

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2015

De Int	partm emal f	ent of the Treasury Revenue Service  Information about			urity numbers of and its separat		-	-		Open to Public Inspection
		lendar year 2015 or tax year beginni	ing			, 2015	, and end			, 20
		of foundation						1		tification number
_		THAMPTON SAVINGS FOUNDATION and street (or PO box number if mail is not de			addman)		Room/suit	٠.	04-33715	92 mber (see instructions)
ľ	numbe	er and street (or PO box number if mail is not de	enverea	to street a	address)		Room/suit	•   •	s relephone nur	nber (see instructions)
	36 1	MAIN STREET							//13\	527 - 4111
-(		town, state or province, country, and ZIP or fore	ign pos	tal code					(415)	727 4111
		•							If exemption app	lication is
	EAS'	THAMPTON, MA 01027							pending, check n	eie
G	Che	ck all that apply: Initial return			Initial return	of a former p	ublic cha	rity [	1 Foreign organ	izations, check here >
		Final return		_	Amended re					izations meeting the
		Address char			Name chang		<del></del>			
H	$\overline{}$	ck type of organization: X Section					4	E	E If private founda	tion status was terminated
+		market value of all assets at J			ther taxable pr		tion crual			7(b)(1)(A), check here . >
٠		of year (from Part II, col. (c), line	_	ther (sp		asii Acc	iuai			is in a 60-month termination 7(b)(1)(B), check here
					l) must be on cas	sh basis )		-		
	art	Analysis of Revenue and Expenses		(a) F	Revenue and	422				(d) Disbursements
		total of amounts in columns (b), (c), and (c) may not necessarily equal the amounts in	d) 1		oenses per	(b) Net inve incon		(C)	Adjusted net income	for charitable purposes
_		column (a) (see instructions))			books					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)			170,000.				<u> </u>	
	2	attach Sch B			3,502.		3,502.			ATCH 1
	3	Interest on savings and temporary cash investm Dividends and interest from securities			41,326.	4	1,326.			ATCH 2
	_	Gross rents							· · · · · · · · · · · · · · · · · · ·	
		Net rental income or (loss)								
ne ne	6a	Net gain or (loss) from sale of assets not on line	10							
Revenue	b	assets on line 6a								
Š	7	Capital gain net income (from Part IV, line								
_	8	Net short-term capital gain								
	9 10a	Income modifications	• • •	-	·					
	۱ ,	and allowances Less Cost of goods sold .						***		
		Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
_	12	Total. Add lines 1 through 11	· · · ·		214,828.	4	4,828.		-	0.
s	13	Compensation of officers, directors, trustees, etc.	٠		0.					
se	14	Other employee salaries and wages	. · ·							<del> </del>
per	15 16a	Pension plans, employee penelits Legal rees (attach series penelits)	$1 \cdots  $							
Ж	b	Accounting fees (attach schedule)ATC	k .		2,400.			_		2,400
<u>×</u>	c	Other professional leas (attach spredule)					. –			
trat	15 16a b c 17 18 19 20 21	interest MAI	<b>2 </b> .							
nist	18	Taxes (attach schedule) (see instructions)			7,175.				<del></del>	
Ē	19	Depreciation (attach editedule), and deple	tion .			· · · · · · · · · · · · · · · · · · ·				
A	20	Occupancy								
P	21	Travel, conferences, and meetings							<del></del> -	<del></del>
덩	23	Printing and publications Other expenses (attach schedule) ATCH .			35.					35
ä	23 24 25	Total operating and administrative exper							-	
ě		Add lines 13 through 23			9,610.					2,435
Ö	25	Contributions, gifts, grants paid			170,840.					170,840
_	26	Total expenses and disbursements Add lines 24 a	nd 25		180,450.		0.			0. 173,275
	27	Subtract line 26 from line 12			24 270					
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter			34,378.	Δ	4,828.			
		Adjusted net income (if negative, enter -0	•		***	-	1,020.		<del></del> (	0.
F		perwork Reduction Act Notice, see instruc				1				Form <b>990-PF</b> (2015)

JSA For Paperwork Reduction Act Notice, see instructions.
5E1410 1 000 G7V05J 2912 5/10/2016 10:29:16 AM V 15-4.5F

