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## SCANNED OCT 2-8 2015

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Form *	990-PF	

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 2014

		Revenue Service	► Information about For	m 990-P	F and its separat	e instructions	is at www.ii	rs.gov/form990pf.	Open to Public Inspection
			4 or tax year beginning			, 2014	, and endi		, 20
,	Name	of foundation						A Employer ide	entification number
} _	JEWE	ETT CITY SA	VINGS BANK FOUNDA	TION :	INC			13-4242	396
ı —	Numbe	er and street (or P O	box number if mail is not deliver	ed to stree	t address)		Room/suite	B Telephone no	umber (see instructions)
							1		(860) 376-4444
	111	MAIN STREE	T						
	City or	town, state or provi	nce, country, and ZIP or foreign p	ostal code	:				
								C If exemption ap	oplication is
	теми	ETT CITY, C	ጥ በ6351					pending, check	here · · · · · · · ·
_		ck all that apply	Initial return	—Т	Initial return	of a former r	ublic char	ıtv.	
G	Cile	ck all that apply	Final return	$\vdash$	-	-	Jublic Criai	- D i l'oreign orga	anizations, check here
			H	-	Amended re				anizations meeting the eck here and attach
-			Address change	( ) ( ) (	Name chang				
, H	$\overline{}$		ization X Section 501				MU	E If private found	dation status was terminated
L			nonexempt charitable trust		Other taxable pr			under section 5	507(b)(1)(A), check here . 🕨 🔙
ı	Fair	market value	of all assets at JAcc	ounting	method C	ash 🔯 Aco	crual \	F If the foundate	on is in a 60-month termination
	end	• '		Other (s	pecify)	<b></b>		under section 5	507(b)(1)(B), check here . 🕨
	16)	<b>▶</b> \$ 1,	,597,297. (Part I,	column	(d) must be on cas	sh basis )			
ŀ	art l		evenue and Expenses (The	e (a)	Revenue and	(L) b: :			(d) Disbursements
			in columns (b), (c), and (d) orily equal the amounts in		xpenses per	(b) Net inve		(c) Adjusted net income	for charitable purposes
		may not necessa column (a) (see II			books	IIICOII		moone	(cash basis only)
_	1		ints, etc., received (attach schedule)	i	307,860.				/ * * * / / / · · ›
_	2	Chack I If t	he foundation is not required to						*****
		an:	ach Sch B	1	25,843.	2	25,843.	<u> </u>	ATCH 1
	3	-	and temporary cash investments.		9,306.	<del></del>	9,306.		ATCH 2
	4		terest from secunties		- J, 500.		2,300.		711011 2
	l .				× # * * * * * *			<del></del>	
	1		r (loss)		12,527.	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
ž	6a b	Net gain or (loss) fr Gross sales price for	om sale of assets not on line 10		12,327.	<del></del>		<u> </u>	
èn	"	assets on line 6a	rail 346,127	<del> </del>					****
Revenue	7	Capital gain net i	ncome (from Part IV, line 2) ,			18	19,919.		
Œ,	8	Net short-term ca	apital gain						
	9		ions						
	10a	Gross sales less retu and allowances • •			*	*	, ,		
	ь	Less Cost of goods				" .	*		
	С	Gross profit or (lo	ss) (attach schedule)				* * .		4
	11	Other income (at	tach schedule)						, , , ,
	12		I through 11		355,536.	22	25,068.		0 ** * ; / * *
_	13	Compensation of o	ficers, directors, musices, etc		C				
es	1	Other employee	salaries and wages		<del></del>				
nse	15	Rension plans e	mployee benefits					·	
oe	16a	least foor/attack	Schodulo)=	1					
Ж	ь	Accounting to a	mployee benefits ()	·					
and Administrative Expe		Other profession	al fees (attach schedule)	<b>—</b>		Í			
į	C			·	·				
ij	17	nterest 🕒 🗘 🕽		·	7,402.				
Ë	18		nedule) (see instructions)[3]		7,402.				
Έ	19		ach schedule) and depletion					<del></del>	
Ad	20	Occupancy	• • • • • • • • • • • • • • • • • • • •	·					
9	21	Travel, conference	ces, and meetings	·				<del></del>	
4	22	Printing and publ	lications	·		ļ			
Da	23 24 25	Other expenses (	(attach schedule)			<b></b>			
ati	24	Total operating	and administrative expenses	i.					
٩	<u>i</u>	Add lines 13 thro	ough 23	. L	7,402.				
Ö	25		fts, grants paid	F	55,010.				60,01
_	26	_	sbursements Add lines 24 and 2		62,412.				60,01
	27	Subtract line 26							
			er expenses and disbursements .	.	293,124.		ļ		
			income (if negative, enter -0-			22	25,068.		
	l l		come (if negative, enter -0-).						d
-			on Act Notice, see instruction		<del></del>				Form <b>990-PF</b> (20

