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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.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For	caler	dar year 2015 or tax year beginning		, and e	nding				
Nar	me of	foundation				A Employer identification number			
N	SB	Foundation, Inc.							
C	/0	Northfield Savings Ban		31-1713065					
Nun	nber a	nd street (or P O box number if mail is not delivered to street	B Telephone number						
P	.0	. Box 7180				(800) 672-	2274		
City	or to	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is pe	ending, check here		
В	ar	re, VT 05641-7180							
G	heck	all that apply: Initial return	Initial return of a fo	ormer public o	harity	D 1. Foreign organizations	, check here		
		Final return	Amended return		-				
		X Address change	Name change			Foreign organizations med check here and attach col	eting the 85% test, putation		
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation stat			
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation		under section 507(b)(1)			
1 Fa		rket value of all assets at end of year J Accounti	ng method: X Cash	Accr	ual	F If the foundation is in a 6			
(fr	om F	· I —	ther (specify)			under section 507(b)(1)			
	\$	1,866,197. (Part I, colu		basis)			(=),		
	art I	Analysis of Revenue and Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements		
L		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books		ome	income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received	150,000.	/ % · ·	¥.* ·	. ₹ N/A ₹ * .	, 4		
	2	Check If the foundation is not required to attach Sch. B		4		. * ' : '			
	3	Interest on savings and temporary cash investments					\$,^ {		
	4	Dividends and interest from securities	84,313.	8	4,313.		· · · · · · · · · · · · · · · · · · ·		
	5a	Gross rents		_			· » !		
	Ι.	Net rental income or (loss)		\${	, , , , , ,	(¥; } ×3	· · · · · · · · · · · · · · · · · · ·		
		Net gain or (loss) from sale of assets not on line 10			, ', ',	3.5,			
Revenue	l "h	Gross sales price for all	× × × × × × × × × × × × × × × × × × ×		<u> </u>	3.	. // &-23		
٧e	7	assets on line 6a Capital gain net income (from Part IV, line 2)	13.13.		0.	2 3 4	* * * * * * * * * * * * * * * * * * * *		
æ	8	Net short-term capital gain		`		<u> </u>			
	9	Income modifications	.0 X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· /*				
	10a	Gross sales less returns		,	* · · · * * * * * * * * * * * * * * * *	77,			
	1 .		¥		4 /4.				
	1	Less Cost of goods sold Cross profit or (loss)	*						
	ı	Gross profit or (loss) Other income	= ,	` '.	i. < 888				
	12	Total. Add lines 1 through 11	234,313.	Q.	4,313.		-		
	13	Compensation of officers, directors, trustees, etc	5,000.	•	$\frac{4,313.}{0.}$		6,800.		
	1				· ·		0,000.		
	14	Other employee salaries and wages Pension plans, employee benefits	8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						
S	15	, , , ,							
JS.	104	Legal fees Accounting fees Stmt 1	1,150.		300.		850.		
ğ.	0		1,130.		300.		600.		
É.	176	Other professional fees Stmt 2 Interest			 		000.		
≟	17		2,154.		0.		0.		
stre	18		2,134.		<u> </u>				
Ë	19	Depreciation and depletion					· · · · · · · · · · · · · · · · · · ·		
μÞ	20	Occupancy Traval conferences and meetings	ļ						
ď	21	Travel, conferences, and meetings				·			
au	22	Printing and publications	2,796.		100		200		
Operating and Administrative Expenses	23	Other expenses Stmt 4	2,130.		100.		296.		
¥.at	24	Total operating and administrative	11 100		400		0 546		
ö		expenses. Add lines 13 through 23	11,100.		400.	2.5	8,546.		
_	25	Contributions, gifts, grants paid	150,000.	<u> </u>	<i>y</i> ,	· · · · · · · · · · · · · · · · · · ·	150,000.		
	26	Total expenses and disbursements.	161 100		400		150 546		
		Add lines 24 and 25	161,100.	_	400.		158,546.		
	1		*	<i>U</i> . *	+ 35.	* * * * * * * * * * * * * * * * * * *	S. 34		
	1	Excess of revenue over expenses and disbursements	73,213.	- A(*)	· * \%				
		Net investment income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	8	3,913.	\$			
	C	Adjusted net income (if negative, enter -0-)	<u> </u>		× ×	N/A	12 53		

