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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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 2015, and ending 20 For calendar year 2015 or tax year beginning A Employer identification number Name of foundation 13-4242396 JEWETT CITY SAVINGS BANK FOUNDATION INC Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (860) 376-4444 111 MAIN STREET City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. JEWETT CITY, CT 06351 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization | X | Section 501(c)(3) exempt private foundation E If orivate foundation status was terminated Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation under section 507(b)(1)(A), check here . Cash X Accrual J Accounting method Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . end of year (from Part II, col (c), line Other (specify) 1,516,084. (Part I, column (d) must be on cash basis) *16)* ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (c) Adjusted net (b) Net investment total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in expenses per nurposes income income hooks (cash basis only) column (a) (see instructions)) * * 1 9 < x * (8 * *) x , (3)/ib 1 Contributions, gifts, grants, etc , received (attach schedule) . 1 if the foundation is not required to 2 Check > attach Sch B. 22,147 22,147. ATCH 1 3 Interest on savings and temporary cash investments. ATCH 2 12,637 12,637. Dividends and interest from securities (N , () Net rental income or (loss) Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales pnce for all assets on line 6a š., 0 > ^ ∮ 🖁 x Capital gain net income (from Part IV, line 2) . 122 Net short-term capital gain. . Income modifications . 10 a Gross sales less returns and allowances b Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 Ō. 34,784. 34,784. 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc... Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) Ö istrative Other professional fees (attach schedule). . . 17 4,500 18 Taxes (attach schedule) (see instructions)[3]. Depreciation (attach schedule) and depletion. 19 Q 20 **D** 21 Travel, conferences, and meetings E 22 Printing and publications 425 425 D 23 Other expenses (attach schedule) ATCH .4. . 24 Total operating and administrative expenses. 425 4,925 Add lines 13 through 23. 84,850. 79,850 O 25 Contributions, gifts, grants paid 85,275 84,775. 0. 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 27 -49,991 Excess of revenue over expenses and disbursements . . 34,784. b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-).

JSA For Paperwork Reduction Act Notice, see instructions.

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Dord II	Dalamas Chasta	Attached schedules and amounts in the	Beginning of year	End c	f year
Part II	Balance Sheets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1,	Cash - non-interest-beari	ing	2,918.	7,260.	
2		cash investments	160,269.	16,282.	16,282.
3	Accounts receivable ▶		2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	-	btful accounts ▶			
4				1 - 1 - 2 - 2 - 2 - 1	
*	Less ellewance for devi	btful accounts ▶			
		-	}		
5	*				
6		officers, directors, trustees, and other			
		tach schedule) (see instructions)	Section 518 126 1 5 2.		
7		receivable (attach schedule)			
	Less allowance for dou	btful accounts ►			
8 lst	Inventones for sale or us	se			
Assets 9		leferred charges		6 000	
1,44		ie government obligations (attach schedule)[5]			
b	Investments - corporate	e stock (attach schedule) ATCH 6	335,781.	560,577.	560,577
С		e bonds (attach schedule)			
11	Investments - land, building: and equipment basis	s, >			A CONTRACT OF THE PARTY OF THE
	Less accumulated deprecia (attach schedule)	ation >			
12	,	loans			
13	Investments - other (atta	ach schedule) ATCH . 7	975,000.	865,000.	892,518
14	Land, buildings, and equipment basis	>			
	Less accumulated deprecia	ation >			
15	(attach schedule) Other assets (describe	► ATCH 8)	55,720.	32,361.	32,361
16	Total assets (to be	completed by all filers - see the			
'		page 1, item I)		1,488,470.	1,516,084
147		accrued expenses	0.710		
17	• •		5 000	<u> </u>	
18	• •				
19					
≅ 20		ors, trustees, and other disqualified persons			
Liabilities 20 21 22		otes payable (attach schedule)			
- 3 22	Other liabilities (describe	e▶)			
		47.11 1.00	14,718.	9,269.	()
23		es 17 through 22)	14,/10.	9,209.	i istina
6 0		llow SFAS 117, check here . ►			
Ses	and complete lines	24 through 26 and lines 30 and 31.			
Balan 25	Unrestricted				
g 25	Temporarily restricted		ļ		
-120	Permanently restricted .				
or Fun	Foundations that do	not follow SFAS 117, ► 🔀			
빈	check here and com	plete lines 27 through 31.			
0 27	Capital stock, trust prin	icipal, or current funds			
28	Paid-in or capital surplus, o	or land, bldg, and equipment fund			
Net Assets 30 31	Retained earnings, accum	nulated income, endowment, or other funds	1,529,492.	1,479,201.	
₹ 30		d balances (see instructions)	1 500 400	1,479,201.	
2 31		net assets/fund balances (see			
	instructions)		1,544,210.	1,488,470.	
Part		inges in Net Assets or Fund Bala	ances		
1 Tot	tal net assets or fund l	balances at beginning of year - Part	II, column (a), line 30	(must agree with	
		ed on prior year's return)			1,529,492
		l, line 27a			-49,991
				_	
					1,479,501
	creases not included in			5	300
		balances at end of year (line 4 minu	s line 5) - Part II. column		1,479,201
	ta. Hot accord of faile t	The state of the s		<u>, ,, -</u>	Form 990-PF (2015)