Ðø	rt II	Rajance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	d of year
4		Datance Officets	amounts only (See instructions )	(a) Book Value	(b) Book Value	
	1	Cash - non-interest-bear	ing	5,259.	2,918	3. 2,918
			cash investments	41,666.	160,269	160,269
					, , , , ,	* * * * * * * * * * * * * * * * * * * *
1			btful accounts ▶		W + 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
					\$ 4 .4, 1, 1 .	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	•	Less allowance for dou	btful accounts ▶			Annual control
ŀ					<del></del>	
			officers, directors, trustees, and other	······		<del></del>
1			· ' '			
			tach schedule) (see instructions)		<i>A</i> .	
			receivable (attach schedule)		# 4	
_			btful accounts ►			
SSets			se			
SS			eferred charges			
٠.	10 a	Investments - U.S. and stat	e government obligations (attach schedule)[4]	271,045.		
-			stock (attach schedule) ATCH 5		335,783	335,781
	c	Investments - corporate	e bonds (attach schedule)		- <del> </del>	
- 1	1	Investments - land, building and equipment basis		× × × × × × × × × × × × × × × × × × ×		
		Less accumulated depreca	ation			
.	12	Investments - mortgage	loans		_	
- 1	13	Investments - other (atta	loans	775,000.	975,000	1,027,654.
-   1	14	Land, buildings, and			2	
- 1		Less accumulated deprecia	ation			
.	15	Other assets (describe	►ATCH_7)	40,922.	55,720	55,720
- 1	16	Total assets (to be	completed by all filers - see the			
			page 1, item I)		1.544.210	1,597,297.
1	17		accrued expenses		9,71	8.
	18				5,000	i :
				10,000.	3,000	, ;
.Ψ	19					┥ :
ቜ ፞	20		ors, trustees, and other disqualified persons			
9	21		otes payable (attach schedule)			
_[:	22	Other liabilities (describ	e ▶)			<b>→</b> *
		<b>-</b>	47.11 ( 00)	10 500	14 71	, , , , , , , , , , , , , , , , , , ,
4	23		es 17 through 22)	19,508.	14,71	3.
ļ			low SFAS 117, check here . ▶			
S		and complete lines	24 through 26 and lines 30 and 31.			* * * .
	24	Unrestricted				. , .
Balances	25	Temporarily restricted				
	26	Permanently restricted				* * *
S		Foundations that do	not follow SFAS 117, ▶ 🔀			. * * * * * * * * * * * * * * * * * * *
or Fund			plete lines 27 through 31.			· · · · · · · · · · · · · · · · · · ·
8	27	Capital stock, trust prin	cipal, or current funds			
Assets	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund			. * !
ASS	29		ulated income, endowment, or other funds	1,236,150.	1,529,492	2.
	30	<del>-</del>	d balances (see instructions)	1,236,150.	1,529,49	<b>─</b> 1
Z	31		net assets/fund balances (see			* (
				1,255,658.	1,544,210	o.   `
	art I		nges in Net Assets or Fund Bala			
			balances at beginning of year - Part		must agree with	
•			ed on pnor year's return)			1,236,150.
2	Ent	er amount from Dort I	line 27a		· · · · · · · <del>  _</del> ;	
_	C+F	er amount from Part I	, line 27a ded in line 2 (itemize) ► ATCH 8			
3	Oth	ei increases noi inclu	ued in line ∠ (itemize) ► AICH 6			
4	Vac	i iiies i, z, and 3				<del></del>
		creases not included i				1 500 400
<u>6</u>	Tota	ai net assets or fund l	palances at end of year (line 4 minus	s iine 5) - Part II, column (	(b), line 30   6	1,529,492.

_		•
Pan	10	.1

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
		d describe the kind(s) of property sold (e		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse, or common stock, 200 s	shs MLC Co)	P - Purchase D - Donation	(mo., day, yr)	(mo., day, yr)
<u>1a</u>	SEE PART IV SCHE	DULE				
_b_						
<u> </u>						
<u>d</u>						
<u>e</u>			7-7			
	(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						
<u>b</u>						
<u>_</u> C_	<del></del>					
<u>d</u>						
<u>e</u>	<del></del>		10.10.10.00			
	Complete only for assets	showing gain in column (h) and owned			Gains (Col. (h) g	
(	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	COI	(k), but not less t Losses (from co	
a					··· · · · · · · · · · · · · · · · · ·	
_b_					<del></del>	
<u>c</u>						<del></del>
_d_						
<u>e</u>			<u></u>	1		
2	Capital gain net income		gain, also enter in Part I, line 7			100 010
_		, , , , , , , , , , , , , , , , , , ,	(loss), enter -0- in Part I, line 7	2		189,919.
3		ain or (loss) as defined in sections 1 art I, line 8, column (c) (see inst				
	<u>-</u>					0
D-				1 3		<u> </u>
		c private foundations subject to the			· · · · · · · · · · · · · · · · · · ·	
Wa		the section 4942 tax on the distrib		ase perio	d?	Yes X No
1	<del> </del>	mount in each column for each yea	<del></del>	g anv ent	nes	
÷	(a)	(b)	(c)		(d)	
Са	Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution in (col (b) divided by	
	2013	49,600.	1,070,695.			0.046325
	2012	49,000.	1,017,144.			0.048174
	2011	52,021.	1,012,617.			0.051373
	2010	49,600.	988,263.			0.050189
	2009	48,150.	1,017,571.			0.047319
2	Total of line 1, column (	d)		2		0.243380
3	Average distribution rati	o for the 5-year base period - divid	e the total on line 2 by 5, or by the			
	number of years the fou	ndation has been in existence if les	s than 5 years	3		0.048676
4	Enter the net value of no	oncharitable-use assets for 2014 fro	om Part X, line 5	4	1,	498,793.
5	Multiply line 4 by line 3			5		72,955.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		2,251.
7	Add lines 5 and 6			7		75,206.
•	Add lines 5 and 0					-,
8	Enter qualifying distribut	tions from Part XII, line 4		8		60,010.
	If line 8 is equal to or g Part VI instructions.	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