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

For	rm 99	00-PF(2015) c/o Northfield Savings	Bank	31-	1713065 Page 2
		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
L	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	23,637.	12,537.	12,537.
	1	Savings and temporary cash investments	8,971.	3,481.	3,481.
		Accounts receivable	0,3,11	3,1011	3,101.
	۱ů	Less: allowance for doubtful accounts			
	١.		·		
	4	Pledges receivable ►		K = K =	
		Less: allowance for doubtful accounts			
	1	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	1		
		Less: allowance for doubtful accounts	1	24 m	The second of th
Ś	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	:		
As	I -	Investments - U.S. and state government obligations			
	1	Investments - corporate stock Stmt 5	1,860,773.	1,850,179.	1,850,179.
	1		1,000,773.	1,030,173.	1,030,173.
	1	Investments - corporate bonds	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	111	Investments land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	ł	Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
	1	instructions. Also, see page 1, item I)	1,893,381.	1,866,197.	1,866,197.
	17	Accounts payable and accrued expenses		· ·	/
	18	Grants payable			* *
••	19	Deferred revenue	<u> </u>	·	
Ĕ					1
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	-		ļ i
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			1
				•	ľ
	23	Total liabilities (add lines 17 through 22)	0.	0.	3 (2
		Foundations that follow SFAS 117, check here			ŀ
		and complete lines 24 through 26 and lines 30 and 31.	;		i
ces	24	Unrestricted			3/* 1.
	25	Temporarily restricted			()
Net Assets or Fund Balan	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·	,, ;
Б	l	Foundations that do not follow SFAS 117, check here			, 4 4 8 1
Ŀ	1	and complete lines 27 through 31.			. ` ' ' ' ' ' ' ' ' ' ' '
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.1	0.	
SS	l		1,893,381.	1,866,197.	
at /	29	Retained earnings, accumulated income, endowment, or other funds	1,893,381.	1,866,197.	,
Ž	30	Total net assets or fund balances	1,093,301.	1,000,137.	
	١		1 000 201	1 066 107	1/1/2 / 1/1/2 .
_	31	Total liabilities and net assets/fund balances	1,893,381.	1,866,197.	ļ
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,893,381.
2		r amount from Part I, line 27a		2	73,213.
		r increases not included in line 2 (itemize)		3	73,213.
		lines 1, 2, and 3			1,966,594.
		eases not included in line 2 (itemize) ▶ Unrealized Los	es on Investme		100,397.
6	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	1,866,197.

523511 11-24-15

		sses for Tax on Ir		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.)					(6) F				acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a			_							
b	NONE									
<u>c</u>					<u> </u>					
<u>d</u>					├					
<u>e</u>	/6\	Depreciation allowed	(a) Cos	t or other basis	┰			(b) G	aın or (loss	<u> </u>
(e) Gross sales price	"	(or allowable)		xpense of sale					s (f) minus	
a										
b										
С										
<u>d</u>										
Complete only for assets s	showing gain in	column (h) and owned by	the foundation	on 12/21/60				\ O (C)-1 (b)	
Complete only for assets s		(j) Adjusted basis		cess of col. (i)	\dashv				Col. (h) gain not less tha	
(i) F.M.V. as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col. (h)) ´
a									·	
b				•						
С										
d										
_ e			<u> </u>				r			
2 Capital gain net income or a	(net capital loss	If gain, also enter) { If (loss), enter -0	r in Part I, line - in Part I, line	7 7	}[2				
3 Net short-term capital gain	or (loss) as def	•								
If gain, also enter in Part I,		c).	. ,		\rightarrow	_				
If (loss), enter -0- in Part I, Part V Qualification		Section 4940(e) for	Poducod	Tay on Not	ال	3	ont Inc	omo		
							ient inc	ome		
(For optional use by domestic	private iounuat	ons subject to the section a	4940(a) tax on	net investment in	icome.	.)				
If section 4940(d)(2) applies, I	eave this part b	ank.								
Was the foundation liable for the	he section 4942	tax on the distributable an	nount of any ye	ar in the base per	rod?					Yes X No
If "Yes," the foundation does no										
1 Enter the appropriate amou		mn for each year; see the I	nstructions be	ore making any e	ntries.					(4)
(a) Base period year	s	(b) Adjusted qualifying dis	tributions	Net value of no	(c)	ıtahla.	uca accate		Distrit	oution ratio
Calendar year (or tax year b	eginning in)		0,989.	- Value of Ho			4,726		(coi. (b) aiv	ided by col. (c)) - 083663
2014			3,337.				$\frac{4}{5}, 246$.095522
2012			7,168.				$\frac{3,246}{6,316}$.113371
2011			0,003.				6,270			.129155
2010		15	1,414.		1	, 18	8,890	•		.127357
2 Total of line 1, column (d)								2		.549068
3 Average distribution ratio for			on line 2 by 5,	or by the number	of yea	ırs				100014
the foundation has been in	existence it less	s than 5 years						3		.109814
4 Enter the net value of nonc	haritahle-iise as	sets for 2015 from Part Y	line 5					4	1	1,869,484.
4 Litter the net value of none	ilailiabic use as	SCIS IOI ZO IS II OIII I ait A,	ilite 5					-		1,000,404.
5 Multiply line 4 by line 3								5		205,296.
6 Enter 1% of net investment	t income (1% o	Part I, line 27b)						6		839.
7 Add lines 5 and 6								7		206,135.
8 Enter qualifying distribution	ns from Part XII	. line 4						8]	158,546.
If line 8 is equal to or greating See the Part VI instructions	er than line 7, c		1b, and comp	lete that part usin	ıg a 1%	% tax r	rate.		1	

NSB Foundation, Inc. Form 990-PF (2015) c/o Northfield Savings Bank 31-1713065 Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \] and enter "N/A" on line 1. 经少分额 (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 1,678. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔛 and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). n. 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 .678. Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 678. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 1,600 a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 7 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 78. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded > 11 Part 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 participate or intervene in Yes No 1a X any political campaign? X 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 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 c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0. (2) On foundation managers. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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

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

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)

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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8b

X

VT

. By language in the governing instrument, or

remain in the governing instrument?