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Pa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income			
	' (a) List and	(b) How	(c) Date	(d) Date sold		
	2-story b	P - Purchase D - Donation	acquired (mo, day, yr)	(mo, day, yr)		
1a						
b						
С						
<u>d</u>						
<u>e</u>					L	
	(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) minu	
<u>a</u>						
<u>b</u>						
_ <u>C</u> _						
_ <u>d</u>						
<u>e</u>	Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69			
	Complete only for assets	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) g. (k), but not less t	
,	(i) FM V as of 12/31/69	as of 12/31/69	over col (j), if any	00.	Losses (from co	
а					• • • • • • • • • • • • • • • • • • • •	
b						
С						
d						
е						
2	Capital gain net income of	or (not capital loss)	gain, also enter in Part I, line 7			
_	. 5	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2		
3		un or (loss) as defined in sections				
	_	art I, line 8, column (c) (see ins				
	Part I, line 8	<u> </u>		3		
			duced Tax on Net Investment I			
(Fo	r optional use by domestic	c private foundations subject to the	e section 4940(a) tax on net investr	nent inco	me)	
If s	ection 4940(d)(2) applies,	leave this part blank				
٠٨/-	- 4b- f	AL A 4040 A AL d Al-			ın [Yes X No
		not qualify under section 4940(e)	outable amount of any year in the ba	ase penod	1'	J fes A No
<u>''</u>			ir, see the instructions before makin	a any ent	100	
<u> </u>	(a)			g any end	(d)	
Ca	Base penod years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2014	60,010.	1,498,793.		(cor (b) divided by	0.040039
	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
						
2	Total of line 1 column (d)		2		0.236100
		for the 5-year base period - divid				
-	~		ss than 5 years	3		0.047220
	names or jours are rear					
4	Enter the net value of no	ncharitable-use assets for 2015 fr	om Part X, line 5	4	1,	551,065.
5	Multiply line 4 by line 3.			5		73,241.
-						
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		348.
-		(7.00.)				
7	Add lines 5 and 6			7		73,589.
8	Enter qualifying distribution	ons from Part XII, line 4		8		85,275.
	If line 8 is equal to or gr		in Part VI, line 1b, and complete t	hat part	using a 1% tax	x rate See the
	Part VI instructions					
JSA					_	990-DE (2015)

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	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	<u>s)</u>
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)	•		1.4.0
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			148.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)	-		-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		3	348.
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		3	348.
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,482.			
þ	Exempt foreign organizations - tax withheld at source		ŧ	
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		2,4	82.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2 1	2.4
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,1	34.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax 2, 134. Refunded 11			
_	t VII-A Statements Regarding Activities	1 59		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X
	participate or intervene in any political campaign?	ıa.		- ^-
D		1b		Х
	Instructions for the definition)?		1,5	84
	published or distributed by the foundation in connection with the activities	ž		. **
С	Did the foundation file Form 1120-POL for this year?	1c	* '	x
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1	٠.	
-	(1) On the foundation \$(2) On foundation managers \$	*,	Ì	,
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	×,	۸	, S.
	foundation managers > \$		7,	3
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities	à.	* §	î.,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	2	Žit N	1.5
	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		X
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	,		3
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	ļ	١,	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	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		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	CT,]		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		X	-
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		 ,
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1		
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	_		x
	complete Part XIV	9_		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		x
	names and addresses	10	0-PF (Щ—
	F(メル・フフ	U-1 1 (2013)

Pai	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		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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?	13	Х	
	Website address ▶ N/A			
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 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	· /4	7 *	
	the foreign country ▶	<u> </u>	\$.X	\$
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.	185	Yes	No
1a	During the year did the foundation (either directly or indirectly)	- 188		2 1 2
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	;	* 1	285. ≪65.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	,°*	A .	
	disqualified person? Yes X No	l		1 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	3.		1
	(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	*24°	100	· ·
	the benefit or use of a disqualified person)? Yes X No	. 1	ri	1. ·
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	Ŕ		
	foundation agreed to make a grant to or to employ the official for a period after		4 ,	**************************************
	termination of government service, if terminating within 90 days)	À	Š	. % .
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	الثلث		.Ž
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		رة د د	*
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			Ž., '
	were not corrected before the first day of the tax year beginning in 2015?	1c	. 5	X 7,7, 1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	· ·	* 1	*.
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	100		**
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	, , ,	24	
	6e, Part XIII) for tax year(s) beginning before 2015? Yes X No	A.Y.	100	1
	If "Yes," list the years	¥.		, ` , *
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		2	3
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		Ka	
_	all years listed, answer "No" and attach statement - see instructions)	2b	,	<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	3		¥
2.0	Did the foundation held more than a 20/ direct or indirect interest in any human actions.		Ž	
Sa	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	¥ {		\$\$
h		::- ^		3%
D	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			4
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	5.5	<u> </u>	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3b		Maria
4-	foundation had excess business holdings in 2015)	4a		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	44	×	. A . 3
U	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	and a sounce	X
	The second secon		V DE	

