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50m 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

Open to Public Inspection

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2014 or tax year beginning 2014, and ending Name of foundation A Employer identification number UNION SAVINGS BANK FOUNDATION, INC. 06-1508286 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (203) 830-4200 226 MAIN STREET City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here DANBURY, CT 06810 Initial return G Check all that apply Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminate Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method. Cash X Accrual If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), line under section 507(b)(1)(B), check here 16) ▶ \$ 2,783,443. (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment for charitable (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per may not necessarily equal the amounts in column (a) (see instructions)) ıncome income purposes books (cash basis only) 10,950 Contributions, gifts grants, etc., received (attach schedule) if the foundation is not required to 2 Check > attach Sch B 3 Interest on savings and temporary cash investments. 41,975. 41,975. ATCH 1 Dividends and interest from securities **b** Net rental income or (loss) 193,253. Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,140,217 193,253. Capital gain net income (from Part IV, line 2) Net shoft-term capital gain: Income moducation Gross sales less returns and allowances Less Cost on goods sold 10 a ഗ് O c Gross profit or (loss) (attach schedule) Ś Other income (attach schedule) 11 Total. Add lines 1 fm by FM. UT 12 246,178. 235,228. 13 Compensation of officers, directors, trustees, etc _ Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 10,950. 10,950 b Accounting fees (attach schedule)ATCH 2 . **Administrative** 21,920. 21,920. c Other professional fees (attach schedule).[3] 17 18 Taxes (attach schedule) (see instructions). . . 19 Depreciation (attach schedule) and depletion. 20 21 and Travel, conferences, and meetings Printing and publications 22 Operating 25 Other expenses (attach schedule) Total operating and administrative expenses. 32,870 21,920 10,950 Add lines 13 through 23. 183,725. 181,225 Contributions, gifts, grants paid 216,595. 21,920. 192,175 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 29,583 a Excess of revenue over expenses and disbursements 213,308 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

Form 990-PF (2014)

JSA For Paperwork Reduction Act Notice, see instructions.

Fo	rm 990	-PF (2014)	UNION SAVINGS BANK F	OUNDATION, INC.		06-15082	86 Page 2
E	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of year	
_		amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair	Market Value
	1	Cash - non-interest-bear	ing				
	2		cash investments	94,674.	114,7	40.	114,740
	3						
			btful accounts ▶				
	4	Pledges receivable ▶_					
		Less allowance for dou	btful accounts ►				
	5	Grants receivable					
	6		officers, directors, trustees, and other				
		disqualified persons (at	tach schedule) (see instructions)				
	7	Other notes and loans r	eceivable (attach schedule)				
			btful accounts ▶				
ţ	8		e				
Assets	9		eferred charges				
ğ	10 a		e government obligations (attach schedule)[4]	105,944.	81,1	44.	81,144
			stock (attach schedule) ATCH 5	1,122,372.	837,8	44.	837,844
			bonds (attach schedule) ATCH 6	1,501,811.	1,741,5		1,741,555
	11	Investments - land, buildings and equipment basis	· · · · · · · · · · · · · · · · · · ·				
		Less accumulated deprecia (attach schedule)	ation				
	12		loans				
	13	Investments - other (atta	ach schedule)				
	14	Land, buildings, and equipment basis	tion b				
		(attach schedule)	tion				
	15	Other assets (describe)	25,113.	8,1	60.	8,160
	16		completed by all filers - see the				
_			age 1, item I)	2,849,914.	2,783,4	43.	2,783,443
	17		ccrued expenses	1,811.	1,7	88.	
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directo	rs, trustees, and other disqualified persons				
혎	21		tes payable (attach schedule)		<u> </u>		
_	22	Other liabilities (describe	· ▶)				
	23	Total liabilities (add line	s 17 through 22)	1,811.	1,7	88.	
:			low SFAS 117, check here $\triangleright X$ 24 through 26 and lines 30 and 31.				
ances		· •	_	2 040 102	2 701 6		
aŭ	24			2,848,103.	2,781,6	33.	
Bal	25	Temporarily restricted .					
ᅙ	26	Permanently restricted .				 	
Assets or Fund Bal			not follow SFAS 117, ▶ ☐☐☐ plete lines 27 through 31.				
0	27	Capital stock, trust princ	cipal, or current funds				
šet	28		land, bldg, and equipment fund				
Ąŝ	29		ulated income, endowment, or other funds				
Net ,			balances (see instructions)	2,848,103.	2,781,6	55.	
Z	31		net assets/fund balances (see				
		instructions)	<u> </u>	2,849,914.	2,783,4	43.	
Ε	art II		nges in Net Assets or Fund Bala		<u> </u>		
_			palances at beginning of year - Part		ust agree with		
			d on pnor year's return)			1	2,848,103
2		er amount from Part I,				2	29,583
			ded in line 2 (itemize) ► ATCH 8			3	-96,031
						4	2,781,655
5	Dec	reases not included in	line 2 (itemize) ▶		• • • • • • • • • •	5	,,
			alances at end of year (line 4 minus	line 5) - Part II. column (b)	. line 30	6	2,781,655
_			700. (- 1	

