 | V.P., TREASURER & SECRETARY 1.00 | DIRECTOR 1.00 | DIRECTOR 1.00 | DIRECTOR 1.00 |
| FORM 990PE, PART VIII - LIST OF OFFICERS, | NAME AND ADDRESS | THOMAS A. BORNER 40 MAIN STREET PUTNAM, CT 06260 | ROBERT J. HALLORAN, JR. 40 MAIN STREET PUTNAM, CT 06260 | CHARLES W. BENTLEY, JR. 40 MAIN STREET PUTNAM, CT 06260 | WILBUR D. NEUMANN 40 MAIN STREET PUTNAM, CT 06260 | PAUL M. KELLY 40 MAIN STREET |

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RICHARD A. LOOMIS 40 MAIN STREET PUTNAM, CT 06260

PUTNAM, CT 06260

DIRECTOR

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ATTACHMENT 7 (CONT'D)

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FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

THOMAS A. BORNER, PRESIDENT 40 MAIN STREET PUTNAM, CT 06260

The Putnam Foundation
Grants and Contributions Paid During the Year or Approved for Future Payment
Fiscal Year 2013

| Dal | atio | nch | | •- |
|------|------|-----|----|----|
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| Recipient | Relationship to Foundation | Foundation Status of | Purpose of Grant or | | |
|--|-------------------------------|----------------------|--|----------|------------|
| Name and Address (home or business) | Manager | Recipient | Contribution | Amount | Date |
| Natchaug Hospital PO Box 260 189 Storrs Road Mansfield Center, CT 06250-0260 | NA | Public | Funding for Joshua Center Northeast in Danielson | 1,000 00 | 7/5/2012 |
| Nutmeg Big Brothers Big Sisters 30 Laural street Hartford Ct 06106 | NA | Public | Funding for Putnam School District mentoring program | 1,250 00 | 7/5/2012 |
| Sexual Assualt Crisis Center of Eastern CT, INC 90 South Park Street PO Box 24 Willimantic, CT 06226 | NA | Public | Funding for educational Programs | 500 00 | 7/5/2012 |
| Society of the Founders of Norwich CT dba Leffingwell House Museum 348 Washington Street PO Box 62 Norwich, CT 06360 | NA | Public | Funding to support the museum and programs offered | 880 00 | 7/5/2012 |
| Furniture Bank of Southeastern CT PO Box 124 Gales Ferry, CT 06335 | NA | Public | Funding to purchase beds and frames | 1,000 00 | 7/5/2012 |
| The Last Green Valley 111 Main Street PO Box 29 Danielson, CT 06239 | NA | Public | Funding for 2012 Walktober | 1,000 00 | 7/5/2012 |
| United Services INC 1007 North Main Street PO Box 839 Dayville, CT 06241 | NA | Public | Funding for Propane generator for YAS Food Pantry Program | 500 00 | 7/5/2012 |
| Windham County 4-H Foundation 326 Taft Pond Road Pomfret Center, CT 06259 | NA | Public | Funding for Camperships | 500 00 | 7/5/2012 |
| The Arc of Quinebaug Valley 687 Cook Hill Rd Danielson, CT 06239 | NA | Public | 1st installment of 10,000.00 pledge | 2,000 00 | 7/24/2012 |
| Womens Board of Day Kımball Hospital 320 Pomfret Street Putnam, CT 06260 | N/A | Public | 2012 Golf Tournament Gold Sponsor | 500 00 | 7/24/2012 |
| The Hole in the Wall Gang Camp 555 Long Wharf DR STE 1D New Haven, CT 06511-6102 | N/A | Public | Camp Donation | 1,000 00 | 7/24/2012 |
| American Red Cross 209 Farmington Ave Farmington CT 06032 | N/A | Public | Hurncane Sandy victims | 1,000 00 | 11/15/2012 |
| Thompson Ecumenical Empowerment Group PO Box 664 North Grosvenordale, CT 06255 | N/A | Public | 2013 Annual Appeal | 1,000 00 | 11/27/2012 |
| ST Vincent de Paul Place 10 Railroad Place Norwich, CT 06360 | N/A | Public | Donation for dryers | 1,000 00 | 12/4/2012 |
| Thames River Family Program One Thames River Place Norwich, CT 06360 | N/A | Public | Start-up Packages | 854 00 | 12/12/2012 |
| Performing Arts of Northeast CT 507 Pomfret Street PO Box 75 Pomfret, CT 06258 | N/A | Public | 2013 season childrens performing arts educational programs | 2,500 00 | 1/8/2013 |
| American Cancer Society 825 Brook St, I-91 Tech Center Rocky Hill, CT 06067-3405 | N/A | Public | Woodstock Relay for Life | 1,000 00 | 1/17/2013 |