Б	ort II	Balanch Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End c	nd of year		
<u></u>	art II	Daiance Sneets	amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value		
	1	Cash - non-interest-beari	ng	21,775.	301,0	76.	301,076		
ļ	2	Savings and temporary	cash investments	552,173.	299,9				
						74, 3 G			
		_	otful accounts ▶						
					着这个 <b>是</b> 的一种。这	1			
		Less allowance for doul					•		
			officers, directors, trustees, and other						
	,	disqualified persons (att	ach schedule) (see instructions)						
			eceivable (attach schedule)	1100 to 120 1791	5.1	(2.3)			
			otful accounts ▶						
ts			e				<u> </u>		
Assets			eferred charges	1					
As		· ·	e government obligations (attach schedule).						
			stock (attach schedule) ATCH 6		1,300,2	287.	1,300,287		
		•	bonds (attach schedule)				· · · · · · · · · · · · · · · · · ·		
	11	nvestments - land, buildings, nd equipment basis		MANAGER TO THE	\$\$\_\$\$6'\;\\$\\\$\\$	1100	Marka Comban State		
		Less accumulated deprecia	ation >			<u> </u>	<u> </u>		
		(attach schedule)	loans						
ł			ach schedule)						
	14	Land, buildings, and	<b>&gt;</b>			i. T			
		equipment basis Less accumulated deprecia	tion -		<u> </u>		85 - 20/97/2 3 (28%) - (8.1 - 22.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	1	(attach schedule) Other assets (describe ▶							
		•	completed by all filers - see the				<u> </u>		
ĺ			age 1, item I)		1,901,3	257	1,901,357.		
-				0 214		557.	1,901,007.		
			ccrued expenses						
10		• •			_				
tie									
ij		·	rs, trustees, and other disqualified persons						
Liabilities		• •	tes payable (attach schedule)						
_	22	Other liabilities (describe	· <b>&gt;</b> )	-	<u> </u>				
		T-4-1 D-1-104 /- 4-1 l	- 47 (harrish 20)	0 214		^			
_			s 17 through 22)	8,314.		0.			
S			low SFAS 117, check here.						
ce			24 through 26 and lines 30 and 31.						
an	24	Unrestricted			<u> </u>				
Ba	25	Temporarily restricted .							
9	26	Permanently restricted.							
Net Assets or Fund Balances			not follow SFAS 117, ► X						
Ä		check here and com	plete lines 27 through 31.						
S	27	Capital stock, trust princ	cipal, or current funds		<u>-</u>				
šet	28	Paid-in or capital surplus, or	land, bldg, and equipment fund	-: ::					
Ş	29	• .	lated income, endowment, or other funds	1,908,002.	1,901,3	_			
jt/	30		balances (see instructions)	1,908,002.	1,901,3	357.			
ž	31	Total liabilities and	net assets/fund balances (see						
				1,916,316.	1,901,3	357.	ik saka sa sa sa sa sa sa sa		
			nges in Net Assets or Fund Bala						
1			alances at beginning of year - Part						
	end-	of-year figure reporte	d on prior year's return)			1	1,908,002.		
2	Ente	r amount from Part I,	line 27a			2	34,378		
3	Othe	er increases not includ	ded in line 2 (itemize) ►			3			
						4	1,942,380.		
5	Dec	reases not included in	line 2 (itemize) ► ATCH 7			5	41,023.		
6	Tota	I net assets or fund b	alances at end of year (line 4 minus	s line 5) - Part II, column (	(b), line 30	6	1,901,357.		

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)

(c) Date acquired (mo., day, yr)

(b) How acquired P - Purchase D - Donation

Part IV

<u>1a</u>

Page 3

(d) Date sold (mo., day, yr.)