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Pa	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 amo					
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X	40	
	(2) Influence the outcome of any specific public ele	ection (see section 4	1955), or to carry on			
	directly or indirectly, any voter registration drive?	. <i>.</i>			10	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?	·	Yes X	10	
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described ii			
	section 4945(d)(4)(A)? (see instructions)			Yes X	10	
	(5) Provide for any purpose other than religious, ch	naritable, scientific, l	iterary, or educationa	ıl		
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X	No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described	ın \	
	Regulations section 53 4945 or in a current notice regar	ding disaster assistar	ce (see instructions)?		5b	
	Organizations relying on a current notice regarding disas	ster assistance check	here		-	
c	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				No	
	If "Yes," attach the statement required by Regulations see					
6a	Did the foundation, during the year, receive any fur		ectly to hav premium	ns]]	
oa.	on a personal benefit contract?			[] [v].	No	.*.
ь	Did the foundation, during the year, pay premiums, dire				6b	ı î x
٠	If "Yes" to 6b, file Form 8870	outy or indirectly, on a	personal benefit contre		3,	, .
7.	At any time during the tax year, was the foundation a pa	arty to a prohibited ta	v chalter transaction?	Yes X	1 (3 %)	13
7a b	If "Yes," did the foundation receive any proceeds or have			• —		· · · · · ·
	t VIII Information About Officers, Director					
L E	and Contractors					
1	List all officers, directors, trustees, foundation r	nanagers and their	r compensation (see	instructions)		
						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	other all	se account, owances
	(a) Name and address	(b) Title, and average		(d) Contributions to	other all	
Tr C		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances
TC	(a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	other all	
TC		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances
TC		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances
TC		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances
TC		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances
TC		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances
TC	H 10	(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	other all	0.
ATC	H 10 Compensation of five highest-paid employees	(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	other all	0.
ATC	H 10	(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	other all	0.
2	H 10 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit	tions). If no	owances 0. one, enter
2	H 10 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0	tions). If no	O.
2	H 10 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter
2	H 10 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	tions). If no	owances 0. one, enter

	1 990-PF (2015)	4: Maria - Illiani - Dail Carala	Page
Ра	Information About Officers, Directors, Trustees, Founda and Contractors (continued)		
3_	Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE		
	al number of others receiving over \$50,000 for professional services		
Pa	rt IX-A Summary of Direct Charitable Activities		
	ist the foundation's four largest direct chantable activities during the tax year. Include releval rganizations and other beneficianes served, conferences convened, research papers produced, e		Expenses
1	NONE		
-			
2			
		· · · · · · · · · · · · · · · · · · ·	
٠.			
4 .		· · · · · · · · · · · · · · · · · · ·	
_			
	rt IX-B Summary of Program-Related Investments (see instruct		Amount
	escribe the two largest program-related investments made by the foundation during the tax yea NONE	ar on lines 1 and 2	Allouid
٠.			
2			
	Il other program-related investments. See instructions		
	NONE		
	at Add lines 1 through 3		

Form 990-PF (2015)

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	85,275.
b	Program-related investments - total from Part IX-B	1b	
	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	L
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	85,275.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	348.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	84,927.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2015)

Page 8

348.

Pa	rt ^c XIII Undistributed Income (see instr	ructions)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
•					77,205.
	line 7				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Undistributed income, if any, as of the end of 2015			8,677.	
	Enter amount for 2014 only			0,077.	
	Total for pnor years 20 13 ,20 12 ,20 11				
	Excess distributions carryover, if any, to 2015				
	From 2010	4		· ,	
	From 2011	. ^	- ,	*	* -
	From 2012	,			
	From 2013				
_	From 2014		,		
	Total of lines 3a through e	* *	* * * * * * * * * * * * * * * * * * * *	* 3	· · · · · · ·
4	Qualifying distributions for 2015 from Part XII, line 4 > \$ 85,275.	3 3 3			, * , *
			*	8,677.	
	Applied to 2014, but not more than line 2a		2, <u>4</u>	3,077.	\$ \$
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	***	* * * * * * * * * * * * * * * * * * * *	,	76,598.
	Remaining amount distributed out of corpus			. A A A	,
	Excess distributions carryover applied to 2015.		\$1 \$" · · ·	f	
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				(
b	Prior years' undistributed income Subtract	i ji ji ji			
	line 4b from line 2b			***	<u> </u>
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	<u> </u>		<u> </u>	*
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2016	**************************************			607.
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		ي	, ,	, ,
	required - see instructions)				``
8	Excess distributions carryover from 2010 not			,	
	applied on line 5 or line 7 (see instructions)			` <u> </u>	
9	Excess distributions carryover to 2016.	^	*		·
	Subtract lines 7 and 8 from line 6a	0.	<u> </u>	*	<u> </u>
10	Analysis of line 9			* *	
	Excess from 2011			,	
b	Excess from 2012	,			
С	Excess from 2013				
d	Excess from 2014				
e	Excess from 2015				<u> </u>