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Fórm	990-PF	(2014)	

JEWETT CITY SAVINGS BANK FOUNDATION INC

1	3	-4	2	Δ	2	3	a	6
	J	4	۷.	7	4	J	フ	o

		4
aп	ρ	4

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	uction	s)
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)		*,	v ú
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,	501.
	here ▶ and enter 1% of Part I, line 27b		^	i
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	* /	۵	" í
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2		4,	501.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		4,	501.
6	Credits/Payments		7 %	* (
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 4,000.			,
b	Exempt foreign organizations - tax withheld at source		* . */	3 4
	Tax paid with application for extension of time to file (Form 8868). 6c 3,000.		7/	44
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		7,0	000.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			17.
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		2,	182.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 2,482. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	3	Yes	No
	participate or intervene in any political campaign?	1a		Х
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			
С	Did the foundation file Form 1120-POL for this year?	1c	[ ·	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation $\blacktriangleright$ \$	2 2		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	*		l
	foundation managers > \$			ļ ,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2		Х
	If "Yes," attach a detailed description of the activities		7 3	
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	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		X
	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			1
	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	L
8a	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	ļ
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		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
			<u> </u>	

Form **990-PF** (2014)

Pai	t VII-A Statements Regarding Activities (continued)			
11				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11	Ì I	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	I .	Х	
	Website address ► N/A	<u> </u>		
14	The books are in care of ▶ JAMES A MCDONALD Telephone no. ▶ 860-376	-444	4	
	Located at ▶111 MAIN STREET JEWETT CITY, CT ZIP+4 ▶ 06351			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
	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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-221) If	l .		,
	"Yes," enter the name of the foreign country >	, ,		
Pa	t 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
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		,	, t
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			- 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			i
	(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)?	;	á	,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	*	3 8	3 %
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			, ,
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			-
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	<u>1b</u>		
	Organizations relying on a current notice regarding disaster assistance check here	25		i
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	¥aa	-	
_	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))			
•	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?			ì
				Į
,	o Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		i	
•	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	3	k y .	
	all years listed, answer "No" and attach statement - see instructions )	2b		-
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			,
3 :	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			, ;
	at any time during the year? Yes X No			**
1	of "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or	, ž		- ×
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		,
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		1	•
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		3	
	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
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	~		1
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<u> </u>	Х
	Fr	m 99	0-PF	(2014)

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Par	t VII-B Statements Regarding Activities t	for Which Form	4720 May Be Req	uired (continued)		Γ	
5a	During the year did the foundation pay or incur any amou				4	1.	
	(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (section	n 4945(e))?	. Yes X N	0	٠, ١	1
	(2) Influence the outcome of any specific public elec-	ction (see section 4	955), or to carry or	, — —	>		'
	directly or indirectly, any voter registration drive?	. <b></b> .			D		1
	(3) Provide a grant to an individual for travel, study, or ot	her sımılar purposes?		. Yes X N	<b>D</b>	1.55	
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described ii		s &	1 ~	, s
	section 4945(d)(4)(A)? (see instructions)	. <b></b> .		Yes X N	•	× 7 4.	
	(5) Provide for any purpose other than religious, cha	arıtable, scientific, l	iterary, or educationa	al — —		*	
	purposes, or for the prevention of cruelty to children of	or animals?		. Yes X N	0		/*
b	If any answer is "Yes" to 5a(1)-(5), did any of the				n   "		. `
	Regulations section 53 4945 or in a current notice regard	ding disaster assistan	ce (see instructions)?		5b		<u> </u>
	Organizations relying on a current notice regarding disas	ter assistance check l	here		· []		ĺ '
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax — —	· ·	, ;	
	because it maintained expenditure responsibility for the g	rant?		Yes N	O .	3	
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)			, ,	*	
6a	Did the foundation, during the year, receive any fund	ds, directly or indire	ectly, to pay premiur	ms		1	
	on a personal benefit contract?				o  ,,		
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act?	. <u>6b</u>	<b></b> -	X
	If "Yes" to 6b, file Form 8870					1	
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?.	. Yes X N	•		' - X ·
	If "Yes," did the foundation receive any proceeds or hav	e any net income attr	butable to the transact	ion?	. 7b		
Pa	rt VIII Information About Officers, Director and Contractors	s, irustees, Fou	indation Managers	s, Hignly Pald Em	pioyees,		
1	List all officers, directors, trustees, foundation m						
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exper other a		
			_				
ATC	H 9		<u> </u>	) (	<b>}</b>	-	
				<u> </u>	ļ		
					<del> </del>	· · -	
	Compensation of five highest-paid employees	/athay than that	a included on lin	. 1	ione) If r	2000	onto
2	"NONE."	(other than thos	se included on in	e i - see ilistruct	ions). Ii i	ione,	ciile
		(b) Title, and average		(d) Contributions to employee benefit	(e) Exper	se acc	wint
(a	) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation		llowand	
				Compensation			
	NONE						
	NONE				<del> </del>		
					†		
		1					
Tota	I number of other employees paid over \$50,000.						