_ <u>c</u>						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los (e) plus (f) minus	
a						
b				_		
c						
d						
			· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	<del></del>	<del></del>
<u>e</u>	Complete only for assets	showing gain in column (h) and own	ed by the foundation on 12/31/69	<del></del>		
	(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		<ol> <li>Gains (Col. (h) gains.</li> <li>(k), but not less the Losses (from col.)</li> </ol>	an <b>-</b> 0-) <b>or</b>
a					_ <del></del> _	
b						
c						
d				-		
		<del></del>		-		
_ <u>e</u> 2	Capital gain net income	or (net capital loss)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3	If gain, also enter in Pa	ain or (loss) as defined in sections art I, line 8, column (c) (see in	structions) If (loss), enter $-0$ - in	3		
D.			educed Tax on Net Investment I	ncome		
Wa If "	Yes," the foundation does	the section 4942 tax on the distr not qualify under section 4940(e				Yes X No
1	(a)		ar; see the instructions before makin	ig any er I		<del>_</del>
_ Ca	Base penod years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution rati (col (b) divided by c	ol (c))
	2014	214,770.	1,911,082.			112381
	2013	225,975.	1,854,394.			121859
	2012	235,081.			_	).134373
	2011		1,749,470.			
	2010	187,292.	1,749,470. 1,200,104.			156063
2	Total of line 1, column (c	187,292. 180,240.				0.156063
		180,240.	1,200,104. 918,207.	2	C	
3	Average distribution ratio	180,240.	1,200,104. 918,207.	2 3	C	196296
3	Average distribution ration number of years the four	180,240.	1,200,104. 918,207. de the total on line 2 by 5, or by the		( (	0.196296
3 4 5	Average distribution ration number of years the four Enter the net value of no	180,240.	1,200,104. 918,207. de the total on line 2 by 5, or by the ess than 5 years	3	1,8	0.196296
4	Average distribution ration number of years the four Enter the net value of not Multiply line 4 by line 3	180,240.	de the total on line 2 by 5, or by the ess than 5 years	3 4	1,8	0.196296 0.720972 0.144194 859,118.
4 5	Average distribution ration number of years the foundation.  Enter the net value of not Multiply line 4 by line 3.  Enter 1% of net investment.	180,240.  i)	de the total on line 2 by 5, or by the ess than 5 years	3 4 5	1,8	0.196296 0.720972 0.144194 859,118.
4 5 6	Average distribution rationumber of years the four number of years the four Enter the net value of not Multiply line 4 by line 3  Enter 1% of net investment Add lines 5 and 6  Enter qualifying distributions	180,240.  d)	de the total on line 2 by 5, or by the ess than 5 years	3 4 5 6 7	1,8 2	0.196296 0.720972 0.144194 0.59,118. 268,074. 448. 268,522.

	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru		s)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			<u>~,</u>
ıa	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	,		397.
	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-)	_		
3	Add lines 1 and 2			397.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			397.
6	Credits/Payments.			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 7,000.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	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			<u>1.</u>
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		6,1	102.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 6,102. Refunded ▶ 11			
	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		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	ا ا		1 ,,
	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		v	v
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation  \$ (2) On foundation managers  \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
_	foundation managers  \$	2		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			^
_	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	3	^	х
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		<del></del> -
E D	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
5	If "Yes," attach the statement required by General Instruction T	<u> </u>		
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	X	
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)			
	<u>MA</u> ,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
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 2015 or the taxable year beginning in 2015 (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			, <i>.</i>
	names and addresses	10	:	X
	Fo	m 99	0-PF	(2015)

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11	Yes	No X
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?  Website address   N/A	13	Х	
14	The books are in care of ▶ GIL EHMKE Telephone no ▶ 413-779	-229	6	
	Located at ▶ 36 MAIN STREET EASTHAMPTON, MA ZIP+4 ▶ 01027			
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 2015, 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. If "Yes," enter the name of	17.		100
	the foreign country			
Pai	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.	£0.3	Yes	No
1a	During the year did the foundation (either directly or indirectly)		8	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	35		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			150
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			- 3
	the benefit or use of a disqualified person)? Yes X No			24
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
	termination of government service, if terminating within 90 days)			
i.	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	-4	لكاللمكائمة
	Organizations relying on a current notice regarding disaster assistance check here	: } }	1 1 1	31%
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	100	1	18.7
_	were not corrected before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	- 1		4 N
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			25
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years	1		3.5
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	1		
	(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		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			arke.
	<b>&gt;</b>	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			Sail N
	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or		30	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			W.
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		an elga	90000
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	21-	4	الأفلالية
	foundation had excess business holdings in 2015)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\$.4:;"	
t	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 2015?	4b		X
_		m 99	n_DE	