Form	990-PF (2015)	JEWETT CI	TY SAVINGS BANK	FOUNDATION INC	13-	-4242396 Page 10
Pa	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	iting	
	foundation, and the rulin	g is effective for 2015, e	nter the date of the ruling		▶	
b	Check box to indicate	whether the foundation	is a private operating t	foundation described in	section 4942(J)(3) or 4942(J)(5)
2.	Enter the leaser of the ed	Tax year		Prior 3 years		(a) Takai
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	I or the minimum investment			-		
	return from Part X for each year listed					
h	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					j
	of exempt activities					
e	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets	<u> </u>			·	
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test- enter 2/3 of minimum invest-					1
	ment return shown in Part X					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	 Total support other than gross investment income 					
	(interest, dividends, rents					
	payments on secunties loans (section 512(a)(5)),					
	or royaltes)					
	(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.					
Pa	rt XV Suppleme	ntary Information (Complete this part	only if the founda	tion had \$5,000 o	r more in assets at
		luring the year - see		•		
	Information Regarding					
а	List any managers of	the foundation who I	have contributed more	e than 2% of the tota	al contributions recei	ved by the foundation
	before the close of an	y tax year (but only if th	ney have contributed n	nore than \$5,000) (Se	ee section 507(d)(2))	
	N/A					
b		the foundation who	own 10% or more of	f the stock of a corp	oration (or an equall	y large portion of the
	ownership of a partne	rship or other entity) of	f which the foundation	has a 10% or greater	ınterest	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here	the foundation only	makes contributions	to preselected char	itable organizations	and does not accept
						or organizations under
		plete items 2a, b, c, an		,	,	. 3
a	The name, address, a	nd telephone number	or e-mail address of t	he person to whom ap	plications should be ad	Idressed
	ATCH 11			,		
<u> </u>	The form in which app	olications should be sui	bmitted and information	on and materials they	should include	
_	The form in which app	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	אססד דר אידר אידר זמים א	N AVAILABLE ON W	IPOT WWW TOOK	BANK COM		
	Any submission dead		VEDSITE WWW.OCSI	DAIVIT. COM		
C	They submission dead	m 100				
	7 m C 1 7 1 0					
	ATCH 12	imitations on awards	such as by googr	anhical areas charife	able fields kinds of	institutions, or other
u	factors	minations on awards	, such as by geogra	apinuai aidas, uidiko	ibie lielus, Killus Ol	matitutions, or other
ISA	ATCH 13					
JSA 490 1 1	nna					Form 990-PF (2015)

Part XV Supplementary Information	(continued)			Page 11
3 Grante and Contributions Paid Dur	ing the Year or Anni	oved for F	Future Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	If recipient is an individual,	Foundation	didie rayment	
Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid during the year	NOW DELAMED	DC.	EXEMPT PURPOSE	84,850.
PLEASE REFER TO ATTACHMENT	NOT RELATED	PC	EXEMPT PURPOSE	84,830.
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Total			▶ 3a	84,850.
b Approved for future payment				
		ľ		
	1	ĺ		
				1
				1
Total		الـ		
Total	<u> </u>	<u> </u>	<u> </u>	

Part XVI-	A Analysis of Income-Prod	ucing Acti	vities			
nter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
_		(a)	(b) Amount	(c)	(d) Amount	Related or exempt function income
-	service revenue	Business code	Anioun	Exclusion code	Allioum	(See instructions)
						
		<u> </u>		+		
		ļ		+		
				- 		
		<u> </u>				
f		<u> </u>		+		
g Fees	and contracts from government agencies					
Member	ship dues and assessments			1.4	22 147	
Interest o	on savings and temporary cash investments -	·		14	22,147.	
Dividend	ds and interest from securities	- .		14	12,637.	
Net renta	al income or (loss) from real estate		* * * *			* * * * * * * * * * * * * * * * * * * *
a Debt-	-financed property	<u> </u>		+		
b Not o	debt-financed property	<u> </u>		-		
Net renta	I income or (loss) from personal property					
Other in	vestment income				ļ	<u> </u>
Gain or (I	ioss) from sales of assets other than inventory					
Net inco	me or (loss) from special events					
Gross pr	rofit or (loss) from sales of inventory					
Other re-	venue a					
b				ļ		
					<u> </u>	···
		<u></u>				
A		L		<u></u>		
Subtotal	Add columns (b), (d), and (e)	[<u>*</u> , <u>*</u>		1. ?	34,784.	
3 Total Ad	dd line 12, columns (b), (d), and (e)				13	34,784
ee worksh	neet in line 13 instructions to verify calc	ulations)				
▼	Explain below how each activit accomplishment of the foundation	•				
		·				
						

1 OIIII 990-F1	(2013)	JUDIT CIT	3/1/11/03	DIMIN LOOKDIII LON	1110		1212330	1 65	ge_
Part XVII	Information Regard	ding Trans	fers To an	d Transactions and	d Relationships	With N	Nonchari	table	•
	Exempt Organizati	ions							
4 17.44	o accompation directly or	ndiroothi ono		t the fellowing with an	, athar accasination		hod T	.	