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Part VII-A | Statements Regarding Activities (continued)

Fait VII-A	Statements Negarding Activities (continued)			
			Yes	No
=	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			l
	(b)(13)? If "Yes," attach schedule (see instructions)	11	L	X
	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
•	ich statement (see instructions)	12	 ,, -	X
	ndation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	www.nsbfoundation.org	 		7.4
	are in care of ► Edward Sulva, Treasurer Telephone no. ► (800)		-22	
	▶P.O. Box 7180, Barre, VT ZIP+4 ▶0	5641	<u>- / 1</u>	70
	17(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	3.	- [/A	ـــا
	ne amount of tax-exempt interest received or accrued during the year			No
	during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	10	Yes	X
•	or other financial account in a foreign country?	16	Ь	<u> </u>
	ructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	90°.	25	, y
foreign cou	Statements Regarding Activities for Which Form 4720 May Be Required		71	
			Yes	No
	4720 if any item is checked in the "Yes" column, unless an exception applies.		1 63	110
	year did the foundation (either directly or indirectly); e in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
.,	or money from, lend money to, or otherwise extend credit to (or accept it from)	1		1
	rainfied person? Yes X No	1 3.8		,
	n goods, services, or facilities to (or accept them from) a disqualified person?	3		
• •	mpensation to, or pay or reimburse the expenses of, a disqualified person?		- 💸	, 👸
. , .	er any income or assets to a disqualified person (or make any of either available	1 %		1 3
• •	benefit or use of a disqualified person)?			
	to pay money or property to a government official? (Exception. Check "No"	1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	7 7
	oundation agreed to make a grant to or to employ the official for a period after	ું છે.	. A.	×
	ation of government service, if terminating within 90 days.)	 ***	×	1 %
	er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	` .		اشد
	4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	Î1b		x
Organizatio	ns relying on a current notice regarding disaster assistance check here	4	.65-	2/6
c Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1	`&',	, i
before the	irst day of the tax year beginning in 2015?	1c		X
2 Taxes on fa	ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	Š	N. C.	
defined in s	ection 4942(j)(3) or 4942(j)(5)):	- I S.	1.	
a 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		~\&\	1
before 201	S? Yes X No	1/2		3
•	the years ,,,	1	1 3 A.	
	ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	3	2.	
	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	- 1		
	see instructions.) N/A	2b		├
c If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1000	33%	\ \ ;
• <u> </u>				
	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time year? Yes X No			
during the	•—	/ ,		
•	It have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	137		
=	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	}		
_	acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, 0, to determine if the foundation had excess business holdings in 2015) N/A	3b		ļ
	ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
	ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	3	, «c	X
	en removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
		Form 99	0-PF	

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

Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)		- rager
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the iced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li N/A	nes 1 and 2.	Amount
1 11/11		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	•	0.
		Form 990-PF (2015)

NSB Foundation, Inc. c/o Northfield Savings Bank

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
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	1,873,997.
b	Average of monthly cash balances	1b	1,873,997.
C		1c	
ď	Total (add lines 1a, b, and c)	1d	1,897,953.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,897,953.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,469.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,869,484.
6	Minimum investment return. Enter 5% of line 5	6	93,474.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	93,474.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,678.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	91,796.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	91,796.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	91,796.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	11.	
·a		1a	158,546.
b		1b	0.
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:	<u> </u>	
	Suitability test (prior IRS approval required)	3a	
	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	158,546.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u>, , , , , , , , , , , , , , , , , , , </u>
-	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	158,546.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	
	40.40(a) radiusting of the in these years		