Page 3

· · · · · · · · · · · · · · · · · · ·	s and Losses for Tax on Inv d describe the kind(s) of property sold ((b) How acquired	(c) Date	(d) Date sold
	orick warehouse, or common stock, 200	shs. MLC Co)	P - Purchase D - Donation		(mo, day, yr)
1a SEE PART IV SCHE	DULE				
<u>b</u>					
<u>c</u>				<u> </u>	
d e	····				
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ee)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) mini	
a					
b					
С					
<u>d</u>					
Complete only for coasts	showing gain in column (h) and awar	by the foundation on 12/21/60			
Complete only for assets	showing gain in column (h) and owne			Gains (Col (h) ga (k), but not less t	
(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col. (j), if any	0	Losses (from co	
a		5,7		 ,	·
b					
С					
d					
е				-	
2 Capital gain net income		gain, also enter in Part I, line 7			
	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2		193,253.
· ·	ain or (loss) as defined in sections art I, line 8, column (c) (see ins				
	art i, line o, column (c) (see ins		,		0
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distribution of qualify under section 4940(e)	outable amount of any year in the ba	ase period	12	Yes X No
		ir; see the instructions before makin	o anv enti	ries	
(a)	(b)	(c)	g arry orna	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2013	211,558.	2,760,011.			0.076651
2012	236,813.	2,700,865.			0.087680
2011	220,679.	2,863,306.			0.077071
2010	209,135. 165,999.	2,726,341.			0.076709
2009	165,999.	2,012,166.	<u> </u>		0.082498
2 Total of line 1, column (c	1)		2		0.400609
3 Average distribution ratio	o for the 5-year base period - divid	e the total on line 2 by 5, or by the			0.40000
_	•	ss than 5 years	3		0.080122
, , , , , , , , , , , , , , , , , , ,					
4 Enter the net value of no	ncharitable-use assets for 2014 fr	om Part X, line 5	4	2,	829,422.
5 Multiply line 4 by line 3			5		226,699.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		2,133.
T Add by the Co					220 022
7 Add lines 5 and 6	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	7		228,832.
8 Enter qualifying distributi	ons from Part XII, line 4		8		192,175.
If line 8 is equal to or g	reater than line 7, check the box	ın Part VI, line 1b, and complete t			

Form	990-PF (2014) UNION SAVINGS BANK FOUNDATION, INC. 06-150	8286		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,	266.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		4,:	266.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			(
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		4,2	266.
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,915.			
b	Exempt foreign organizations - tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c 4,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		5,9	915.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,6	649.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax			_
	rt VII-A Statements Regarding Activities			1
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			,,
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	,		,
	Did the foundation file Form 1120-POL for this year?	1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$ (3) On foundation managers \$ (4) On foundation managers \$ (5) On foundation managers \$ (6) On foundation managers \$ (7) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			1
•	foundation managers \$	2		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	1		 ^
3	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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	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 the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	CT,			
ь	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	Х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х

Pa	rt VII-A Statements Regarding Activities (continued)			-3
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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	<u> </u>		
	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	Х	
	Mahada addisas N/A			
14	The books are in care of ▶ JENNIFER TOMAINO Telephone no ▶ 203-830	-420	0	
	Located at ▶226 MAIN ST. DANBURY, CT ZIP+4 ▶ 06810			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	\Box
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If			
	"Yes," enter the name of the foreign country			
Pai	rt 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
1 a	During the year did the foundation (either directly or indirectly)			
	(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?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	İ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)?			
	(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			ŀ
	termination of government service, if terminating within 90 days)	ļ		
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	İ		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	ŀ		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	١.		.,
_	were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	6e, Part XIII) for tax year(s) beginning before 2014?			
ь	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 statement - see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			<u> </u>
	>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	olf "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014)	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		Х
	Fo	qq	N-PF	(2014)

Form 990-PF (2014)

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

Form 990-PF (2014) 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 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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF (2014)

b Cash distribution test (attach the required schedule)

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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)

Adjusted qualifying distributions. Subtract line 5 from line 4

Form 990-PF (2014)

6

192,175.