1	Did the	e organization direct	ly or indirectly e	engage in any of the	e following wit	h any other org	anization described		Yes	No
	ın sect	ion 501(c) of the Co	de (other than s	section 501(c)(3) or	ganizations) or	in section 527,	relating to political			
	organiz	zations?								
а	Transfe	ers from the reportin	ig foundation to	a noncharitable exe	mpt organization	on of				-
	(1) Cas	sh						1a(1)		Х
		ner assets						1a(2)		X
b		ransactions								~
	(1) Sal	es of assets to a no	ncharitable exen	npt organization				16(1)		Х
		chases of assets fro		-				1b(2)		Х
		ntal of facilities, equi								Х
		mbursement arrange								Х
		ans or loan guarantee								Х
		formance of service								X
c		g of facilities, equipn								Х
		answer to any of th							fair m	arket
_		of the goods, other								
		n any transaction or								
(a) L	ne no	(b) Amount involved	,	oncharitable exempt orga			sfers, transactions, and sha			
		N/A	(0)			/A				
	-	,								

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			<u> </u>							
2a		foundation directly						_		٦
		ped in section 501(c)		her than section 50	1(c)(3)) or in se	ection 527?		Y	es X	_l No
<u>b</u>	If "Yes	" complete the follo	wing schedule							
		(a) Name of organizatio	n	(b) Type of or	ganization		(c) Description of relation	ship		
										
_										
		penalties of perjury, I declar t, and complete Declaration of					to the best of my knowled	ge and t	oelief, it	is true,
Sigr		., and complete Declaration o	r proparer (office try				May the IR	S discus	e this	cotum
_		2000	-d	10/03	116	Treasur	with the p	reparer_		below
Her	E Sugr	lature of officer or trustee		Date	Title		(see instructio	ns)? X	Yes	No
	Ī									
D		Pnnt/Type preparer's na	ime	Preparer's signature	24	Date 0.3	Check If	РΠΝ		
Paic		CHARLES J FRA	GO , CPA	harle	st/ Jugo	9-2	7-16 self-employed	P012	1558	:7
Pre	parer		LF & COMPAN	IY, PC	<i>U</i>		Firm's EIN > 04-2			•
	Only			T, 21ST FLOOP						
			STON, MA	,		02110	Phone no 617-4	39-9	700	
		1	,					m 990		(2015)
							' '	50		,_5,5,