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)				
5a	During the year did the foundation pay or incur any amount	unt to						
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X No	。	•		
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955); or to carry or	ı, <u> </u>				
	directly or indirectly, any voter registration drive?			. Yes X No	o			
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		. Yes X No	0			
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described in	n				
	section 4945(d)(4)(A)? (see instructions)			Yes X No	0			
	(5) Provide for any purpose other than religious, ch							
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	0			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	n			
	Regulations section 53 4945 or in a current notice regard	ding disaster assistar	ice (see instructions)?		. 5b	L		
	Organizations relying on a current notice regarding disas	ster assistance check	here		$\cdot \square \sqcap$			
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		•		0			
	If "Yes," attach the statement required by Regulations sec	ction 53 4945-5(d)						
6a	Did the foundation, during the year, receive any fun		ectly, to pay premiur	ns		i i		
	on a personal benefit contract?	•			o   .			
b								
	If "Yes" to 6b, file Form 8870		•					
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No							
b	f "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?							
Pai	t VIII Information About Officers, Director	rs, Trustees, Fou	ındation Managers	s, Highly Paid Em	ployees,	<u> </u>		
1	and Contractors List all officers, directors, trustees, foundation n	nanagers and their	r compensation (see	instructions)				
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	se account.		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		lowances		
ATC	H 8		0.	0.		0.		
					ı			
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on line	e 1 - see instructi	ions). If n	one, enter		
	NONE.	(b) Title, and average		(d) Contributions to				
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		se account, lowances		
		devoted to position		compensation				
NON	<u> </u>		•					
			0.	0.		0.		
Tota	number of other employees paid over \$50,000				<u> </u>			

Form 990-PF (2015)

Total. Add lines 1 through 3 . . . . . . . . .

rom s	90-PF (2015)		Page o
Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn found	ations,
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	1,318,012.
b	Average of monthly cash balances	1b	569,417.
C	Fair market value of all other assets (see instructions).	1c	<del> </del>
d	Total (add lines 1a, b, and c)	1d	1,887,429.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,887,429.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	28,311.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,859,118.
6	Minimum investment return. Enter 5% of line 5	6	92,956.
Par	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun	dations	
	and certain foreign organizations check here ▶ and do not complete this part )	GG1.07.10	
1	Minimum investment return from Part X, line 6	1	92,956.
2 a	Tax on investment income for 2015 from Part VI, line 5 2a 897.		<del></del>
b	Income tax for 2015. (This does not include the tax from Part VI).		
c	Add lines 2a and 2b	2c	897.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	92,059.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	92,059.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	92,059.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		· · · · · · · · · · · · · · · · · · ·
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	173,275.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
-	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	173,275.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		1.0,270.
-	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	173,275.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	Juiding	otilor tilo loundation

Form **990-PF** (2015)

Page **9** 

Pai	t XIII Undistributed Income (see instr	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	Distributable amount for 2015 from Part XI,	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	<del></del>	92,059.
	line 7				92,039.
	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only				<del>- </del>
	Total for pnor years 20 13 ,20 12 ,20 11				<del> </del>
	Excess distributions carryover, if any, to 2015:				
а	From 2010				
þ	From 2011				
С	From 2012				
d	From 2013				
е	From 2014 128,370.				
f	Total of lines 3a through e	672,845.			
4	Qualifying distributions for 2015 from Part XII,			İ	
	line 4 ▶ \$173,275.			-	
	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2015 distributable amount				92,059.
е	Remaining amount distributed out of corpus	81,216.			
5	Excess distributions carryover applied to 2015.				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as				
·	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	754,061.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount - see instructions				<u> </u>
T	Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be			:	
	distributed in 2016				
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)			1	
R	Excess distributions carryover from 2010 not				
•	applied on line 5 or line 7 (see instructions)	134,652.		·	
9	Excess distributions carryover to 2016.				
•	Subtract lines 7 and 8 from line 6a	619,409.		l	
10	Analysis of line 9				
	Excess from 2011 127, 663.			1	
	Excess from 2012 148,253.	]			
	Excess from 2013 133, 907.	]			
	Excess from 2014 128,370.	]			
	Excess from 2015 81,216.	1			
		· · · · · · · · · · · · · · · · · · ·		<del></del>	