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from Part XI, line 7			• *	91,796.
2 Undistributed income, if any, as of the end of 2015	>			7 7 7 7
a Enter amount for 2014 only			0.	
b Total for prior years:				. 4
,,	`	0.	.*	* *
3 Excess distributions carryover, if any, to 2015:				
a From 2010 92,594.	¥ ¥	, A	,	
b From 2011 104,727.		, '		
c From 2012 88,518.			· · · · · · · · · · · · · · · · · · ·	V. 8 . ~ 4
dFrom 2013 74,083.	**	% \ %	· · · · · · · · · · · · · · · · · · ·	1 7
eFrom 2014 62,315.		. ,		, ,
f Total of lines 3a through e	422,237.	`4 / 8 /š	* /	· * * * * * * * * * * * * * * * * * * *
4 Qualifying distributions for 2015 from		,	,	, ,
Part XII, line 4: ►\$ 158,546.	\$ &c \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			x 🖹
a Applied to 2014, but not more than line 2a	× × × × × × × × × × × × × × × × × × ×	<u>*</u>	0.	<u> </u>
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		,
c Treated as distributions out of corpus	^		· }	
(Election required - see instructions)	0.			01 706
d Applied to 2015 distributable amount	66 750	*	/*	91,796.
e Remaining amount distributed out of corpus	66,750.	. **	% \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· · · · · · · · · · · · · · · · · · ·
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	``````````````````````````````````````		U.
6 Enter the net total of each column as indicated below:			* * * * * * * * * * * * * * * * * * *	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	488,987.			
b Prior years' undistributed income. Subtract	\$ / /	_	* * * *	
line 4b from line 2b		0.	",	
c Enter the amount of prior years'	, ,		3 , 7 , 4 , 5	
undistributed income for which a notice of deficiency has been issued, or on which	~		٠	
the section 4942(a) tax has been previously	, , ,	•		
assessed	* '	0.	^ <u> </u>	1
d Subtract line 6c from line 6b. Taxable		0	`,	,
amount - see instructions		0.		<u> </u>
e Undistributed income for 2014. Subtract line		<i>` ` `</i>	0	
4a from line 2a. Taxable amount - see instr.		* ** **	0.	<u> </u>
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must	*	,	.,	0.
be distributed in 2016				J 2
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by		" »,	ان الأماليات	, ,
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.	* ′	* *****	
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	92,594.	*		
9 Excess distributions carryover to 2016.	J2,354.			
Subtract lines 7 and 8 from line 6a	396,393.			3 30
10 Analysis of line 9;		* *	·····	
a Excess from 2011 104,727.		,		
b Excess from 2012 88,518.	× ~ (§	<u>*</u> , ,	* **	
c Excess from 2013 74,083.				
d Excess from 2014 62,315.	\$ %	,	. 4	
e Excess from 2015 66, 750.		,		* * */
523581 11-24-15				Form 990-PF (2015)

523581 11-24-15

	art XIV Private Operating F	oundations (see ins		A, question 9)	N/A	1713003 109010						
	a If the foundation has received a ruling of			<u> </u>								
foundation, and the ruling is effective for 2015, enter the date of the ruling												
	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)											
	a Enter the lesser of the adjusted net	Tax year	g roundation decombed in	Prior 3 years	7 10 12()/(0) 01	1 10 12(1)(0)						
_	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total						
	investment return from Part X for	` ,	, ,	• • • • • • • • • • • • • • • • • • • •	 							
	each year listed											
	b 85% of line 2a											
	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				1							
	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: a "Assets" alternative test - enter;											
	(1) Value of all assets											
	(2) Value of assets qualifying											
	under section 4942(j)(3)(B)(i)											
	"Endowment" alternative test - enter											
	2/3 of minimum investment return shown in Part X, line 6 for each year											
	listed											
- 1	"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 support from				•							
	an exempt organization											
× C	(4) Gross investment income		4 - 41 4 1 1	4 Ala a 4 a								
∯P;	art XV [*] Supplementary Info at any time during t			t the foundation	nad \$5,000 or	more in assets						
-			-			·						
١.	Information Regarding Foundatio List any managers of the foundation who	• •	than 2% of the total contr	ibutions received by the	foundation before the	close of any tay						
	year (but only if they have contributed m			ibations received by the		close of any tax						
Nc	ne											
	List any managers of the foundation who	o own 10% or more of the	e stock of a corporation (or an equally large porti	on of the ownership of	a partnership or						
	other entity) of which the foundation has	s a 10% or greater interes	t `	-	•							
Nc	ne			_								
2	Information Regarding Contributi											
	Check here ► X if the foundation o											
	the foundation makes gifts, grants, etc.	<u> </u>			· · · · · · · · · · · · · · · · · · ·	and d.						
	a The name, address, and telephone numl	ber or e-mail address of the	he person to whom applic	cations should be addre	ssed:							
-	The form in which applications should b	e submitted and informat	on and materials they sh	ould include:								
				-								
1	Any submission deadlines:											
	d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kınds of ınstitutions, or	other factors:							

31-1713065 Page 11

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ReSource	N/A	PC	General Operating	
266 Pine Street			Support	
Burlington, VT 05401				75,00
Capstone Community Action	N/A	PC	General Operating	
20 Gable Place Barre, VT 05641		•	Support	37,50
Champlain Valley Office of Ecomonic	N/A	PC	General Operating	
P.O. Box 1603 Burlington, VT 05402			Support	37,50
Total		<u> </u>	▶ 3a	150,00
b Approved for future payment				
None				
				
		!		
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing Activities
	Analysis of moonie i readeing Astrices