JCSB Foundation Grants 2015

08/10/15 America 08/10/15 Attawal 08/10/15 Attawal 08/10/15 Atwood 08/10/15 Canterb 08/10/15 Danielso 08/10/15 Dayville 08/10/15 East Bro 08/10/15 Griswold 08/10/15 Killingly, 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Volunto 08/10/15 Day Kim 08/10/15 Day Kim 08/10/15 Day Kim 08/10/15 Day Kim	brary ung Jr Hose and Ladder Co #1 un Legion Ambulance Fund (Moosup) ugan Fire Department Hose Fire Company ury Volunteer Fire Dept & Ambulance Village Fire Co #1 on Fire Department Fire Company poklyn Fire Department d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /olunteer Fire Department o Fire Department o Fire Department e Fire Co & Ambulance Service	2015 Relay for Life Sponsor Additional funding for oil tank replacement Annual Support Annual Support	2,500 5,000 600 700 600 1,100 600 600 600 600 600 600 600 600 600
08/10/15 A A You 08/10/15 Attawau 08/10/15 Attawau 08/10/15 Attwood 08/10/15 Central 08/10/15 Danielsc 08/10/15 Danielsc 08/10/15 East Killingly, 08/10/15 Griswold 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 Preston 08/10/15 South K 08/10/15 South K 08/10/15 South K 08/10/15 Williams 08/10/15 Williams 08/10/15 Williams 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswold	ung Jr Hose and Ladder Co #1 in Legion Ambulance Fund (Moosup) igan Fire Department Hose Fire Company ury Volunteer Fire Dept & Ambulance Village Fire Co #1 on Fire Department Fire Company soklyn Fire Department d Volunteer Fire Company //Brooklyn Ambulance Corps Ambulance Service //olunteer Fire Department e Fire Co & Ambulance Service fire Company d Fire Company d Fire Company d Fire Company fire Company d Fire Company fire Company d Fire Company #1 inuck Volunteer Fire Department	Annual Support	600 700 600 600 1,100 600 600 600 600 500 500 600 6
08/10/15 America 08/10/15 Attawal 08/10/15 Attawal 08/10/15 Attwood 08/10/15 Canterb 08/10/15 Danielso 08/10/15 Dayville 08/10/15 East Bro 08/10/15 Griswold 08/10/15 Killingly, 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/10/15 Slater Li 11/02/15 Eastern 11/02/15 Griswold	In Legion Ambulance Fund (Moosup) Igan Fire Department Hose Fire Company Iury Volunteer Fire Dept & Ambulance Village Fire Co #1 In Fire Department Fire Company Iooklyn Fire Department Ingly Fire Department Id Volunteer Fire Company //Brooklyn Ambulance Corps Imbulance Service //olunteer Fire Department Io Fire Department Io Fire Co & Ambulance Service Ioire Company Id Fire Company Indianate Fire Department	Annual Support	700 600 1,100 600 600 600 600 600 500 500 600
08/10/15 Attawau 08/10/15 Atwood 08/10/15 Canterb 08/10/15 Central 08/10/15 Danielsc 08/10/15 Dayville 08/10/15 East Bro 08/10/15 Griswold 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 Preston 08/10/15 South Ki 08/10/15 Sterling 08/10/15 Volunto 08/10/15 Volunto 08/10/15 Day Kim 08/10/15 Slater Li 11/02/15 Eastern 11/02/15 Griswold	Igan Fire Department Hose Fire Company Ury Volunteer Fire Dept & Ambulance Village Fire Co #1 On Fire Department Fire Company Ooklyn Fire Department d Volunteer Fire Company //Brooklyn Ambulance Corps Ambulance Service //olunteer Fire Department e Fire Co & Ambulance Service fire Company d Fire Company d Fire Company	Annual Support	600 600 1,100 600 600 600 600 500 500 600
08/10/15 Atwood 08/10/15 Canterb 08/10/15 Canterb 08/10/15 Danielso 08/10/15 Dayville 08/10/15 East Bro 08/10/15 Griswold 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 Poqueta 08/10/15 South K 08/10/15 Sterling 08/10/15 Williams 08/10/15 Williams 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Griswold	Hose Fire Company ury Volunteer Fire Dept & Ambulance Village Fire Co #1 on Fire Department Fire Company ooklyn Fire Department d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /olunteer Fire Department e Fire Co & Ambulance Service fire Company d Fire Company	Annual Support	600 1,100 600 600 600 600 600 500 500 600
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08/10/15 Central 08/10/15 Danielsc 08/10/15 Dayville 08/10/15 East Killingly, 08/10/15 Killingly, 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Moosup 08/10/15 Moosup 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Volunto 08/10/15 Williams 08/10/15 Williams 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli	Village Fire Co #1 on Fire Department Fire Company ooklyn Fire Department dingly Fire Department d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /olunteer Fire Department o Fire Department e Fire Co & Ambulance Service fire Company d Fire Company d Fire Company #1 anuck Volunteer Fire Department	Annual Support	600 600 600 600 600 500 500 600
08/10/15 Danielso 08/10/15 Dayville 08/10/15 East Bro 08/10/15 East Killingly, 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Mortlak 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 Preston 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/10/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli	on Fire Department Fire Company ooklyn Fire Department d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /olunteer Fire Department o Fire Department e Fire Co & Ambulance Service fire Company d Fire Company d Fire Company #1 anuck Volunteer Fire Department	Annual Support	600 600 600 600 500 500 600
08/10/15 Dayville 08/10/15 East Bro 08/10/15 East Killi 08/10/15 Griswold 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Dayville 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South Killi 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Perform 11/02/15 Griswold	Fire Company poklyn Fire Department d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /olunteer Fire Department o Fire Department e Fire Co & Ambulance Service fire Company d Fire Company d Fire Company #1 anuck Volunteer Fire Department	Annual Support	600 600 600 500 500 600
08/10/15 East Bro 08/10/15 East Killingly, 08/10/15 Killingly, 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Poqueta 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Perform 11/02/15 Griswoli	ooklyn Fire Department d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /Olunteer Fire Department o Fire Department e Fire Co & Ambulance Service fire Company d Fire Company #1 anuck Volunteer Fire Department	Annual Support	600 600 500 500 600
08/10/15 East Bro 08/10/15 East Killingly, 08/10/15 Killingly, 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Poqueta 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Perform 11/02/15 Griswoli	ooklyn Fire Department d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /Olunteer Fire Department o Fire Department e Fire Co & Ambulance Service fire Company d Fire Company #1 anuck Volunteer Fire Department	Annual Support	600 600 500 500 600
08/10/15 Griswold 08/10/15 Killingly, 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 William: 08/10/15 William: 08/10/15 Slater Li 11/02/15 Eastern 11/02/15 Griswold	d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /olunteer Fire Department p Fire Department e Fire Co & Ambulance Service fire Company d Fire Company #1 anuck Volunteer Fire Department	Annual Support	600 500 600
08/10/15 Griswold 08/10/15 Killingly, 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 William: 08/10/15 William: 08/10/15 Slater Li 11/02/15 Eastern 11/02/15 Griswold	d Volunteer Fire Company /Brooklyn Ambulance Corps Ambulance Service /olunteer Fire Department p Fire Department e Fire Co & Ambulance Service fire Company d Fire Company #1 anuck Volunteer Fire Department	Annual Support Annual Support Annual Support Annual Support Annual Support Annual Support	\$00 500 600 600
08/10/15 Killingly, 08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Williams 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Perform 11/02/15 Griswoli	/Brooklyn Ambulance Corps Ambulance Service /olunteer Fire Department p Fire Department e Fire Co & Ambulance Service fire Company d Fire Company #1 anuck Volunteer Fire Department	Annual Support Annual Support Annual Support Annual Support Annual Support	\$00 500 600 600
08/10/15 Lisbon A 08/10/15 Lisbon A 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South Ki 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli	Ambulance Service Volunteer Fire Department Department EFIRE Co. & Ambulance Service Fire Company Department Department Department Department Department	Annual Support Annual Support Annual Support Annual Support	500 600 600
08/10/15 Lisbon V 08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Perform 11/02/15 Griswoli	Volunteer Fire Department I Fire Department e Fire Co & Ambulance Service Fire Company d Fire Company #1 Inuck Volunteer Fire Department	Annual Support Annual Support Annual Support	600 600
08/10/15 Moosup 08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Perform 11/02/15 Griswoli	o Fire Department e Fire Co & Ambulance Service fire Company d Fire Company #1 nuck Volunteer Fire Department	Annual Support Annual Support	600
08/10/15 Mortlak 08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli	e Fire Co & Ambulance Service ire Company d Fire Company #1 inuck Volunteer Fire Department	Annual Support	
08/10/15 Oneco F 08/10/15 Plainfiel 08/10/15 Poqueta 08/10/15 Preston 08/10/15 South Ki 08/10/15 Volunto 08/10/15 William 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli	ire Company d Fire Company #1 anuck Volunteer Fire Department		
08/10/15 Plainfiel 08/10/15 Poqueta 08/10/15 Preston 08/10/15 South Ki 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli	d Fire Company #1 inuck Volunteer Fire Department	Annual Support	600
08/10/15 Poqueta 08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli	nuck Volunteer Fire Department		600
08/10/15 Preston 08/10/15 South K 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli		Annual Support	600
08/10/15 South Ki 08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli		Annual Support	600
08/10/15 Sterling 08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Perform 11/02/15 Griswol		Annual Support	600
08/10/15 Volunto 08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Griswoli		Annual Support	600
08/10/15 William: 08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Perform 11/02/15 Griswoli		Annual Support	600
08/10/15 Day Kim 08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Perform 11/02/15 Griswol	sville Fire Engine Company (Rogers)	Annual Support	600
08/21/15 Slater Li 11/02/15 Eastern 11/02/15 Perform 11/02/15 Griswol		Care in a Heartbeat Campaign	5,000
11/02/15 Eastern 11/02/15 Perform 11/02/15 Griswol		Annual Support	1,000
11/02/15 Perform 11/02/15 Griswol	Connecticut Performing Arts Association	To cover class expenses and scholarships	1,000
11/02/15 Griswol		Annual Support	
		For support of general outreach programs	1,000
11/02/15 Safe Fut		Provide Healthy Relationships program at GHS	1,000
44 103 145 5		To replace the temperature control system in the archive	1,000
	American Heritage Society, Inc.	To help fund repairs to the Long Society Meeting House	1,000
	Historical Society, Inc	Purchase a Pak-Tracker Firefighter Locator System	1,000
	ung Jr Hose and Ladder Co #1	Purchase new thermal imaging camera	750
	Hose Fire Company	To purchase fittings and adaptors	750
	ury Volunteer Fire Dept & Ambulance	To purchase PC based tablets	750
	on Fire Department	To upgrade the two-way radio system	750
	d Volunteer Fire Company	To purchase a CPR manikin	750
	/Brooklyn Ambulance Corps	To purchase a new automated blood pressure cuff	750
	e Fire Co & Ambulance Service	To purchase residential house numbers	750
	Brook Fire Department, Inc	Purchase residential nouse numbers Purchase equipment	750
11/02/15 Oneco F		Purchase equipment Purchase materials and equipment for training facility	750
	d Fire Company #1		750
	anuck Volunteer Fire Department	To purchase equipment	750
	City Volunteer Fire Department	Purchase CPR mannequin	750
	<u> </u>	To purchase high angle rescue gear	750
11/02/15 Sterling	illingly Fire Department	To purchase folding chairs	750