Form	990-PF (2015)	EASTHAMPI	ON SAVINGS FOUR	NDATION, INC.	04-	3371592 Page <b>10</b>
Pai	t XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	atıng	
	foundation, and the ruling	g is effective for 2015, e	nter the date of the ruling		▶	
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
24	justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) rotai
	I or the minimum investment return from Part X for each					
	year listed					
	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities				•	
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)					
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.	}		<u> </u>		
Pa		ntary Information (		only if the founda	tion had \$5,000 o	more in assets at
		uring the year - see				
	Information Regardin	-				
а	List any managers of before the close of any					ed by the foundation
	_	tax year (but only if the	icy nave contributed i	11010 (11011 \$0,000) (0	cc 3cction 507 (d)(2) )	
	NONE		400/		<del>,</del>	
p	List any managers of ownership of a partner					large portion of the
	Ownership of a partite	rship of other entity) of	i willcii the foundation	illas a 10 % of greater	interest.	
-	NONE Information Regardin	a Contribution Grant	Gift Loan Scholarch	in etc Programs:		
2	— —	_		· -		
	Check here ▶ if t unsolicited requests for	the foundation only				
	other conditions, comp			ants, etc (see instruc	dons) to individuals of	i organizations under
	The name, address, a			he person to whom an	plications should be ad	drossed:
а		ind telephone number	or e-mail address or t	the person to whom ap	plications should be ad-	iresseu.
	ATCH 9 The form in which app	lications should be sul	hmitted and information	on and materials they	should include:	
Б	The form in which app	ilications should be sui	binitied and informatio	on and materials they	Silvala include.	
	A DDT TCAMTON	IS AVAILABLE AT	VDUIL VUUDEGG			
	Any submission dead		ADOVE ADDRESS			
·	, my subimission deadi					
	SEE ADDITO	ATION FOR VARIOU	IS DEADLINES			
d	Any restrictions or li			aphical areas, charita	able fields, kinds of	institutions, or other
	factors.		, , ,	•		,
	NOT APPLICA	ABLE				

Form 990-PF (2015)

rt XV 'Supplementary Information Grants and Contributions Paid Du		royed for F	Future Payment	<del></del>
Recipient	If recipient is an individual,	Foundation status of	- "	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor		-	
LEASE REFER TO ATTACHMENT	NOT RELATED	PC	EXEMPT PURPOSE	170,8
Total			▶ 3a	170,8
Approved for future payment				
TCH 10				
		}		

Form **990-PF** (2015)

JSA 5E1491 1 000

Page 12

Part XVI		1		r=		(2)
	amounts unless otherwise indicated	(a)	(b)	(c)	(d)	(e) Related or exempt function income
•	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
						<del> </del>
				1		
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest of	on savings and temporary cash investments -	ļ		14	3,502.	
	ds and interest from securities			14	41,326.	
	tal income or (loss) from real estate			<del>-</del>		
	-financed property	li .				
	debt-financed property	E .				
	ivestment income	ŀ				
	loss) from sales of assets other than inventory					
· ·	ome or (loss) from special events · · ·					
	rofit or (loss) from sales of inventory					
11 Other re	evenue: a					
ь						
e		-			44 020	*
	I. Add columns (b), (d), and (e)				44,828.	44,828.
	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify cald				13	44,020.
Part XVI			ccomplishment of	Exempt Puri	ooses	
Line No	Explain below how each activity		***			ited importantly to th
•	accomplishment of the foundati	-		•	-	
-			<del></del>			
				<del></del>		
			· · · ·		· · · · · · · · · · · · · · · · · · ·	
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				•		
			- <del>-</del> -			
	<u> </u>				· · · · · · · · · · · · · · · · · · ·	- 000 DE