Enter gross amounts unless otherwise indicated.	Unrelate	d business income_		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b			<u> </u>		···.
c			 		
d			_		
	· 		 		
e			-		
1 <u></u>	ļ		-		
g Fees and contracts from government agencies		<u> </u>	ļ		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	84,313.	·,
5 Net rental income or (loss) from real estate;		*			**
a Debt-financed property		·	1		,=
b Not debt-financed property					
6 Net rental income or (loss) from personal			 		
property					
		· · · · · · · · · · · · · · · · · · ·	 		
7 Other investment income		. .			
8 Gain or (loss) from sales of assets other	1				
than inventory					
9 Net income or (loss) from special events					·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue;			l		
a	1 1				
b					
C			1		
d					
e			†		
12 Subtotal. Add columns (b), (d), and (e)		0.	· · · · · ·	84,313.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		1	13	84,313.
(See worksheet in line 13 instructions to verify calculations.)				'`-	01/0101
Part*XVI-B					
Explain below how each activity for which income the foundation's exempt purposes (other than			contrit	outed importantly to the accon	aplishment of
	3,1	· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·
					· · · · <u> · · · · · · · · · · · · · · ·</u>
	-				···
					
		 .			
				<u> </u>	
				· <u>-</u>	
					
	<u> </u>	-			
	 	·····			
•				·-	

523621 11-24-15

_			oundation	-				. .			
Form 99			Northfield						<u> 1713065</u>		age 13
Part 2	XVII			sfers To a	and Transa	ictions a	nd Relation	nships With No	ncharitable	е	
1 0.4	46	Exempt Organ		-6 Ab - 6-11						IV	LNI
		ganization directly or ind				-		ection 50 I(c) of		Yes	NO
		other than section 501(c				nnicai organi	zations		•		,
		from the reporting found	iation to a noncharital	ole exempt org	gamzauon or.				4-745		X
	Cash	assets							1a(1)		X
٠,		asseis sactions:							1a(2)		┢
		of assets to a noncharita	ahla avamnt arazaizat	tion					15/15		X
		iases of assets from a no							1b(1) 1b(2)	\vdash	X
٠,		l of facilities, equipment,	•	nyanization			-		1b(3)		X
		bursement arrangements							1b(3)	_	X
		s or loan guarantees	,						1b(5)		X
		rmance of services or mo	embership or fundrais	sına solıcıtatıo	ns				1b(6)	 	X
		facilities, equipment, ma	•	-					10		X
	-	ver to any of the above is	- :		-	b) should alw	avs show the fa	r market value of the o		ets.	1
		s given by the reporting t			-				_	,	
) the value of the goods,					•	5 5	•		
(a)Line n	•	(b) Amount involved	(c) Name of	noncharitable	exempt organi	zation	(d) Descrip	tion of transfers, transaction	ons, and sharing ar	rangeme	ents
				N/A							
		-									
							1				
						.			_		
							ļ				
			<u> </u>								
	_		<u> </u>				<u> </u>				
			<u> </u>								
0- 1-1		dation disastly as indisas	ath officered with or	colosto al socione				•			
		idation directly or indired 501(c) of the Code (othe	•	· ·		empi organiz	ations described	J	Yes	Y] No
		emplete the following sch	· · ·	(3)) 01 111 3600	1011 327				165		140
	103, 00	(a) Name of or			(b) Type of or	ganization		(c) Description of re	elationship		
		N/A			(7)	<u> </u>		(,,			
	_		<u> </u>								
-											
•		penalties of perjury, I declare							May the IRS	discuss	this
Sign	and be	lief, it is true, correct, and co	mpiete Declaration of pre	eparer (other than	ı taxpayer) is base	o on all informa	ation of which prepared	arer has any knowledge	return with the	e prepar	rer
Here		tawar	d July		13 (H	116	Treas	surer	X Yes		Ĩ No
	Sign	ature of officer or trustee			Date	1	Title				
		Print/Type preparer's n	ame	Preparer's si	gnature		Date	Check if	PTIN		
				//.	$\cdot \wedge$	I		self- employed	1		

(207) 879-2100 Form **990-PF** (2015)

P01310283

Paid

Preparer

Use Only

Nicholas E. Porto

Firm's address ► BOX 507

Firm's name ▶ BAKER NEWMAN & NOYES, LLC

PORTLAND, ME 04112

Phone no.

03/14/16

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.lrs.gov/form990.

OMB No 1545-0047

2015

Employer identification number

NSB Foundation, Inc. 31-1713065 c/o Northfield Savings Bank Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 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 [X] 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 totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA 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)

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).