192,175.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (b) Corpus Years prior to 2013 2013 2014 Distributable amount for 2014 from Part XI, 137,205. Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only **b** Total for pnor years 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014 a From 2009 14,546. **b** From 2010 73,508. 84,956. c From 2011 **d** From 2012 102,912. From 2013 74,871. 350,793. Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 192,175. a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election required - see instructions) 137,205. d Applied to 2014 distributable amount e Remaining amount distributed out of corpus ... 54,970. Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 405,763. a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b. Taxable amount - see instructions
Undistributed income for 2013 Subtract line
4a from line 2a Taxable amount - see f Undistributed income for 2014 Subtract lines

Form **990-PF** (2014)

10 Analysis of line 9

a Excess from 2010 . . .

b Excess from 2011 . . .

c Excess from 2012 . . .

d Excess from 2013 . . .

e Excess from 2014 . . .

applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2015.

Subtract lines 7 and 8 from line 6a

73,508.

84,956.

74,871.

54,970.

102,912.

14,546.

391,217.

Pa	rt XIV Private Op	erating Foundations	(see instructions ai	nd Part VII-A, quest	on 9)	NOT APPLICABLE
1 a	If the foundation has			·	- 1	
		g is effective for 2014, e				
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942(J)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	(e) Total
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(-,
	I or the minimum investment return from Part X for each					
	year listed	_				
b	85% of line 2a	<u>-</u> .				
С	Qualifying distributions from Part				İ	
	XII line 4 for each year listed .					
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
_	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets		-			
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					1
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					+
С	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, 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 sup-					
	port from an exempt organization					
	(4) Gross investment income		.			1
Рa		ntary Information (e during the year - s		only if the found	lation had \$5,000	or more in assets
1	Information Regardin					
	List any managers of	-		e than 2% of the tota	at contributions rece	ived by the foundation
_		tax year (but only if th				
	NONE					
þ	List any managers of					ly large portion of the
	ownership of a partner	rship or other entity) of	which the foundation	has a 10% or greater	interest	
	NONE					
2	Information Regardin					
						and does not accept
		or tunds. It the tound plete items 2a, b, c, an		ants, etc. (see instruc	tions) to individuals	or organizations under
	The name, address, a			he nersen to whom an	plications should be as	
а		na telephone namber	or e-mail address or t	ne person to whom ap	plications should be at	Julesseu.
	ATCH 10 The form in which app	lications should be sul	omitted and information	on and materials they	should include	
~	s re ar winon app			and materials tries		
	ATCH 11					
С	Any submission deadl	ines:				
	,זוואד 1st יינ	AUGUST 31ST				
d	Any restrictions or li		such as by geogra	phical areas, charita	ble fields, kınds of	institutions, or other
	factors					

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Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During	ng the Year or Appr	oved for F	uture Payment					
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution					
a Paid during the year								
_								
ATCH 13								
	•							
Total			▶ 3a	181,225.				
b Approved for future payment								
		<u> </u>	L					
Total	<u> </u>		<u></u> 3b					

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ter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a	-		<u> </u>		(OCC MONGONO)
b			<u> </u>		
С					
d			1		
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	41,975.	
Net rental income or (loss) from real estate					
a Debt-financed property	ļ				
b Not debt-financed property					
Net rental income or (loss) from personal property .					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	193,253.	
Net income or (loss) from special events		<u>. </u>			
Gross profit or (loss) from sales of inventory . $\ . \ $					
Other revenue: a	<u> </u>				
b	ļ		_		
c					_
d			-	-	
			1		
e					
Subtotal Add columns (b), (d), and (e)				235,228.	025 006
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)					235,228
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to t
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate the substitution of activities.	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce to the transfer of Activities are No. Explain below how each activities	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities the No. Explain below how each activities	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities ne No. Explain below how each activities	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce that XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce that XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to

JSA 4E1492 1 000 Form **990-PF** (2014)

Form 990-PF (201	4) UNION	SAVINGS E	BANK	FOUNDATION,	INC.	06-1508286	Page 13
Part XVII	Information Regarding Exempt Organizations		To an	d Transaction	is and	Relationships With Noncharit	able

1	Did the	organization direct	lly or indirectly	engage in ar	ny of the follow	ing with ar	nv other organ	nization described		Yes	No
		on 501(c) of the Co									
	organiz	• •	•	,	,, ,	,	·	• .			
а	•	ers from the reporting	na foundation to	a noncharita	ble exempt or	anization of			- 1		
-		sh	-		-				1a(1)		Х
		er assets									Х
ь	(2) Other assets										
_	(1) Sales of assets to a noncharitable exempt organization.										Х
										1	х
		ntal of facilities, equ									X
		mbursement arrang							1		X
		ins or loan guarante							-		X
		formance of service								•	X
_		of facilities, equipr									X
		answer to any of the								fair m	
u		of the goods, other									
		n any transaction o									
(a) I	ine no	(b) Amount involved			empt organization			ers, transactions, and s			
14, 5		N/A	(0) (10)	TOTO TOTO CA	on programzanor	N/A	Jon Dr. Cr. (12.10)	oro, transactions, and o	Taring and	2.1901110	
	-		 								
			 								