	•	Exempt Orgar	nizations								
1 D	ıd the	organization direct	ly or indirectly	engage in any of the	following	with any	other organ	ization described		Yes	No
in	section	on 501(c) of the Co	de (other than	section 501(c)(3) org	ganization	s) or in sec	ction 527, re	lating to political			
0	rganız	ations?									1
		-	-	a noncharitable exe							
									1a(1)		X
(2	?) Oth	er assets							1a(2)		X
		ransactions:									-
(1	) Sale	es of assets to a no	ncharitable exe	mpt organization					1b(1)		X
(2	2) Pur	chases of assets fro	om a noncharita	able exempt organizati	on				1b(2)		Х
(;	B) Ren	ital of facilities, equi	pment, or other	assets					1b(3)		X
(4	l) Reir	mbursement arrange	ements		• • • • •			• • • • • • • • • • • • • • • • • • • •	1b(4)	-	X
(;	) Loa	ns or loan guarantee	es					• • • • • • • • • •	1b(5)		X
				nip or fundraising solid							X
				sts, other assets, or pages," complete the fol						[	
u II	uie a	f the goods other:	assets or serv	is, complete the for ices given by the rep	nowing so	nedule. Co Indation If	f the founds	iouid always snow	then	rair m fair m	arke
				gement, show in col							
(a) Line		(b) Amount involved		noncharitable exempt organ				rs, transactions, and shai			
(u) Line	-	N/A	(e) Hame of	Torrona Market Die Oxompt Organ	incation	N/A	phon or transic	o, transactions, and snai	ing and	ingeme	11.5
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						<del></del>		· · · <u>-</u> · · · ·			
				filiated with, or relat					_	_	1
				ther than section 501	(c)(3)) or	ın section t	527?		Ye	es X	No
b If	"Yes,	" complete the follo		(1) T	<del>-</del>	<u> </u>					
		(a) Name of organization	n	(b) Type of or	ganization	<del>  -</del>	(c	Description of relations	hip		
		<u> </u>		-		<del></del>					
		Λ		·							
		<del>- /)</del>						,			
		110									
	Under			ined this return, including acc				the best of my knowledg	e and b	elief, it	is true
C:~~	correct	, and ellople betterion of	f preparer (other than	taxpayer) is based or all informa	ation of which p	reparer has any	knowledge				
Sign	<b>  •</b> (	CAX NU	<i>u</i> u	151121	lb.	( of	Ð	May the IRS with the pro	discus:		
Here	Sign	atu e of efficer or bustee	1	Date		Title		(see instructions		Yes	No
		<i>!</i>								- L	
Do: 4		Print/Type preparer's na	me	Preparer's signature			Date	Check if F	NIT		
Paid		JANA B BACON	, CPA	Jana B	Bacon		5/12/2016	self-employed	P014	4901	6
Prepa			LF & COMPA					Firm's EIN ▶ 04-26	8988	33	
Use C	nly			ET, 21ST FLOOR							
	BOSTON, MA 02110 Phone no 617-439-9700								700		

### Schedule B

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

## **Schedule of Contributors**

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

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

OMB No 1545-0047

2015

Name of the organization Employer identification number EASTHAMPTON SAVINGS FOUNDATION, INC. 04-3371592 Organization type (check one): Section: Filers of 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer Identification number 04-3371592

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EASTHAMPTON SAVINGS BANK  36 MAIN STREET  EASTHAMPTON, MA 01027	\\$170,000.	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)

Name of organization EASTHAMPTON SAVINGS FOUNDATION, INC.

Employer identification number

04-3371592 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see Instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions)

	(Form 990, 990-EZ, or 990-PF) (2015)			Page 4
Name of o	rganization EASTHAMPTON SAVINGS FO	DUNDATION, INC.		Employer identification number
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any o ions completing Part be year. (Enter this info	ne contributor. One contributor. Only enter the total cormation once. Se	Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe	_	aship of transferor to transferee
				omp of transfer to transfer to
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfer	r of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
		· · · · · · · · · · · · · · · · · · ·		
/a) Na		<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
			<del></del>	
		(e) Transfe	r of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee

	ĺ
INVESTMENTS	
CASH	
TEMPORARY	
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INTEREST	
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PART	
990PF,	
FORM	***************************************