| Day Kimball Healthcare 320 Pomfret Street Putnam, CT 06260 | N/A | Public | 29th Annual Golf Classic | 4,000 00 | 3/28/2013 |
|--|-----|--------|--|-----------|-----------|
| DKH Deary Memonal Road Race PO Box 632 320 Pomfret Street Putnam, CT 06260 | N/A | Public | 2013 Deary Road Race starting line sponsor | 5,000 00 | 4/12/2013 |
| Otis Library 261 Main Street Norwich, CT 06360 | N/A | Public | "I am cunous" program | 500 00 | 5/9/2013 |
| Day Kimball Hospital 320 Pomfret Street Putnam, CT 06260 | N/A | Public | Wendy's Place Darkness to Light curriculum | 500 00 | 5/9/2013 |
| Community Kitchens of NECT PO Box 502 Danielson, CT 06239 | N/A | Public | Nutritional meal planning | 1,000 00 | 5/9/2013 |
| Access Community Action Agency 1315 Main St Suite 2 Willimantic, CT 06226 | N/A | Public | Mobil Food Distribution & Nutrition Education Program | 1,000 00 | 5/9/2013 |
| The Last Green Valley PO Box 29 111 Main St Danielson, CT 06239 | N/A | Public | Walktober, Green Lights & Tastes of the Valley | 1,000 00 | 5/9/2013 |
| Nutmeg Big Brothers Big Sisters 30 Laurel St Hartford, CT 06106 | N/A | Public | Mentoring Program | 1,250 00 | 5/9/2013 |
| Safe Futures Inc 16 Jay Street New London, CT 06320 | N/A | Public | Healthy Relationships Program | 1,500 00 | 5/9/2013 |
| Natchaug Hospital 189 Storres Rd Mansfield Center, CT 06250 | N/A | Public | Life Skills Program | 1,500 00 | 5/9/2013 |
| Town of Killingly Parks & Recreation 185 Broad Street Danielson, CT 06239 | N/A | Public | Town's Red White & Blue celebration | 1,000 00 | 5/30/2013 |
| American Cancer Society 825 Brook St, I-91 Tech Center Rocky Hill, CT 06067-3405 | N/A | Public | Eastern CT Relay for Life | 1,000 00 | 5/21/2013 |
| Putnam Parks and Recreation 126 Church Street Putnam , CT 06260 | N/A | Public | 2013 4th of July Fireworks Display | 3,000 00 | 5/21/2013 |
| Putnam Parks and Recreation 126 Church Street Putnam , CT 06260 | N/A | Public | Summer 2013 Al Fresco Musical Event | 5,000 00 | 5/21/2013 |
| The Hole in the Wall Gang Camp 555 Long Wharf DR STE 1D New Haven, CT 06511-6102 | N/A | Public | Camp Donation | 1,000 00 | 6/11/2013 |
| Day Kimball Hospital 320 Pomfret Street Putnam, CT 06260 | N/A | Public | Heartbeat campaign 2nd installment | 10,000 00 | 6/27/2013 |