Name of organization NSB Foundation, Inc. c/o Northfield Savings Bank Employer identification number

31-1713065

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Northfield Savings Bank 1021 Paine Turnpike North Berlin, VT 05602	\$\$\$	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 Occupation (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
523452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2015

Name of organization

NSB Foundation, Inc.
c/o Northfield Savings Bank

Employer identification number

31-1713065

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
523453 10-26	15	\$ Schedule B /Form S	990, 990-EZ, or 990-PF) (2015)

	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

Form 990-PF	Accounti	ng Fees	S	tatement 1
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	1,150.	300.		850.
To Form 990-PF, Pg 1, ln 16b	1,150.	300.		850.
Form 990-PF (Other Profes	sional Fees	S	tatement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Director Fees	0.	0.		600.
To Form 990-PF, Pg 1, ln 16c	0.	0.		600.
Form 990-PF	Tax	es	S	tatement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Excise Tax	2,154.	0.	······································	0.
To Form 990-PF, Pg 1, ln 18	2,154.	0.		0.
Form 990-PF	Other E	xpenses	S	tatement 4
	•			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Description Miscellaneous Expense	Expenses	Net Invest-	Adjusted	Charitable
Description	Expenses Per Books	Net Invest- ment Income	Adjusted	Charitable Purposes
Description Miscellaneous Expense Accrual to Cash (Officer	Expenses Per Books	Net Invest- ment Income 100.	Adjusted	Charitable Purposes 296.

Form 990-PF Co	orporate Stock		State	ement 5
Description		Book Value		Market alue
Mutual Funds-see Statement 7		1,850,1	79. 1	,850,179.
Total to Form 990-PF, Part II, lir	ne 10b	1,850,1	79. 1	,850,179.
Form 990-PF Part VIII - List Trustees and	of Officers, I Foundation Man		State	ement 6
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Yael Freidman c/o Northfield Savings Bank, P.O. Box 7180 Barre, VT 05641-7180	Director 0.50	550.	0.	0.
Tom Robbins c/o Northfield Savings Bank, P.O. Box 7180 Barre, VT 05641-7180	Director 0.50	550.	0.	0.
Marissa Parisi c/o Northfield Savings Bank, P.O. Box 7180 Barre, VT 05641-7180	Director 0.50	550.	0.	0.
Stephanie Hainley c/o Northfield Savings Bank, P.O. Box 7180 Barre, VT 05641-7180	Director	1,250.	0.	0.
Laura Carlsmith c/o Northfield Savings Bank, P.O. Box 7180 Barre, VT 05641-7180	Director (par	t year) 600.	0.	0.
Nancy Zorn c/o Northfield Savings Bank, P.O. Box 7180 Barre, VT 05641-7180	Director (par	t year) 400.	0.	0.

NSB Foundation, Inc. c/o Northfi	eld Savi		31-1	713065
Sandra Rousse c/o Northfield Savings Bank, P.O.	Director (part	t year)		
Box 7180 Barre, VT 05641-7180	0.50	600.	0.	0.
L. Stephen Hackett c/o Northfield Savings Bank, P.O.	President/Dire	ector		
Box 7180 Barre, VT 05641-7180	0.50	1,250.	0.	0.
Mary Alice McKenzie c/o Northfield Savings Bank, P.O.	Vice President	t/Director		
Box 7180 Barre, VT 05641-7180	0.50	1,050.	0.	0.
Edward Sulva c/o Northfield Savings Bank, P.O.	Treasurer			
Box 7180 Barre, VT 05641-7180	0.50	0.	0.	0.
Ellen Wagner	Secretary			
c/o Northfield Savings Bank, P.O. Box 7180 Barre, VT 05641-7180	0.50	0.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	6,800.	0.	0.





NSB FOUNDATION (203) 5%-6000 (203) 59%-6001

EIN: 31-1713065

Brokerage

Account Statement

Statement Period: 12/01/2015 - 12/31/2015

Client_Service Information

Your Accou	unt Executive: NCB		w w wronn v	¢	Contac	Contact Information	J	,			
CHAD BELL			***		Teleph	one Number	Telephone Number (802) 476-2444	4 4		,	2
INFINEX INVESTMENT	ESTIMENTS INC	•			•	•				,	
CA CITATO	***	and an opposite and the same	i			1	**			***	
		•				, I	•		;		٠
NORTHFIELD SAVING	D SAVINGS BANK				; ;		•	*			
TOO KIND TOOK OF		and the sign commonweal to sell the sign of the sign of					April design				
LINON KRZ		, , , , , , , , , , , , , , , , , , , ,		1	,		ı				
BARRE	VF 05641-4171					1			•	,	

Your Account Information

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1	500	עכיים
	É	

Investment Objective: NONE SPECIFIED

Risk Exposure: NONE SPECIFIED

Please discuss your investment objective with your Account Executive

Tax Lot Default Disposition Method

Default Method for Mutual Funds: FIRST IN-FIRST OUT

Default Method for Stocks in a Dividend Reinvestment Plan, FIRST IN FIRST OUT

Default Method for all Other Securities: FIRST IN FIRST OUT

Bond Amortization Elections:

Accrual market discount method for all other-bond types: Constant Yield Method Amortize premium on taxable bonds based on Constant Yield Method Yes ____

Include market discount in income annually. No .

Electronic Delivery.