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	-		 	···-				· · · · · · · · · · · · · · · · · · ·			
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_				Z.I A . I							
Za		foundation directly sed in section 501(c							\Box	es X	٦ ٨١٥
_			•	uner man sec	((a)(a))	or in sectio	n 52//		ш, т	es _^] 140
D	ıı res	complete the follo, (a) Name of organization		(b) 3	Type of organization			(c) Description of relation	nehin		
		(a) Ivame or organization		(6)	Type of organization			(c) Description of relative	изпр		
	_							~	*		
	 -										
				-	_						
											
	Under	penalties of penjury, I decl	are that I have exam	ined this return, in	ncluding accompanyin	n schedules and	statements, and t	to the best of my knowl	edge and	belief. it	ıs true
	correc	t, and complete Declaration of									
Sigı	n	(V 1/1/4)	5. –	1 8	1,3/15	7	~asre		IRS discu		
Her	e 🚬	gund/eur	me	Date	1,-7,13		(www)		preparer		
	Sigi	nature of officer or trustee		Dale		IIII		(see instruc	ions)? [_2	Yes	No
		Print/Type preparer's na		Preparer's	signature		Date	- - -	PTIN		
Paid	t	1		١ ۵	-		i i	Check if		4000	c
	parer	JANA B BACON,)ans	BBack	<u>~</u>	7/23/201		P014		. 6
	-		OLF & COMPA		FLOOD			Firm's EIN ▶ 04 =	2689 <u>8</u>	83	
use	Only	l .	9 HIGH STRE	ET, 215T	FLOOR	^^	110	617	420 0	700	
		I B(OSTON, MA			02	110		439-9		105:
									om 99	V-FF	(2014)

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

2014

or 990-PF)
Department of the Treasury
Internal Revenue Service

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990.

Name of the organization Employer identification

employer identification number

UNION SAVINGS BANK	FOUNDATION, INC.	06-1508286
Organization type (check o	nne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation
	501(c)(3) taxable private foundation	
instructions General Rule		
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contr ey or property) from any one contributor. Complete Parts I and II. See instru	
contributor's total		Ç
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ons of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious, tional purposes, or the prevention of cruelty to children or animals. Complet	, charitable, scientific,
contributor, during contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that gethe year, contributions exclusively for religious, charitable, etc., purposes alled more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Do not complete any of other to this organization because it received nonexclusively religious, charitable or more during the year.	, but no such ons that were received the parts unless the able, etc., contributions
Caution. An organization th	nat is not covered by the General Rule and/or the Special Rules does not file nust answer "No" on Part IV, line 2, of its Form 990, or check the box on lir to certify that it does not meet the filing requirements of Schedule B (Form	e Schedule B (Form 990, ne H of its Form 990-EZ or on its

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) (2014)

Name of organization UNION SAVINGS BANK FOUNDATION, INC.

Employer identification number 06-1508286

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	UNION SAVINGS BANK PO BOX 647 DANBURY, CT 06813	\$ 10,950.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
~ - 		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

06-1508286

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(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 UNION SAVINGS BANK FOUNDATION, INC.

Employer identification number

06-1508286

con Use	owing line entry. For organizations of atributions of \$1,000 or less for the eduplicate copies of Part III if addition	year. (Enter this informatio				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	(=, 1 = 1 p = 2 = 3			(a, a coorpies of non-grade solu-		
		(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee		
	·					
n) No. From			.			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	·					
	(e) Transfer of gift					
	(.,					
	Transferee's name, address, and ZIP + 4		Relation	ship of transferor to transferee		
				**		
n) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
<u> </u>		(-) T				
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
ı) No.	(1) 2	4344 5 15	Ï			
rom art 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	Relation	ship of transferor to transferee		
	·					

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. ▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

Employer identification number

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

UNION SAVINGS BANK FOUNDATION, INC. 06-1508286 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) (h) Gain or (loss) Adjustments to gain or loss from the lines below Subtract column (e) from column (d) and Proceeds Cost This form may be easier to complete if you round off cents (sales pnce) (or other basis) Form(s) 8949, Part I, combine the result with line 2, column (g) column (g) to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 4 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2013 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments Subtract column (e) the lines below (d) (e) Proceeds to gain or loss from Form(s) 8949, Part II, from column (d) and This form may be easier to complete if you round off cents combine the result with (sales pnce) (or other basis) line 2, column (g) column (g) to whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 1,091,984. 946,964. 145,020. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 12 13 48,233 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2013 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 193,253.