Form **990-PF** (2014)

Form 990-PF (2014)

3 NONE

Total. Add lines 1 through 3.

_			٠.
	20	•	- 2

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundat	ions,
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	1,466,616.
b	Average of monthly cash balances	1b	6,777.
С	Fair market value of all other assets (see instructions)	1c	48,224.
d	Total (add lines 1a, b, and c)	1d	1,521,617.
е	Reduction claimed for blockage or other factors reported on lines 1a and	** :	
	1c (attach detailed explanation)	× 1. 2	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	3	1,521,617.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	22,824.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,498,793.
6	Minimum investment return. Enter 5% of line 5		74,940.
Part	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	indations	
1	Minimum investment return from Part X, line 6	. 1	74,940.
2 a	Tax on investment income for 2014 from Part VI, line 5	. * * \$	
b	Income tax for 2014 (This does not include the tax from Part VI.). 2b		
c		2c	4,501.
3	Distributable amount before adjustments. Subtract line 2c from line 1	1 1	70,439.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4		70,439.
6	Deduction from distributable amount (see instructions).		
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	i _ i	70,439.
Par	t XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		
а			60,010.
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:		
а	Suitability test (prior IRS approval required)	3a	
b		. 3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	60,010.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	li I	
	Enter 1% of Part I, line 27b (see instructions)		0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60,010.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years.	calculating	whether the foundation

Form **990-PF** (2014)

Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (a) Corpus Years prior to 2013 2014 2013 Distributable amount for 2014 from Part XI, 70,439 Undistributed income, if any, as of the end of 2014 Enter amount for 2013 only . . . . . . . Total for pnor years 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014 From 2009 . . . . . . **b** From 2010 . . . . . . c From 2011 ..... 1.739 d From 2012 . . . . . From 2013 . . . . . . 1,752 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years e 550x (Election required - see instructions)..... c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . . 60,010 d Applied to 2014 distributable amount . . . . . e Remaining amount distributed out of corpus . . 1,752 1,752 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: 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 4a from line 2a Taxable amount - see f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be 8,677 distributed in 2015 ....... Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . . . . 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 . . .

P <sub>.</sub> a	rt XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)	NOT APPLICABLE
1 a	If the foundation has i	_			iting	
	foundation, and the ruling				•	
b	Check box to indicate v		is a private operating f		section 4942(j)	)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year	412012	Prior 3 years	(4) 2011	(e) Total
	justed net income from Part I or the minimum investment	(a) 2014	(b) 2013	(c) 2012	(d) 2011	<del>/</del>
	return from Part X for each					
	year listed				/	
	85% of line 2a			-		
C	Qualifying distributions from Part XII, line 4 for each year listed .				/	:
d	Amounts included in line 2c not			<del>- %- *                                 </del>	,	
	used directly for active conduct of exempt activities					
е	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)					
Ь	"Endowment" alternative test-		,			
	enter 2/3 of minimum invest- ment return shown in Part X,		,'			
	line 6 for each year listed					
C	"Support" alternative test - enter		,			
	(1) Total support other than gross investment income		,/			
	(interest, dividends, rents,		/			
	payments on securities loans (section 512(a)(5))		1			
	or royalties)					ļ
	(2) Support from general public and 5 or more	<u> </u>	<b>,</b>			
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)					
	(3) Largest amount of sup- port from an exempt					
	organization	ļ <i>ļ</i>				
	(4) Gross investment income	ntary Infórmation (	Complete this part	only if the found	lation had \$5 000	or more in assets
LE		during the year - s		comy if the found	iation nau \$3,000	or more in assets
1	Information Regardin			<del> </del>		
	List any managers of	-		e than 2% of the tota	al contributions receiv	ved by the foundation
		tax year (but only if th				•
	N/A					
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equali	y large portion of the
		rship or other entity) of				
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ▶ if 1	the foundation only	makes contributions	to preselected char	table organizations	and does not accept
	unsolicited requests f	or funds If the found	ation makes gifts, gra			or organizations under
		plete items 2a, b, c, an				
a	The name, address, a	ind teléphone number	or e-mail address of t	the person to whom ap	plications should be ad	dressed:
	ATCH 10					
Ł	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
		N AVAILABLE ON V	WEBSITE WWW.JCS	BANK.COM		
C	Any submission deadl	ines				
	ATCH 11	<del> </del>				
C	Any restrictions or I factors	imitations on awards.	, such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	IACIOIS					
10.1	ATCH 12			· · · · · · · · · · · · · · · · · · ·		

Page 11

art XV Supplementary Information  Grants and Contributions Paid Dur	ing the Year or App	roved for F	uture Payment	
Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Community			· · · · · · · · · · · · · · · · · · ·
PLEASE REFER TO ATTACHMENT	NOT RELATED	PC	EXEMPT PURPOSE	60,010
	NOT KEDATED	'	EXEM 1 FOR OSE	00,010
PLEASE REFER TO ATTACHMENT				
			+	
		Ì		
		ŀ		
			İ	
	1	1		
Total			▶ 3a	60,010
b Approved for future payment		1		· -
5 ripproved for falare payment				
ATCH 13				
ATCH 15				
		-		
	1			
	1			