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	3,502.	3,502.
REVENUE AND EXPENSES PER BOOKS	3,502.	3,502.
		TOTAL
DESCRIPTION	INTEREST ON SAVINGS	

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	41,326.	41,326.
REVENUE AND EXPENSES PER BOOKS	41,326.	41,326.
		TOTAL
	Ξ	
DESCRIPTION	DIVIDEND INCOME	

FEES	
ACCOUNTING	
ı	l
Н	l
PART	
بتا	ı
990PF	

CHARITABLE PURPOSES	2,400.	2,400.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	2,400.	2,400.
		TOTALS
DESCRIPTION	WOLF & COMPANY FEES	

# FORM 990PF, PART I - TAXES

CHARITABLE	PURPOSES		
ADJUSTED NET	INCOME		
NET INVESTMENT	INCOME		
REVENUE AND EXPENSES	PER BOOKS	7,175.	7,175.
			TOTALS
	DESCRIPTION	FEDERAL TAXES	

- OTHER EXPENSES

PART I

FORM 990PE,

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CHARITABLE	PURPOSES 35.	35.
ADJUSTED NET	INCOME	
NET INVESTMENT	INCOME	
REVENUE AND EXPENSES	PER BOOKS 35.	35.
		TOTALS
	DESCRIPTION MASS FILING FEES	

ATTACHMENT 5

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	1,300,287.	1,300,287.
ENDING BOOK VALUE	1,300,287.	1,300,287.
BEGINNING BOOK VALUE	1,342,368.	1,342,368.
		TOTALS
DESCRIPTION	EQUITIES	

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

DESCRIPTION

AMOUNT

FAS 115 ADJUSTMENT

41,023.

TOTAL

41,023.

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	_
GIL EHMKE 36 MAIN STREET EASTHAMPTON, MA 01027	CFO 2.00	Ö	.0	Ö	
JAMES G HAYDEN DVM 36 MAIN STREET EASTHAMPTON, MA 01027	DIRECTOR 1.00	·	·o	.0	
MATTHEW SOSIK 36 MAIN STREET EASTHAMPTON, MA 01027	PRESIDENT 1.00	·	.0	.0	
LORI J INGRAHAM 36 MAIN STREET EASTHAMPTON, MA 01027	AVP/CONTROLLER 1.00	Ċ	·o	.0	
PETER DEGRANDPRE 36 MAIN STREET EASTHAMPTON, MA 01027	DIRECTOR 1.00	·	.0	.0	
MARK KLEPACKI 36 MAIN STREET EASTHAMPTON, MA 01027	DIRECTOR 1.00	·	.0	.0	

ATTACHMENT 8 (CONT'D)

EXPENSE ACCT AND OTHER ALLOWANCES	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0.
COMPENSATION	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	ANTHONY VILLANI 36 MAIN STREET EASTHAMPTON, MA 01027	

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

GIL EHMKE 36 MAIN STREET EASTHAMPTON, MA 01027 413-779-2296

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LINK TO LIBRARIES	NOT RELATED	EXEMPT PURPOSE	2,400.
83 BLUEGRASS DRIVE	S		
EAST LONGMEADOW, MA 01028			
HITCHCOCK CENTER FOR THE ENVIRONMENT	NOT RELATED	EXEMPT PURPOSE	20,000.
525 S PLEASANT STREET	PC		
AMHERST, MA 01002			
MERCY MEDICAL CENTER	NOT RELATED	EXEMPT PURPOSE	.000,099
469 SUMMER AVE	PC		
SPRINGFIELD, MA 01108			
SOUTH HADLEY PUBLIC LIBRARY	NOT RELATED	EXEMPT PURPOSE	10,000.
2 CANAL STREET	22		
SOUTH HADLEY, MA 01075			
HOLYOKE PUBLIIC LIBRARY	NOT RELATED	EXEMPT PURPOSE	10,000.
250 CHESTNUT STREET	PC		
HOLYOKE, MA 01040			
REGIONAL COMMUNITY YMCA	NOT RELATED	EXEMPT PURPOSE	60,000
9 TECHNOLOGY PARK DRIVE	29		
PUTNAM, CT 06260			

10.29 16 AM

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FOUNDATION,	
SAVINGS	
EASTHAMPTON	

04-3371592

NC

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

5,000. AMOUNT

ATTACHMENT 10 (CONT'D)

EASTHAMPTON FRIENDS OF FOOTBALL

RECIPIENT NAME AND ADDRESS

NOT RELATED
PC

EXEMPT PURPOSE

EASTHAMPTON, MA 01027

P.O. BOX 633

10,000.