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

Schedule D (Form 1041) 2014

5523AL 2912

Schedu	le D (Form 1041) 2014						Page 2
Part		I	(1) Benef	iciaries'	(2) Esta	ite's	T rage a
	Caution: Read the instructions before completing this pa	art	(see in		or trus		(3) Total
17 P	Net short-term gain or (loss)	17	,				
	Net long-term gain or (loss):				 -		
	Total for year	18a					193,253.
	Jnrecaptured section 1250 gain (see line 18 of the wrksht)	18b			-	_	130,2001
	28% rate gain	18c					
	Total net gain or (loss). Combine lines 17 and 18a	19					193,253.
Note:	If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or For	m 990-T. Pa	art I, line 4	a) If lines 1	Ba and	19 column (2) are ne
gains, necess	go to Part V, and do not complete Part IV. If line 19, column (3), is a nary	èt loss,	complete l	Part IV and	the Capital	Loss C	amyover Worksheet, a
Part							
20 E	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, lir	ie 4c, if a tru	st), the sn	naller of		,
a Vote:	The loss on line 19, column (3) or b \$3,000 If the loss on line 19, column (3), is more than \$3,000, or if Form 1041,		lino 22 (ni		L	20 (
Loss Ca	arryover Worksheet in the instructions to figure your capital loss carryover	paye i	, IIII U 22 (UI	romi 990	-1, line 34),	is a ioss	s, complete the Capita
Part	V Tax Computation Using Maximum Capital Gains Rate	s					-
orm	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains	s, or an a	mount is er	tered II	n Part I or Part II and
	s an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			.,			
	on: Skip this part and complete the Schedule D Tax Worksheet in the i						
	er line 18b, col (2) or line 18c, col. (2) is more than zero, or						
	h Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
orm	990-T trusts. Complete this part only if both lines 18a and 19 a	re gaıı	ns, or qual	ified divid	ends are ii	ncluded	in income in Part
	m 990-T, and Form 990-T, line 34, is more than zero. Skip this parter line 18b, col. (2) or line 18c, col. (2) is more than zero.	and co	mplete the	e Schedu'	le D Tax W	orkshe	et in the instructions
21 E	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	21				
	Enter the smaller of line 18a or 19 in column (2)	.,					
	out not less than zero						
	Enter the estate's or trust's qualified dividends						
	rom Form 1041, line 2b(2) (or enter the qualified		1				
	lividends included in income in Part I of Form 990-T) 23						
	Add lines 22 and 23					1	
	f the estate or trust is filing Form 4952, enter the		-				
	amount from line 4g, otherwise, enter -0 25					i	
	Subtract line 25 from line 24 If zero or less, enter -0-		26				
	Subtract line 26 from line 21 If zero or less, enter -0-		27				
	Enter the smaller of the amount on line 21 or \$2,500		28				
	Enter the smaller of the amount on line 27 or line 28		29				
	Subtract line 29 from line 28 If zero or less, enter -0 This amount is					30	
	Enter the smaller of line 21 or line 26		31			-	- <u>-</u>
	Subtract line 30 from line 26		32				
	Enter the smaller of line 21 or \$12,150						
	Add lines 27 and 30						
	Subtract line 34 from line 33. If zero or less, enter -0-						
						- 1	
	Enter the smaller of line 32 or line 35					a,	
	Multiply line 36 by 15%		1 1	• • • • •	· · · ▶	37	
	Enter the amount from line 31		38				
	Add lines 30 and 36						
	Subtract line 39 from line 38 If zero or less, enter -0						
	Aultiply line 40 by 20%				· · · ▶	41	
	rigure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for I		,				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)			-			
	Add lines 37, 41, and 42		43	-			
	igure the tax on the amount on line 21 Use the 2014 Tax Rate Schedule for I						
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		44				
	ax on all taxable income. Enter the smaller of line 43 or line 44 h	nere ai	nd on Form	1 1041, S	chedule		

Schedule D (Form 1041) 2014

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	41,975.	41,975.
REVENUE AND EXPENSES PER BOOKS	41,975.	41,975.
		TOTAL
DESCRIPTION	DIVIDEND & INTEREST	

ATTACHMENT 1

V 14-5.5F

FORM 990PF, PART I - ACCOUNTING FEES

06-1508286

ATTACHMENT 2

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ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	8,200. 2,750.	10,950.
		TOTALS
DESCRIPTION	AUDIT FEE TAX PREPARATION FEE	

8,200.

CHARITABLE PURPOSES 10,950.