You have not selected any account communications for electronic delivery. To register and turn off paper communications, log in to your account or contact your Account Executive for more information

Portfolio Holdings

and the control of th	Opening	Oosing	Acarved	псоте	30-Day
Description	Balance	Balance -	Іпсоте	This Year	Teg.
Cash, Money Funds, and Bank Deposits 1.00% of Portfolio	*	,			
FDIC Insured Bank Deposits.					
LIQUID INSURED DEPOSITS 3,481,270	3,481.24	3,481.27	0.02	0.30	¥.
osits	\$3,481.24	\$3,481.27	\$0.02	\$0.30	
Total Cash, Money Funds, and Bank Deposits	\$3,481.24	\$3,481,27	\$0.02	\$0.30	

STATEMENT 7

Go paperless ASK ABOUT L-DELIVERY

Page 3 of 13

A000000001312P

Account Number NFL-601640

Portfolio Holdings (continued) NSB FOUNDATION FINE 31, 1713065

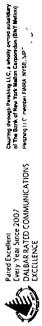
	•				f	
Description EIN 31-1713065	Quantity	Market Price	. Markei Value	,	* system > .	Annual Income Treld
Mutual Funds 90.00% of Portfolio	· · ·					
FIDELITY ADVISOR SMALL CAP FUND	5,658.163	24,3400	137,719.69	;	,	
CLASS'A	and Annes per of contract to the contract to t	er - manger er in er er man gemeine unn mogen	The second of th	ĝ s'		e version of the
Security Identifier-FSCDX CUSIP, 315805697	į.	* * * * * * * * * * * * * * * * * * * *	e de la company			
Open-End Fund-				<u>^</u>		
Dividend Option: Reinvest, Capital Gains Option						
FIDELITY ADVISOR STRATEGIC INCOME	7,600,643	11,3200	86,039,28			2.925.41 3.40%
CLASS A	•		>>	î		
Security Identifier, FSTAX		y	and of the state o			1 1
CUSIP 315920850	ī		,			
Dividend Option Renvest, Capital Cains Option	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•			
Reinvest		r	3	~~		
FIDELITY ADVISOR GOVERNMENT INCOME	9,434.916	10,3200	97,368.33			1,102.87 1.13%
FUND CLASS'A			,	>		
Security (dentifier FVIAX		·	1	•		
CUSIP -31617K782	42 42					
Open End Fund			r			
-Unidend Option. Kernvest, Capital Cains Option	· >			_	Ť	
MFS LIMITED MATURITY FUND CLASS	17,554,663	5.9600	104,625.79	_		1,158.59 1.10%
A see has made a made were a memorian n			1	•		
Security Identifier. MQLFX			,		to a second atomic of	
CUSIP_55272P109	ı				,	
Open Find Fund				:		
Demost						
MES INTERNATIONAL GROWTH FUND CLASS A	4,061.689	25.7800	104,710.34	1	•	1,042.10 0.99%
Security Identifier MGRAX		,				
CUSIP: 55273E103		ŧ				
Open End Fund	, ,	1				
Dividend-Option Reinvest, Capital Gains Option	the second of th	\$6 am		3		
Keinvest Kei	1,122,241	23.6800	26.575.85			36.88 0.13%
CLASS A THE MANAGES LAGIST TOTAL				>		
Security Identifier- MEMAX	,	,				
CUSIP. 55273E509			;			
Open End Fund		N.				
Dividend Opion, Relivest, Capital Callis Opion.		. 1				
Kelinest			7 <	mark Millions	ı	

STATEMENT 7

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Account Number NFL-601640

NSB FOUNDATION INC

PAR-02-ROLL



NSB FOUNDATION

EIN 31-1713065



Brokerage

Account Statement

Statement Period: 12/01/2015 - 12/31/2015

Portfolio Holdings (continued)

Description	Country Towns Market Price	Price Market Value	and the same of th	Estimated Estimated Annual Income Yield	stimated Yield
Mutual Funds (continued) MFS TOTAL RETURN FUND CLASS A	1.7.1 5.56.773 17.10	17.1700 473,836.59		9,934.83	2.09%
Security Identifier MISFRX	englemannen , georgest Abdysensjon er is i ninger og i k nipperingen i nor	and the state of t	E 3 T T T T T T T T T T T T T T T T T T		
Open End Fund	THE OUT OF STATES AND ADMINISTRATION OF THE STATES AND ADMINISTRAT	the transfer of the transfer o		1	,
"Dividend Option' Reinvest, Capital Gains Option: Reinvest	The state of the s				
MFS VALUE FUND CLASS A	7.27	900		3,132.66	1.96%
Security Identifier-MEIAX		A to the second control and the second contro	a may use annihilation of the state of the s		
Open End Fundament	, , , , , , , , , , , , , , , , , , ,	3			
Dividend Option Reinvest, Capital Gains Option		ī			
Reinvest		,	۲.		
MFS.UTILITIES FUND CLASS A	2,260.838 16.8	6.8300 38,049.90		974.21	2.56%
Security Identifier MMUFX	the state of the s	1		¢	
Onen End Find Time Time Time Time Time Time Time Time	To the State of the companion of the State o				
- Dividend Option Reinvest: Capital Gains Option		The state of the s			
Reinvest manner of the second	,		,	7 404 7	40104
CHOCK FIND CLASS	16,486,406	70.715,675 002	,	actor c	F 5.0
Security Identifier MIGFX	, , , , , , , , , , , , , , , , , , , ,				
CUSIP, 575719109			* * * * * * * * * * * * * * * * * * * *	*	
Open-End-Fund	,				
Dividend Option: Reinvest, Capital Gains Option:	,	and the control of th	•		
PIMCO INCOME FUND CLASS A	5,883.392	1.7300 69,012.19	The transfer of the transfer o	3,621.71	5.24%
Seaunty identifier PONAX	,	n d			
CUSIP: 72201F474	e y sepannes e	,	* 1		
Open End Fund Invidend Option Repryest Capital Gains Option	the state of the s		1. auto-au	4	
Reinvest	2	a summanded on the summer of the contraction of the summer of the contraction of the summer of the s			
Total Mutual Funds	www. www.	\$1,676,889.16		\$27,413.82	
nance medicality method of a state of the st	1	ſ			