Approved for future payment

Total

| Day Kımball Healthcare | NA | | Care in a Heartbeat Campaign | 30,000 00 |
|-------------------------------|--------|-------------|------------------------------------|-----------|
| 320 Pomfret Street | 1 1 | Public | for DKH Emergency Department | |
| Putnam, CT 06260 | 1 | | 5 years @ 10,000 00 each | |
| | | | FY 14, 15, 16 | |
| The Arc of Quinebaug Valley | I NA I | | Elevating Education Campaign | 8,000 00 |
| 1687 Cook Hill Rd | 100 | Public | 5 yearS @ 2,000 00 each | 0,000 00 |
| Danielson, CT 06239 | | | FY 14, 15, 16, 17 | |
| Weather County 4 H Foundation | I NA I | | 10 | 40.000.00 |
| Windham County 4-H Foundation | NA | | Capital Campaign to Renovate Lodge | 10,000 00 |
| 326 Taft Pond Road | i i | Public | 5 yearS @ 2,000 00 each | |
| Pomfret Center, CT 06259 | | | FY 14, 15, 16, 17,18 | |

| | JI 1 17, 10, 10, 17, 10 | |
|---|-------------------------|-----------|
| | Future payments | 48,000.00 |
| Approved for future payment - Recap | by Fiscal Year: | |
| FY 2014 | | |
| The Arc of Quinebaug Valley (July) | 2,000 | 00 |
| Day Kımball Healthcare (Jan) | 10,000 | 00 |
| Windham County 4-H Foundation | 2,000 | 00 |
| | | 14,000.00 |
| | | |
| FY 2015 | 2.000 | .00 |
| The Arc of Quinebaug Valley (July) Day Kimball Healthcare (Jan) | 2,000 10,000 | |
| Windham County 4-H Foundation | 2,000 | |
| William County 4-111 Cundation | 2,000 | 14,000.00 |
| | | , |
| FY 2016 | | |
| The Arc of Quinebaug Valley (July) | 2,000 | 00 |
| Day Kımball Healthcare (Jan) | 10,000 | |
| Windham County 4-H Foundation | 2,000 | |
| EV 2047 | | 14,000.00 |
| FY 2017 The Arc of Quinebaug Valley (July) | 2.000 | . 00 |
| Windham County 4-H Foundation | 2,000 | |
| Timerian County 4 11 1 Canadaon | | 4,000.00 |
| | | -, |
| FY 2018 | | |
| Windham County 4-H Foundation | 2,000 | |
| | | 2,000.00 |
| | | 48,000.00 |
| | | -0,000.00 |

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. ▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Employer identification number Name of estate or trust THE PUTNAM BANK FOUNDATION 20-1716876 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales price the entire year Subtract (e) from (d) (mo, day, yr) (mo, day, yr) (see instructions) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (see instructions) (mo, day, yr) (mo, day, yr) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 219,950. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions Gain from Form 4797, Part I

Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss 10 10 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. 219,950.

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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2012