ATTACHMENT 3

	п
FEES	
PROFESSIONAL	
OTHER	
1	
Н	ľ
PART	
	!!
990PF,	

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	21,920.	21,920.
REVENUE AND EXPENSES PER BOOKS	21,920.	21,920.
DESCRIPTION	INVESTMENT MANAGEMENT FEE	TOTALS

ATTACHMENT 3

V 14-5.5F

FORM 990PF, PART II - U.S. AND STATE OB

NT 4	ENDING <u>FMV</u>	81,144.	
ATTACHMENT 4	ENDING BOOK VALUE	81,144.	
.S. AND STATE OBLIGATIONS	BEGINNING BOOK VALUE	105,944.	
FORM 990PF, PART II - U.S.	DESCRIPTION	MUNICIPAL BONDS US OBLIGATION	

ENDING <u>EMV</u>	837,844.	837,844.
ENDING BOOK VALUE	837,844.	837,844.
BEGINNING BOOK VALUE	1,122,372.	1,122,372.
DESCRIPTION	MARKETABLE EQUITY SECURITIES	TOTALS

- CORPORATE BONDS

PART II

FORM 990PF,

ATTACHMENT 7

BO	
BEGINNING BOOK VALUE	25,113.
	ACCRUED INTEREST RECEIVABLE
LION	INTEREST
DESCRIPTION	ACCRUED

ENDING <u>FMV</u>	8,160.	8,160.
ENDING BOOK VALUE	8,160.	8,160.
BOOK VALUE	25,113.	25,113.
	T RECEIVABLE	TOTALS

UNION SAVINGS BANK FOUNDATION, INC.

06-1508286

ATTACHMENT 8

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

DESCRIPTION

AMOUNT

UNREALIZED GAINS (LOSS) ON INVESTMENTS

-96,031.

TOTAL

-96,031.

ATTACHMENT 9

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
MARIE T O'NEIL 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	0	0	0	
JEFFREY M LEVINE 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	0	0	0	
JOHN M MURPHY 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	0	0	0	
CYNTHIA STEVENS 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	0	0	0	
JOHN A BRIGHENTI 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	0	0	O	
RAY P BOA 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	0	0	0	

ATTACHMENT 9

V 14-5.5F

ATTACHMENT 9 (CONT'D)

UNION SAVINGS BANK FOUNDATION, INC.

TRUSTEES
, AND
, DIRECTORS,
FFICERS
IST OF O
LIST
1
VIII
PART VIII
990PF,
FORM

E sl	0	0	0	0	0	0
EXPENSE ACCT AND OTHER ALLOWANCES						
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	0	0	0
COMPENSATION	0	0	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	CHAIRMAN 1.00	TRUSTEE 1.00	TRUSTEE 1.00	TRUSTEE 1.00	TRUSTEE 1.00
NAME AND ADDRESS	GREGORY S ONEGLIA 226 MAIN STREET DANBURY, CT 06810	JACK T TYRANSKY 226 MAIN STREET DANBURY, CT 06810	H RAY UNDERWOOD 226 MAIN STREET DANBURY, CT 06810	ARNOLD E FINALDI JR 226 MAIN STREET DANBURY, CT 06810	STEVEN G ROSENTEL 226 MAIN STREET DANBURY, CT 06810	DONALD T STUDLEY 226 MAIN STREET DANBURY, CT 06810

FORM 990PE, PART VIII - LIST OF OFFICERS,	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 9 (CONT'D)
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LUCIE H VOVES 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	0	0	0
LYNNE A BEARDSLEY 226 MAIN STREET DANBURY, CT 06810	SECRETARY/TRUSTEE 1.00	0	0	0
PAUL BRUCE 226 MAIN STREET DANBURY, CT 06810	TREASURER 1.00	0	0	,
DAVID S HAWLEY 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	0	0	0
FRANCIS G DATTALO 226 MAIN STREET DANBURY, CT 06810	PRESIDENT & CEO 1.00	0	0	0
	GRAND TOTALS	0	0	0

UNION SAVINGS BANK FOUNDATION, INC.

06-1508286

ATTACHMENT 10

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

MARIE O'NEILL, SVP MARKETING 225 MAIN STREET DANBURY, CT 06810 203-830-4200

TANTECAT	CALITACO	DANIZ	FOUNDATION.	TNIC
UNION	SAVINGS	BANK	FOUNDATION.	INC.

06-1508286

АТТА	CHMENT	11

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

AN EXAMPLE OF THE GRANT APPLICATION IS ATTACHED TO THE 990-PF. THESE APPLICATIONS ARE AVAILABLE AT WWW.UNIONSAVINGS.COM. THEY MAY BE EMAILED TO THE FOUNDATION'S EMAIL ADDRESS OR MAILED TO PO BOX 647 DANBURY CT 06813-0647.