STATEMENT 7

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Portfolio Holdings (continued) NSB FOUNDATION

Description EIN: 31-1713065	Quantity	Market Price	Market Value		Annual Income Yield	Yield
Exchange-Traded Products 9.00% of Portfolio		ť				
SPDR S&P 500 ETF TR TR UNIT	850.000	203.8700	173,289.50		3,574.98	2.06%
Security Identifier SPY		,	>			
(USIP J8462F103) Duidood Octon Cash Cantol Cains Octon Cash			,	3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s s	,
CANDELLO COLLEGE COLLEGES CANDELLO CAND			\$173,289.50	**************************************	\$3,574,98	
lotal extrange-Traded Products						
				Accred	Estimated	
			Monket Volue	Interest	Annual Income	
Total Portfolio Holdings			\$1,853,659.93	\$0.00	\$30,989.10	
•						

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Portfolio Holdings Disclosures

This section includes the net market value of the securities in your account on a settlement date basis, including short positions, at the close of the statement period. The market prices, unless otherwise noted, have been obtained from independent vendor services, which we believe to be reliable. Market prices do not constitute a bid or an offer, and may differ from the actual sale price. Securities for which a price is not available are marked "NVA" and are omitted from the Total.

THE AS OF PRICE DATE ONLY APPEARS WHEN THE PRICE DATE DOES NOT EQUAL THE STATEMENT DATE.

Estimated Annual Figures

These figures are computed using information from providers believed to be reliable; however, no assurance can be made as to the accuracy. Since interest and dividend rates are subject to change at any time, The estimated annual income (EAI) and estimated annual yield (EAY) figures are estimates and for informational purposes only. These figures are not considered to be a forecast or guarantee of future results and may be affected by current and future economic, political, and business conditions, they should not be relied on for making investment, trading, or tax decisions. These figures assume that the position quantities, interest and dividend rates, and prices remain constant. A capital gain or return of principal may be included in the figures for certain securities, thereby overstating them. Refer to www pershing com/business_continuity html for specific details as to formulas used to calculate the figures. Accrued interest represents interest earned but not yet received

The dollar amount of Mutual Fund distributions, Money Market Fund dividend income, Bank Deposit interest income, or dividends for other securities shown on your statement may have been reinvested. You will not receive confirmation of these reinvestments. Upon written request to your financial institution, information pertaining to these transactions, including the time of execution and the name of the person from whom your security was purchased, may be obtained. In dividend reinvestment transactions, Pershing acts as your agent and receives payment for order flow

Option Disclosure

your option accounts, please promptly advise them in writing of any material change in your investment objectives or financial situation. Exprining options which are valuable are exercised automatically pursuant information is available to you promptly upon your written request directed to your introducing firm. In order to assist your introducing firm in maintaining current background and financial information concerning Information with respect to commissions and other charges incurred in connection with the execution of option transactions has been included in confirmations previously furnished to you. A summary of this to the exercise by exception procedure of the Options Clearing Corporation. Additional information regarding this procedure is available upon written request to your introducing firm

Foreign Currency Transactions

transactions unless you instruct your financial organization otherwise. Pershing's currency conversion rate will not exceed the highest interbank conversion rate identified from customary banking sources on the conversion rate may differ from rates in effect on the date you executed a transaction, incurred a charge, or received a credit. Transactions converted by agents (such as depositories) will be billed at the rates Pershing may execute foreign currency transactions as principal for your account. Pershing may automatically convert foreign currency to or from U.S. dollars for dividends and similar corporate action. conversion date or the pnor business day, increased by up to 1%, unless a particular rate is required by applicable law. Your financial organization may also increase the currency conversion rate such agents use.

Proxy Vote

Securities not fully paid for in your margin account may be lent by Pershing to itself or others in accordance with the terms outlined in the Margin Agreement. The right to vote your shares held on margin may be STATEMENT 7

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