JCSB Foundation Grants 2015

Date			
Disbursed	Organization	Purpose of Grant	Amount
11/02/15	Friends of Assisi Food Pantry, Inc.	Purchase food for food pantry program and diapers	2,000
11/02/15	Gemma E Moran United Way/Labor Food Center	Support the food center and mobile food pantry	1,500
11/02/15	Preston City Congregational Church	Purchase food for food pantry program	2,500
11/02/15	St Mary Food Pantry	Purchase food for food pantry program	5,000
11/02/15	Town of Pomfret Food Pantry	Purchase food for food pantry program	500
11/02/15	Project PIN Food Pantry, Inc	Purchase additional refrigeration appliances	4,300
11/02/15	Backus Hospital	Capital Campaign	5,000
11/02/15	Center for Hospice Care Southeast CT	Funding for Special Care Fund (1,000) / Annual Support (500)	1,500
11/02/15	Center for Hospice Care Southeast CT	Capital Campaign	2,000
11/02/15	Day Kımball Hospital	Annual Support	1,000
11/02/15	Interfaith Human Services of Putnam	Potty training program	1,000
11/02/15	Killingly Quiet Corner Regional Lions Club	To purchase a WelchAllyn Spot Camera for the eye screening program	1,000
	United Community & Family Services, Inc	To purchase Diabetes testing supplies	2,500
11/02/15	Aldrich Free Public Library	Towards the installation of a handicapped entrance ramp	2,500
11/02/15	Sterling Public Library	To host outreach programs	1,000
11/02/15	Voluntown Public Library	To supplement the LEGO building club's materials	500
11/02/15	Town of Brooklyn Park and Recreation Department	To install surveillance cameras	500
11/02/15	Griswold Senior Center	To offer special Tai-Chi classes to seniors	2,600
11/02/15	The ARC of Quinebaug Valley, Inc	To cover six months of the costs to lease space for redemption center	1,000
	United Services, Inc	To install security cameras	1,000
	Total JCSB Foundation grant disbursements 2015:		84,850