JSA 4E1491 1 000

Form 990-PF (2014)

er gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions
a					,
1					
			ļ		<del></del>
·					
Fees and contracts from government agencies			<u> </u>		
Membership dues and assessments					· - · · · · · · · · · · · · · · · · · ·
nterest on savings and temporary cash investments			14	25,843.	
Dividends and interest from securities		,,, , , , , , , ,	14	9,306.	
Net rental income or (loss) from real estate	,	115: 111		* ,	* * *
Debt-financed property		· · · · · · · · · · · · · · · · · · ·			<del>"</del>
Not debt-financed property	<del></del>		<del> </del>		
Net rental income or (loss) from personal property .	<del></del>				
Other investment income			18	12,527.	<del></del>
Sain or (loss) from sales of assets other than inventory			1.10	12,327.	
Net income or (loss) from special events			<del> </del>		
Gross profit or (loss) from sales of inventory			<del> </del>		
Other revenue a					
			<del>- </del>		
d			<del> </del>		
Subtotal. Add columns (b), (d), and (e) [ Fotal. Add line 12, columns (b), (d), and (e)	ulations)				47,6
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated the columns of activities.	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	empt Purp	oses e) of Part XVI-A contribut	ted importantly t

Part 2	(VII	Information R Exempt Organ		nsfers To and	l Transacti	ons and	Relationship	s With None	chari	table	<del></del> -
in oi a Ti (1 (2 b O (4 (5 (6 S d If va	sections sections and the sections and the sections are sections as the sections are	organization direct on 501(c) of the Coations?  rs from the reporting of the coations:  er assets	ly or indirectly ende (other than some of the content of the conte	ection 501(c)(3) a noncharitable of the complete and the complete the	exempt organ   zation solicitations or paid employ following so	s) or in se	ction 527, relati	ng to political	the than	faır m	narke
(a) Line		any transaction or		ement, snow in oncharitable exempt of			the goods, off				
(a) Line		N/A	(c) Ivalile of the	one name of the compt of	rgeriization	N/A	iption of transiers, ti	ansacions, and snai	ing ana	ingeme	1115
2a Is	s the f	oundation directly	or indirectly affi	liated with, or re	elated to, on	e or more	tax-exempt orc	ganizations			
		ed in section 501(c)		her than section	501(c)(3)) or	ın section	527?	. <b></b> [	Y	es X	] No
b lf	"Yes,	" complete the follo (a) Name of organizatio		(b) Type o	of organization		<b>(c)</b> De	escription of relations	hip		
Sign Here	correct	penalties of penjury, i declar, and complete Declaration of a complete of officer or trustee		xpayer) is based on all in		preparer has an			discus	s this	
Paid Prepa Use 0		<del></del>	nme 1go DLF & COMPAN HIGH STREE	NY, PC	ules) te	ago_	Date 9-29-15			4901 83	.6
	-		STON, MA			021	10 Pho	ne no 617-43	39-9	700	

### Schedule B

(Form 990, 990-EZ,

### **Schedule of Contributors**

OMB No 1545-0047

or 990-PF) Department of the Treasury ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization	ormation about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at v	Employer identification number					
JEWETT CITY SAVINGS	13-4242396						
Organization type (check or	ne).						
Filers of:	Section:						
Form 990 or 990-EZ 501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a p	private foundation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a priva	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
General Rule  X For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year	r. contributions totaling \$5,000					
instructions.	(7), (8), or (10) organization can check boxes for both the General Ru	Jie and a Special Rule. See					
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year	r, contributions totaling \$5,000					
or more (in mone contributor's tota	y or property) from any one contributor. Complete Parts I and II Sec contributions	e instructions for determining a					
Special Rules							
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that me sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (F and that received from any one contributor, during the year, total cor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ	Form 990 or 990-EZ), Part II, line ntributions of the greater of (1)					
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, total contributions of more than \$1,000 <i>exclusively</i> for relational purposes, or the prevention of cruelty to children or animals.	ligious, charitable, scientific,					
_	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, contributions exclusively for religious, charitable, etc., pur						
	led more than \$1,000. If this box is checked, enter here the total coi						
during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution. An organization th	at is not covered by the General Rule and/or the Special Rules does nust answer "No" on Part IV, line 2, of its Form 990, or check the bo, to certify that it does not meet the filing requirements of Schedule B	s not file Schedule B (Form 990, ox on line 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)

Employer identification number

	•		13-4242396
Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	JEWETT CITY SAVINGS BANK  111 MAIN STREET  JEWETT CITY, CT 06351	\$307,860.	Person Payroll Noncash (Complete Part If 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
<u> </u>			Person Payroll

Noncash (Complete Part II for noncash contributions)

Employer identification number

13-4242396

(a) No.		(2)	
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
		  \$	

	(Form 990, 990-EZ, or 990-PF) (2014)		Page <b>4</b>					
Name of or	ganization JEWETT CITY SAVINGS BAN	K FOUNDATION INC	Employer identification number 13-4242396					
Part III	that total more than \$1,000 for the year	ear from any one contributor. C completing Part III, enter the tota year. (Enter this information onc	described in section 501(c)(7), (8), or (10) omplete columns (a) through (e) and the I of exclusively religious, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and	d ZIP + 4 Re	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, and	d ZIP + 4 Re	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
<del>_</del>								
	(e) Transfer of gift							
	Transferee's name, address, and	d ZIP + 4 Re	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4 Ro	elationship of transferor to transferee					