UNION	SAVINGS	BANK	FOUNDATION,	TNC

06-1508286

	TTACHMENT	1	2
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990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

GRANTS ARE RARELY APPROVED FOR: PUBLIC ENTITIES, MUNICIPALITIES, SECTARIAN ORGANIZATIONS, CAPITAL EXPENSES, OR MULT-YEAR REQUESTS. REQUESTS FROM INDIVIDUALS OR FROM ENDOWMENTS ARE ALSO RARELY GRANTED. IN ADDITION, ORGANIZATIONS AWARDED A 2014 GRANT ARE NOT ELIGIBLE TO APPLY IN 2015.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

RIBUTION

181,225

AMOUNT

ATTACHMENT 13

ON FILE - DETAILS UPON REQUEST

SEE ATTACHMENT

RECIPIENT NAME AND ADDRESS

NOT RELATED PC

EXEMPT PURPOSE

OSE

TOTAL CONTRIBUTIONS PAID

181,225

USB Foundation - 2014 Grant Awards

	Organization Name	Description of Program	Award
1	AIDS Project Greater Danbury	Housing and other emergency assistance needs for the HIV positive and their families	\$7,500
2	AmeriCares Free Clinics, Inc.	Americares Danbury Clinic	\$10,000
3	Bethel Visiting Nurse Association	Wellness programs to reduce admissions to the hospital and inappropriate use of the emergency clinic setting	\$5,000
4	Catholic Charities of Danbury	Family Loan Program	\$7,500
5	Catholic Charities of Fairfield County	Morning Glory Breakfast Program	\$10,000
	Christian Counseling Center of Greater Danbury, Inc.	To provide outreach counselors, including Spanish language counselors, for the Samaritan House Health Clinic	\$5,000
	Community Mental Health Affiliates, Inc. (CMHA)	Torrington Outpatient Program that provides high quality behavioral health care for children	\$5,000
	Connecticut Junior Republic Association, Inc.	Expansion of Wellness Center Program to CJR Danbury and Torrington program sites.	\$7,500
	Connecticut Radio Information System (CRIS)	Audio Recording Programming (broadcast 24 hours a day, 7 days a week)	\$7,500
5	Danbury Children First, Inc.	The Early Literacy Program	\$5,000
	Danbury Schools and Business Collaborative (DSABC)	The DSABC Mentor Program	\$8,000
2	Danbury Youth Services, Inc.	The Youth and Family Counseling Program	\$7,500
- 1	Education Connection/ Family Resource Center	Program that offers education training and workshop to family day-care providers.	\$2,000
4	FOCUS Center for Autism	To purchase gigabyte iPad Airs with protective covers for the Extended Day Treatment Program	\$2,500
5	Friends of the Goshen Public Library	Update technology to offer more programs to children and youth	\$4,000
	Golden Opportunity Networks DBA Golden Opportunities	Free program providing social interaction and reliable transportation to medical appointments for Danbury-area senior citizens	\$5,000
7	HomeFront, Inc.	HomeFront 2015 project to make repairs and quality of life improvements to the homes of needy low income households.	\$3,000
3	Jericho Partnership, Inc	Food for use with the the Pathways Danbury Youth Ministries programs	\$7,500
9	Kent Affordable Housing, Inc.	Improve the buildings and grounds with a focus on resident safety at South Commons .	\$8,775
5	New Milford Visiting Nurse Association	Community Health and Wellness programs	\$5,000

	Organization Name	Description of Program	Award
21	New Neighborhoods, Inc.	Self-sufficiency workshops and a computer lab for the Samuels Court, danbury property	\$2,500
22	Northwest CT Association for the Arts, Inc. DBA Warner Theatre	The Warner Theatre Center for Arts Education	\$5,000
23	Northwestern Connecticut YMCA	To provide financial assistance to those unable to afford the Y's membership and program fees	\$7,500
24	Oliver Wolcott Library	Expand collection development through initiative to purchase multiple copies of books, DVDs and audio books that are in demand	\$5,450
25	Our Daily Bread	Expand facilities to meet growing need by adding space for an additional freezer, shelving, and floor space for clients and workers	\$5,000
26	Positive Discipline of Western CT	Enable addition of Spanish language Certified Parent Educators	\$2,500
27	Shelter of the Cross	The Renewal House program	\$10,000
28	Susan B. Anthony Project, Inc.	Community Education Program	\$10,000
29	Women's Center of Greater Danbury	Prevention Education and Community Training programs	\$10,000

\$181,225

Total

Form 8949 (2014) Page 2 Attachment Sequence No 12A Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification number UNION SAVINGS BANK FOUNDATION, INC. 06-1508286 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later) Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g) (e) Gain or (loss). enter a code in column (f) (d) (c) (a) (b) Cost or other Subtract column (e) See the separate instructions. Description of property Date sold or Proceeds Date acquired basis See the rom column (d) and (Example 100 sh XYZ Co) disposed (sales price) (Mo, day, yr) Note below and combine the result (Mo, day, yr) (see instructions) see Column (e) Code(s) from Amount of with column (a) in the separate instructions adjustment instructions VARIQUS VARIOUS 1,091,984 SALE OF SECURITIES 946,964. 145,020. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and

1,091,984. Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

946,964.