INVESTMENTS	
CASH	
N TEMPORARY CASH]	
NO	i
INTEREST ON	
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PART I	
990PF,	
FORM	

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	22,147.	22,147.
REVENUE AND EXPENSES PER BOOKS	22,147.	22,147.
		TOTAL
DESCRIPTION	CASH AND MONEY MARKET FUNDS	

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

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	12,637.	12,637.
REVENUE AND EXPENSES PER BOOKS	12,637.	12,637.
		TOTAL
DESCRIPTION	INVESTMENT SECURITIES	

- TAXES PART I FORM 990PF,

ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	4,500.	4,500.
DESCRIPTION	PROVISION FOR INCOME TAXES	TOTALS

CHARITABLE PURPOSES

EXPENSES	
OTHER	
- 1	l
1-4	
PART I	

CHARITABLE <u>PURPOSES</u> 425.	425.
ADJUSTED NET INCOME	
NET INVESTMENT INCOME	
REVENUE AND EXPENSES PER BOOKS 425.	425.
	TOTALS
DESCRIPTION OTHER EXPENSES	
DESCRI	

OBLIGATION
STATE
AND
U.S.
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PART
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990PF,

NT 5	ENDING <u>FMV</u>	7,086.	7,086.
ATTACHMENT 5	ENDING BOOK VALUE	.066,9	.066'9
AND STATE OBLIGATIONS	BEGINNING BOOK VALUE	14,522.	14,522.
FORM 990PF, PART II - U.S. AND STA	DESCRIPTION	FNMA (257192)	US OBLIGATIONS TOTAL

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	37,575. 29,364. 24,577. 73,470. 48,013. 73,425. 20,646. 18,488.	560,577.
ENDING BOOK VALUE	37,575. 29,364. 24,577. 73,470. 48,013. 73,425. 20,646. 19,732.	560,577.
BEGINNING BOOK VALUE	39,700. 30,616. 24,079. 74,307. 52,588. 75,625. 20,154. 18,712.	335, 781.
DESCRIPTION	ISHARES TRUST DOW JONES ISHARES HIGH DIV EQ FUND SPDR WELLS FARGO PFD FIRST TR MORNINGSTAR FT NASDAQ TECH DVD INDEX VANGUARD HIGH DVD YIELD AT&T INC VERIZON COMMUNICATNS COM SPDR RUSSELL SMALL CAP SPDR S&P 500 ETF TRUST	TOTALS

13-4242396

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING <u>EMV</u>
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% CD CAPITAL ONE 2.250% CD COMPASS 1.550%	95,000. 95,000. 200,000. 125,000. 200,000.	200,000. 125,000. 200,000. 200,000. 75,000. 65,000.	222,779. 132,230. 200,179. 199,199. 73,931. 64,200.
TOTALS	975,000.	865,000.	892,518.

ENDING FMV	32,361.	32,361.
ENDING BOOK VALUE	32,361.	32,361.
BEGINNING BOOK VALUE	55,460.	55,720.
DESCRIPTION	ACCRUED INCOME RECEIVABLE OTHER ASSETS	TOTALS

Thursday	CIMV	CALITAICC	DANK	FOUNDATION	TNC
J.P.W.P. T.T.	LITY	SAVINGS	KANK	POUNDATION	IIV.

13-4242396

ATTACHMENT 9

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

DESCRIPTION

AMOUNT

CHANGE IN UNREALIZED LOSSES

300.

TOTAL

300.

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
LOUIS J. DEMICCO 111 MAIN STREET JEWETT CITY, CT 06351	CHAIRMAN/DIRECTOR 1.00		O	0	
KEVIN C. MERCHANT 111 MAIN STREET JEWETT CITY, CT 06351	PRESIDENT/DIRECTOR 1.00	Ö	.0	.0	
JAMES A. MCDONALD 111 MAIN STREET JEWETT CITY, CT 06351	TREASURER 1.00		.0	ō	
DIANA L. ROSE 111 MAIN STREET JEWETT CITY, CT 06351	SECRETARY 1.00		Ö	.0	
BRIAN A. ANDSTROM 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR (AS OF 3/25/2015) 1.00	0.	ó	· o	
DIANE L. MANNING 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	· o	°		

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ATTACHMENT 10 (CONT'D)	
AND TRUSTEES	
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	

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 (ENDED 3/25/15) 1.00	O	O	.0
DAVID T. PANTELEAKOS 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	·	Ö	.0
GARY W. PELOQUIN 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	·	Ö	Ċ
GAIL ROOKE-NORMAN 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00		·	.0
PHILIP E. TETREAULT 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	·	·	.0
ROBERT JAMES THEVENET 111 MAIN STREET JEWETT CITY, CT 06351	DIRECTOR 1.00	·	·	.0
	GRAND TOTALS	0.	0	0

JEWETT CITY SAVINGS BANK FOUNDATION INC

13-4242396

ATTACHMENT 11

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

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

ATTACHMENT	12	

990PF, PART XV - SUBMISSION DEADLINES

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

JEWETT CITY SAVINGS BANK FOUNDATION INC

13-4242396

ATTACHMENT 13

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