### 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.

2014

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

JEWETT CITY SAVINGS BANK FOUNDATION INC

Employer identification number

13-4242396

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 (h) Gain or (loss) (g) Adjustments to gain or loss from Subtract column (e) from column (d) and the lines below Proceeds This form may be easier to complete if you round off cents (or other basis) Form(s) 8949, Part I, combine the result with (sales price) line 2, column (a) 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 ś 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 with Box A checked.............. Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . . . . . . 6 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 Part II See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Suhtract column (e) Adjustments the lines below to gain or loss from from column (d) and Proceeds Cost Form(s) 8949, Part II, line 2, column (g) combine the result with This form may be easier to complete if you round off cents (or other basis) (sales price) column (a) 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 10 Totals for all transactions reported on Form(s) 8949 346,127. 156,208. 189,919. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . . . . . . . . . 11 11 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts....... 12 13 13 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 189,919.

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

JSA 4F1210 1 000 Schedule D (Form 1041) 2014

Schedule D (Form 1041) 2014		(4) De5	(0) 5.1.1.1	Page <b>2</b>
Part III Summary of Parts I and II  Coution: Pood the instructions before completing this	nort	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this		(see insir)	OF ITUSES	
7 Net short-term gain or (loss)	17			
8 Net long-term gain or (loss):				100 010
a Total for year	18a			189,919.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b			· · · ·
c 28% rate gain	18c			100 010
9 Total net gain or (loss). Combine lines 17 and 18a		rm 000-T Part I line 4	a) If lines 18a and 1	189,919.
pains, go to Part V, and do not complete Part IV If line 19, column (3), is a	net loss	, complete Part IV and	the Capital Loss Ca	rryover Worksheet, as
ecessary				
Part IV Capital Loss Limitation				
Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T a The loss on line 19, column (3) or b \$3,000				,
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 104	 1, page 1	1, line 22 (or Form 990	)-T, line 34), is a loss,	complete the Capita
oss Carryover Worksheet in the instructions to figure your capital loss carryover				
Part V Tax Computation Using Maximum Capital Gains Ra	ites			
Form 1041 filers. Complete this part only if both lines 18a and 19 in c	•	•	mount is entered in	Part I or Part II and
here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is m				
Caution: Skip this part and complete the Schedule D Tax Worksheet in the • Either line 18b, col (2) or line 18c, col. (2) is more than zero, or	e instruc	ctions it		
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero	0			
Form 990-T trusts. Complete this part only if both lines 18a and 19		ins or qualified divid	tends are included	in income in Part
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this pa				
f either line 18b, col (2) or line 18c, col (2) is more than zero.		•		
Enter taxable income from Form 1041, line 22 (or Form 990-T, line	= 34)	. 21		
2 Enter the smaller of line 18a or 19 in column (2)		.		
but not less than zero		•		
23 Enter the estate's or trust's qualified dividends		<del>-</del>		
from Form 1041, line 2b(2) (or enter the qualified		}		
dividends included in income in Part I of Form 990-T). 23				
24 Add lines 22 and 23		<del>-</del>  .	*	
25 If the estate or trust is filing Form 4952, enter the			, * *	
amount from line 4g; otherwise, enter -0 ▶ 25				
26 Subtract line 25 from line 24 If zero or less, enter -0-				
27 Subtract line 26 from line 21 If zero or less, enter -0-		· —		
Enter the smaller of the amount on line 21 or \$2,500		•		
29 Enter the smaller of the amount on line 27 or line 28				
Subtract line 29 from line 28 If zero or less, enter -0 This amount		•	30	
Enter the smaller of line 21 or line 26		31		
32 Subtract line 30 from line 26		·	<del></del>	
33 Enter the smaller of line 21 or \$12,150				
34 Add lines 27 and 30				
Subtract line 34 from line 33 If zero or less, enter -0-				
86 Enter the smaller of line 32 or line 35				
37 Multiply line 36 by 15%			37	
88 Enter the amount from line 31			r = 2	
39 Add lines 30 and 36			*	
Subtract line 39 from line 38 If zero or less, enter -0				
11 Multiply line 40 by 20%			▶ 41	
Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for		1 1		······································
and Trusts (see the Schedule G instructions in the instructions for Form 104		1 . 1		
43 Add lines 37, 41, and 42		•		
44 Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule f				
and Trusts (see the Schedule G instructions in the instructions for Form 104		1 1		
Tax on all taxable income. Enter the smaller of line 43 or line 4	•	·	Schedule	
G, line 1a (or Form 990-T, line 36)		· ·	▶ 45	

## PART I - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PE,

	ADJUSTED	NET	INCOME			
	NET	INVESTMENT	INCOME	25,843.	25,843.	
REVENUE	AND	EXPENSES	PER BOOKS	25,843.	25,843.	
					TOTAL	
			DESCRIPTION	CASH AND MONEY MARKET FUNDS		

ATTACHMENT 1

INTEREST FROM SECURITIES
FROM
INTEREST FROM S
AND
DIVIDENDS
1
PART I
990PF,
FORM 990PI

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	9,306.	9,306.
REVENUE AND EXPENSES PER BOOKS	9,306.	9,306.
		TOTAL
DESCRIPTION	INVESTMENT SECURITIES	

13-4242396

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

PROVISION FOR INCOME TAXES

DESCRIPTION

7,402.