145,020.

include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10

(if Box F above is checked) ▶

06-1508286

UNION SAVINGS BANK FOUNDATION, INC. 06-1508286
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F	APITAL GA Property		Desc	cription		рη	Date	Date solo
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	P	acquired Gain	
price less	allowed/	other	as of	as of	FMV over		or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	╁	(loss)	
		TOTAL CART	13.1 C3.11 D7.0	mp r prim r eve			40 000	
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		CALE OF SEC	UID TMTDC					
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		PROPERTY TY	PE: SECURIT	IES		Ш		
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Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► Flie a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Witchild Meach	O SCITICO			3				
If you are	filing for an Automatic 3-Month Extension,	complete (only Part I and check th	nis box	▶ X			
	filing for an Additional (Not Automatic) 3-M							
Do not comp	olete Part II unless you have already been gra	nted an au	rtomatic 3-month extens	sion on a previously filed Form 886	В.			
Electronic fi	Ilng (e-file). You can electronically file Form	8868 if yo	ои пееd a 3-month auto	omatic extension of time to file (6	months for			
a corporatio	n required to file Form 990-T), or an addition	nal (not au	tomatic) 3-month exter	nsion of time. You can electronical	ly file Form			
Between for	juest an extension of time to file any of the	forms liste	ed in Part I or Part II w	ith the exception of Form 8870,	Information			
instructions)	Transfers Associated With Certain Personal. For more details on the electronic filing of the	al Benefit nic form vi	Contracts, which mus	t be sent to the IRS in paper to delick on a file for Charities & Mon	ormat (see			
	tomatic 3-Month Extension of Time. Or				oronis.			
	n required to file Form 990-T and requesting							
				- Check this box and complete	\Box			
All other cor		ine REMO	Ce and truete must use i	Form 7004 to request an extension	of trop			
to file incom		npo, raint	o, and a doto made add i	Enter filer's identifying number, se				
	Name of exempt organization or other filer, see in	structions.		Employer identification number (EIN)				
Type or	· -							
print	UNION SAVINGS BANK FOUNDATION	N, INC.		06-1508286				
File by the	le by the Number, street, and room or sulte no. If a P.O. box see instructions.							
due date for filing your	226 MAIN STREET			, , , ,				
return. See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions.					
instructions.	DANBURY, CT 06810							
Enter the Re	turn code for the return that this application	is for (file a	separate application for	or each return)	0 4			
Application		Return	Application		Return			
is For		Code	ls For		Code			
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)	07			
Form 990-Bi	·	02	Form 1041-A		08			
Form 4720 (03	Form 4720 (other that	n individual)	09			
Form 990-PF		04	Form 5227		10			
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990 <u>-T</u>	(trust other than above)	06	Form 8870		12			
-								
• The books	are in the care of ▶JENNIFER TOMAINC	, 226 K	MAIN ST. DANBURY	, CT 06810				
Tolonhone	No. ▶ 203 830-4200		TAV NIL D					
	inization does not have an office or place of t		FAX No. ►	ale Abia bass	· [
If this is for	r a Group Return, enter the organization's for	r digit Gro	un Examplion Number (CK INIS DOX				
	group, check this box							
	names and EINs of all members the extensi		int of the group, check the	ilis box	3G1			
	st an automatic 3-month (6 months for a con		ouired to file Form 990	-T) extension of time				
-				organization named above. The e	xtension is			
	organization's return for:		,	- 01 garillation size and a 2000. 1110 c.				
▶ X	calendar year 20 <u>14</u> or							
	tax year beginning	, 20	, and ending	. 20				
	· · · · · · · · · · · · · · · · · · ·							
2 If the ta	x year entered in line 1 is for less than 12 m	onths, chec	k reason: 🔲 Initial re	eturn Final return				
CI	nange in accounting period							
3a If this a	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the t	tentative tax, less any				
	ndable credits. See instructions.			3a \$	5,915.			
	application is for Form 990-PF, 990-T,							
	ed tax payments made. Include any prior year				1,915.			
	due. Subtract line 3b from line 3a. Include		ent with this form, if red	quired, by using EFTPS				
	nic Federal Tax Payment System) See instruc			3c \$	4,000			
	are going to make an electronic funds withdrawal	(durect debi	t) with this Form 8868, se	e Form 8453-EO and Form 8879-EO fo	r payment			
instructions.	 							
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.		Form 8868	(Rev. 1-2014)			