| Sche | dule D (Form 1041) 2012 | | | Page 2 |
|-----------|--|--------------------------|---------------------------------|-------------------------|
| Pai | t III Summary of Parts I and II | (1) Beneficianes' | (2) Estate's | |
| | Caution: Read the instructions before completing this part. | (see instr) | or trust's | (3) Total |
| 13 | Net short-term gain or (loss) | | | |
| 14 | , | | | |
| a | Total for year | | | 219,950. |
| | Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14b | | · | ļ |
| 1 E | 28% rate gain | | | 210,050 |
| | Total net gain or (loss). Combine lines 13 and 14a | m 990LT Part I line 4 | a) If lines 14a and | 219,950. |
| gains | s, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss | , complete Part IV and | the Capital Loss C | Carryover Worksheet, as |
| nece | | | | |
| | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line | no 40 if a trust) the en | naller of | |
| a Note | The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1 Carryover Worksheet in the instructions to figure your capital loss carryover | , line 22 (or Form 990 | 16 (0-T, line 34), is a los | s, complete the Capital |
| | Tax Computation Using Maximum Capital Gains Rates | | | |
| | n 1041 filers. Complete this part only if both lines 14a and 15 in column (| 2) are gains, or an a | mount is entered : | n Part I or Part II and |
| | e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than | | | in and the fact in and |
| | tion: Skip this part and complete the Schedule D Tax Worksheet in the instruc- | tions if | | |
| | ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or | | | |
| | oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. n 990-T trusts. Complete this part only if both lines 14a and 15 are gai | no or avaleted days | londo ero includos | d in income in Doct I |
| of F | om 990-T, and Form 990-T, line 34, is more than zero. Skip this part and c | omplete the Schedu | le D Tax Worksh | et in the instructions |
| | her line 14b, col (2) or line 14c, col (2) is more than zero | | | |
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) | 17 | | |
| 18 | Enter the smaller of line 14a or 15 in column (2) | ' ' | | |
| | but not less than zero | | | |
| 19 | Enter the estate's or trust's qualified dividends | | | |
| | from Form 1041, line 2b(2) (or enter the qualified | | | |
| | dividends included in income in Part I of Form 990-T) 19 | ⊣ ∣ | | |
| 20 | Add lines 18 and 19 | | | |
| 21 | If the estate or trust is filing Form 4952, enter the | | | |
| | amount from line 4g; otherwise, enter -0 ▶ 21 | | | |
| 22 | Subtract line 21 from line 20 If zero or less, enter -0 | • • == | | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- | 23 | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,400 | 24 | | |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24? | • • 24 | | |
| | Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. | | | |
| | No. Enter the amount from line 23 | 25 | | |
| 26 | Subtract line 25 from line 24 | | | |
| 27 | Are the amounts on lines 22 and 26 the same? | | | |
| | Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or line 22 | 27 | | |
| | | | | |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | 28 | | |
| | | | | |
| 29 | Subtract line 28 from line 27 | | | |
| 30 | Multiply line 29 by 15% (.15) | | 30 | |
| 31 | Figure the tax on the amount on line 23 Use the 2012 Tax Rate Sch | | | |
| | (see the Schedule Ginstructions in the instructions for Form 1041) | • • • • • • • • • • • | 31 | |
| 32 | Add lines 30 and 31 | | | |
| 33 | Add lines 30 and 31 | edule for Estates or | nd Trusts | |
| | (see the Schedule Ginstructions in the instructions for Form 1041) | edule for Estates at | 33 | |
| 34 | Tax on all taxable income. Enter the smaller of line 32 or line 33 here a | and on Form 1041 | Schedule | |
| - ' | G, line 1a (or Form 990-T, line 36) | | | |
| | · | • • • • • • • • • • • • | | ulo D (Form 4044) 2042 |

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Page 2

| Part II Long-Term Capital Gains | | s Held More Tha | n One Year | | |
|---|---|----------------------------------|-----------------|---|---|
| (a) Description of property (Example 100 sh 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
| 6a LEHMAN BROS INC | 05/22/2009 | 02/25/2013 | 220,000. | 50. | 219,950. |
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| 6b Total. Combine the amounts in colu | mn (f) Enter here an | d on Schedule D. lin | e 6h | 1 | 219,950 |

FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kınd of F | nd of Property | | L GAINS AND LOSSES FOR TAX ON INVESTI | | Description | | | P Date Date D acquired | | Date sold |
|--------------------------------|-----------------------|---------------|--|-------------------|-------------|------|-----------------|------------------------|--|-----------|
| Gross sale | Depreciation allowed/ | Cost or other | Cost or FMV Adj basis Excess of other as of as of FMV over | | М | Gain | | | | |
| price less expenses of sale | allowable | basis | as of 12/31/69 | as of 12/31/69 | adi basis | Щ | (loss) | | | |
| | | LEHMAN BROS | INC | | | P | 05/22/2009 | 02/25/2013 | | |
| | | PROPERTY TY | PE: SECURIT | IES | | | | ,, | | |
| 220,000. | | 50. | | | | | 219,950. | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| OTAL GAIN(L | oss) | | • | | | | <u>219,950.</u> | | | |
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