TOTALS

7,402.

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS	FATE OBLIGATIONS
DESCRIPTION	BEGINNING ENI BOOK VALUE BOOK
FNMA (255039)	990 66

NT 4	ENDING FMV	14,955.	14,955.
ATTACHMENT 4	ENDING BOOK VALUE	14,522.	14,522.
	BEGINNING BOOK VALUE	22,066. 148,831. 100,148.	271,045.
,	N	39) 92)	US OBLIGATIONS TOTAL
	DESCRIPTION	FNMA (255039) FNMA (257192) FFCB 2.7% FFCB 5.3%	

# FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	39,700. 30,616. 24,079. 74,307. 52,588. 75,625. 20,154.	335,781.
ENDING BOOK VALUE	39,700. 30,616. 24,079. 74,307. 52,588. 75,625. 20,154. 18,712.	335,781.
BEGINNING BOOK VALUE	35,675. 28,100. 36,310. 21,681.	121,766.
DESCRIPTION	ISHARES TRUST DOW JONES ISHARES HIGH DIV EQ FUND SPDR S&P DIVIDEND SPDR WELLS FARGO PFD FIRST TR MORNINGSTAR FT NASDAQ TECH DVD INDEX VANGUARD HIGH DVD YIELD AT&T INC	TOTALS

ATTACHMENT 5

ENDING <u>FMV</u>	106,864. 107,856. 66,496. 221,468. 129,956. 197,378.	1,027,654.
ENDING BOOK VALUE	95,000. 95,000. 60,000. 200,000. 200,000. 200,000.	975,000.
BEGINNING BOOK VALUE	95,000. 95,000. 60,000. 200,000. 125,000.	775,000.
DESCRIPTION	CD JEWETT CITY 2.72% CD CHARTER OAK CU 2.96% CD SAVINGS INSTITUTE BK 2.47% CD DIME BANK 2.47% CD CHARTER OAK CU 1.736% CD GE CAPITAL BANK 1.9% CD DISCOVER BANK 2.05%	TOTALS

_
ATTACHMENT

ASSETS	
- OTHER	
ΙI	
PART	
990PF,	
FORM	

ENDING <u>FMV</u>	55,460.	55,720.
ENDING BOOK VALUE	55,460.	55,720.
BEGINNING BOOK VALUE	40,727.	40,922.
DESCRIPTION	ACCRUED INCOME RECEIVABLE OTHER ASSETS	TOTALS

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

DESCRIPTION

AMOUNT

CHANGE IN UNREALIZED GAINS

218.

TOTAL

218.

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DOUIS D. DEMICCO 111 MAIN STREET JEWETT CITY, CT 06351	1.00			
KEVIN C. MERCHANT 111 MAIN STREET JEWETT CITY, CT 06351	PRESIDENT/DIRECTOR 1.00	0	0	0
JAMES A. MCDONALD 111 MAIN STREET JEWETT CITY, CT 06351	TREASURER 1.00	0	0	0
DIANA L. ROSE 111 MAIN STREET JEWETT CITY, CT 06351	SECRETARY	0	0	0
JOHN E. BURKE 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR (TO 3/25/14) 1.00	0	0	0
DIANE L. MANNING 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	0	0	0

ATTACHMENT 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	
ERIC L. MOORE 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	0	0	0	
DAVID T. PANTELEAKOS 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	0	0	0	
GARY W. PELOQUIN 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	0	0	0	
GAIL ROOKE-NORMAN 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	0	0	0	
PHILIP E. TETREAULT 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	0	0	0	
ROBERT JAMES THEVENET 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR (FROM 3/25/14) 1.00				

GRAND TOTALS

13-4242396

ATTACHMENT 10

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

KEVIN C. MERCHANT, PRESIDENT 111 MAIN STREET JEWETT CITY, CT 06351 860-376-4444

990PF, PART XV - SUBMISSION DEADLINES

APPLICATIONS ARE TO BE SUBMITTED BETWEEN JULY 1ST AND AUGUST 31ST TO BE CONSIDERED FOR APPROVAL BY DECEMBER 31ST

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE JEWETT CITY SAVINGS FOUNDATION'S FINANCIAL GRANTS AND MONETARY GIFTS SUPPORT NON-PROFIT ORGANIZATIONS WHOSE WORK BENEFITS THE POPULATION OF THOSE COMMUNITIES IN WHICH THE BANK HAS A MAJOR PRESENCE

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JEWETT CITY SAVINGS BANK FOUNDATION INC