FRIENDS OF THE WESTFIELD SENIOR CENTER 45 NOBLE STREET

WESTFIELD, MA 01085

NOT RELATED PC

EXEMPT PURPOSE

TOTAL CONTRIBUTIONS APPROVED

177,400

ATTACHMENT 10

G7V05J 2912 5/10/2016

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Easthampton Savings Foundation, Inc.
Form 990-PF
Section XV Supplemental Information
Line 3 - Grants and Contributions Paid During the Year

RECIPIENT NAME	RECIPIENT ADDRESS	RELATIONSHIP & FOUNDATION STATUS OF RECIPIENT	PURPOSE	GRANT PAID	PAID
Consumer Credit Counseling of Southern New England (MMI) / Multi-Year Giving Society	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$ 2,	2,600.00
Riverside Industries / Silent & Live Auction	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	<del>.</del>	5,000.00
Northampton Education Foundation / 15th annual Spelling Bee	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	2,500.00
Hampshire County United Way / 2015 Corporate Pledge	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	6,250.00
Day Kimball Hospital / 31st annual Golf Classic / per CNB & ESB	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$ 10	00'000'01
Highland Valley Elder Service / Money Management Program	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	2,000.00
The Carson Center for Human Services, Inc. / 2015 Partnership	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	1,500.00
Hitchcock Center / Capital Campaign / Building for the future	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$ 20	20,000.00
Leadership Pioneer Valley / LPV core Program	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	2,500.00
Easthampton Dollars for Scholars / Scholarship Program	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	2,000.00
Junior Achievement / Golf Tournament (Total amount \$1,800)	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	1,240.00
Brightside for Families & Children / Golf Classic (Total amount \$5,000)	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	£ \$	3,200.00
Jackson Street Elementary School / Ms. Agna Playground Expansion	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$ 2,	2,500.00
Northampton Community Rowing / Additional Financial Support / River Access Campaign	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	5,000.00
Baystate Health foundation / Invest in the Promise Campaign	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$ 20	20,000,00
Westfield on Weekends / 2015 Westfield's MusicFest	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	1,500.00
Hampshire County United Way / 2015 Corporate Pledge	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	6,250.00
Foundation Good Samaritan/ Evening in the Barn at the Golden Lamb	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	1	1,200.00
The Woodstock Academy Foundation/ Centaur Classic Golf Tournament	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE		1,000.00
Cooley Dickinson Health Care/ 26th Annual Golf Fore Heatlh	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	£	3,600.00
Quinebaug Valley Community College Foundation/23rd Annual Golf Tournament	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	1,500.00
United Way of Hampshire County/ 2015 Pledge	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	<b>EXEMPT PURPOSE</b>	<b>\$</b>	6,250 00
Marianapolis Elementary School/ 36th Annual Golf Tournament	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	-T	1,750.00
Quinebaug Valley Community College Foundation/Tackle the Trail	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	<b>.</b> 1	1,500.00
Junior Achievement of Wmass/10th Annual JA Stock Market Competition	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$	1,500.00
Hilltown Cooperative Charter Public Shool/Give to Grow Capital Campaign	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$ 17	17,250.00
Holyoke Public Library / Next 100 Years Capital Campaign	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE		10,000,00
South Hadley Public Library/ Installment of \$50,000 pledge, paid over 5 years	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE		10,000,00
United Way of Hampshire County/ 2015 Corporate Pledge	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE		6,250.00
Sisters of Providence - Capital Campaign <b>Total Grants Paid</b>	ON FILE -AVAILABLE UPON REQUEST	NOT RELATED - 501 (C) (3)	EXEMPT PURPOSE	\$ 15,000.00 \$ 170,840.00	15,000.00 <b>0,840.00</b>