FORM 990PE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

AMOUNT

ATTACHMENT 13

EMERGENCY DEPARTMENT CAMPAIGN

PURPOSE OF GRANT OR CONTRIBUTION

5,000

PUTNAM, CT 06260 PO BOX 632

CARE IN A HEARTBEAT DAY KIMBALL HOSPITAL

RECIPIENT NAME AND ADDRESS

NOT RELATED PC

5,000

TOTAL CONTRIBUTIONS APPROVED

ATTACHMENT 13

2037CE 2912

V 14-7F

9/29/2015

JEWETT CITY SAVINGS BANK FOUNDATION INC 13-4242396
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F	operty		Description			Description  Description  Description  Description  Description		Date sold	
Gross sale	Depreciation	Cost or	FMV	Adj. basis	Excess of	D	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)		
		CVS CAREMARI	K CORP.			D	01/31/2012	04/29/2014	
		PROPERTY TY	PE: SECURIT	IES					
307,770.		130,468.					177,302.		
		SPDR S&P DIV		TPC		D	11/05/2010	09/03/2014	
38,357.		25,740.	PE: SECURIT	165			12,617.		
30,337.		25,710.					12,017.		
TOTAL GAIN(L	oss)		• • • • • • • • • • •		• • • • • •		<u>189,919.</u>		
						-			
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### Jewett City Savings Bank Foundation 2014 List of Charitable Donations

Date			
Disbursed	Organization	Purpose of Grant	Amount
5/12/2014	Day Kımball Healthcare	Annual Campaign	\$1,000
5/12/2014	American Cancer Society	2014 Relay for Life Sponsor	\$2,000
7/7/2014	American Legion Ambulance Fund (Moosup)	Annual Support	\$200
7/7/2014	Canterbury Volunteer Fire Dept. & Ambulance	Annual Support	\$1,100
7/7/2014	Griswold Community Ambulance, Inc.	Annual Support	\$200
7/7/2014	Killingly/Brooklyn Ambulance Corps.	Annual Support	\$200
7/7/2014	Mortlake Fire Co. & Ambulance Service	Annual Support	\$1,000
7/7/2014	Attawaugan Fire Department	Annual Support	009\$
7/7/2014	Danielson Fire Department	Annual Support	009\$
7/7/2014	Dayville Fire Company	Annual Support	009\$
7/7/2014	East Killingly Fire Department	Annual Support	009\$
7/7/2014	South Killingly Fire Department	Annual Support	009\$
7/7/2014	Williamsville Fire Engine Company (Rogers)	Annual Support	009\$
7/7/2014	Preston City Volunteer Fire Department	Annual Support	009\$
7/7/2014	Poquetanuck Fire Department EMS	Annual Support	\$600
7/7/2014	Lisbon Ambulance Service	Annual Support	\$200
7/7/2014	Day Kımball Hospital	Care 1n a Heartbeat Campaign	\$5,000
8/21/2014	Slater Library	Annual Support	\$1,000
11/3/2014	Backus Hospital	Capital Campaign	\$5,000
11/3/2014	Center for Hospice Care Southeast CT	Annual Support	\$200
11/3/2014	Performing Arts of Northeast Connecticut	Annual Support	\$1,000
11/12/2014	St. Mary Food Pantry	Purchase propane tank and food for panty program	\$5,000
11/12/2014	Town of Pomfret Food Pantry	Purchase food for food pantry program	\$200
11/12/2014	Preston City Congregational Church	Purchase food for food pantry program	\$2,500
11/12/2014	Pomfret Fire Department	Provide first-aid courses to the community	\$200
11/12/2014	United Services, Inc.	Fund the Parent Support Group	\$1,500

11/12/2014 11/12/2014	Interfaith Human Services of Putnam Town of VoluntownVoluntown Public Library	Diaper program Purchase museum passes and books	\$1,000 \$1,000
11/12/2014	A. A. Young Jr. Hose and Ladder Co. #1	Purchase a multi-gas detector	\$1,100
11/12/2014	Central Village Fire Co. #1	Purchase fire hose fittings and adapters	\$1,200
11/12/2014	Preston City Volunteer Fire Department	Purchase CPR mannequin	\$1,250
11/12/2014	Poquetanuck Volunteer Fire Department	Purchase CPR mannequin	\$1,250
11/12/2014	Sterling Volunteer Fire Company, Inc.	Replace broken tables	\$800
11/12/2014	Center for Hospice Care Southeast CT	Funding for Special Care Fund	\$1,000
11/12/2014	Safe Futures, Inc	Provide Healthy Relationships program at GHS	\$1,000
11/12/2014	Atwood Hose Fire Company	Purchase 4-gas meter	\$1,200
11/12/2014	Gemma E. Moran United Way/Labor Food Center	Support the food center and mobile food pantry	\$1,500
11/12/2014	United Community & Family Services, Inc.	Fund the Adult Mobile Dental Sute	\$2,260
11/12/2014	Friends of Assisi Food Pantry, Inc.	Purchase food for food pantry program and diapers	\$2,000
11/12/2014	Slater Library	Purchase tablets and books for young adult section	\$2,500
11/12/2014	American Legion Ambulance Fund, Inc	Purchase chest compression system	\$2,500
11/12/2014	Plainfield Fire Company #1	Purchase materials and equipment for training facility	\$1,200
11/12/2014	Voluntown Volunteer Fire Co. Inc. #1	Purchase new medical bags and gear	\$1,550
11/12/2014	Oneco Fire Company	Purchase equipment	\$200

Total JCSB Foundation grant disbursements 2014: