DLN: 93491274006046

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public Inspection

For	caler	ndar year 2015, or tax y	ear beginning 07-0	1-2015	, aı	nd ending 0	6-30-2016	
	e of four	ndation T SAVINGS BANK FOUNDATION				A Employer id	entification numb	er
CL	AKEMUN	I SAVINGS DANK FOUNDATION				33-1014741		
Num	ber and	street (or P O box number if mail is	not delivered to street address)	Room/suite		B Telephone nur	mber (see instructior	is)
PO	BOX 160	00				(603) 542-7711		
		state or province, country, and ZIP o NH 037431600	r foreign postal code			C If exemption	application is pendir	ng, check here 🕨 🦵
G CH	neck all	that apply Initial return	Initial return of a fo	ormer public charity				_
• •	reek un	Final return Address chang	Amended return	ormer public elianty		2. Foreign o	ganizations, check h rganizations meeting k here and attach co	the 85%
HCh Se	eck typection 4	pe of organization 🔽 Section 947(a)(1) nonexempt charital	ole trust Other taxable	e private foundation		E If private for	undation status was n 507(b)(1)(A), chec	terminated
		t value of all assets at end	JAccounting method Other (specify) _	Cash Accrua	ıl		ation is in a 60-mont	
		om Part II, col. (c), \$ 482,289	(Part I, column (d) must	be on cash basıs.)		under section	n 507(b)(1)(B), che	k neie - j
(The total of amounts in columns (h) (c) and (d) may not			Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)	
	1	Contributions, gifts, grants, e	etc , received (attach					
		schedule)						
	2	Check 🟲 🔽 if the foundation	is not required to attach					
	3	Interest on savings and temp	,	6	-	6		-
	4	Dividends and interest from s		23,297		23,297		
	5a	Gross rents						
ds	b	Net rental income or (loss) _ Net gain or (loss) from sale o		-6,548				
ž	6a			0,540				
Revenue	Ь	Gross sales price for all asse 66,721	ets on line 6a					
	7	Capital gain net income (from	n Part IV, line 2)			0		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold.						
	C	Gross profit or (loss) (attach	·					
	11	Other income (attach schedu	•					
	12	Total.Add lines 1 through 11		16,755		23,303		
	13	Compensation of officers, dir		0		0		0
_	14	Other employee salaries and						
Š	15 16a	Pension plans, employee ben Legal fees (attach schedule).						
Expenses	b	Accounting fees (attach sche			-			
EX								
	_ c	Other professional fees (atta			-			
rati	17	Interest		95 2,210		0		0
Ĭ	18	Taxes (attach schedule) (see	•	2,210				Ü
Admını strative	19	Depreciation (attach schedul						
₽ď	20	Occupancy						
and	21	Printing and publications.	_					
	23	Other expenses (attach sche		% 1,045		0		0
ţ	24	Total operating and administ		,				
Operating	~~	Add lines 13 through 23	-	3,255		0		0
Ö	25	Contributions, gifts, grants p	aıd	90,065				90,065
	26	Total expenses and disburser	nents.Add lines 24 and					
	27	25 Subtract line 26 from line 12		93,320		0		90,065
	a	Excess of revenue over expe		-76,565				
	Ь .	Net investment income (If ne				23,303		
	c	Adjusted net income(if negat	rive, enter -0-)					

Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	(b) Book Value	f year (c) Fair Market Value
$\overline{}$	1	Cash—non-interest-bearing	(a) Dook value	(b) book value	
	2	Savings and temporary cash investments	8,436	6,861	6,861
	3	Accounts receivable	3,.33	3,001	3,001
	3	Less allowance for doubtful accounts -			
	4	Pledges receivable			
	4	Less allowance for doubtful accounts			
	_	Grants receivable			
	5	Receivables due from officers, directors, trustees, and other			
	6				
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	_	Less allowance for doubtful accounts -			
ŞΠ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ϋ́ !	L0a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	438,717	365,228	475,429
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	447,153	372,088	482,289
	17	Accounts payable and accrued expenses			
	18	Grants payable		1,500	
<u>\$</u>	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	1,500	
		Foundations that follow SFAS 117, check here 🕨 🦵			
9		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted			
8	25	Temporarily restricted			
필.	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽			
9		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	447,153	370,588	
ssets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
∢ .	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
₹ :	30	Total net assets or fund balances(see instructions)	447,153	370,588	
	31	Total liabilities and net assets/fund balances(see instructions)	447,153	372,088	
Par	t III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column ((a), line 30 (must ad	ree	
-		with end-of-year figure reported on prior year's return)			447,153
2		Enter amount from Part I, line 27a		 	-76,565
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	370,588
5		Decreases not included in line 2 (itemize) ►		5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P		_	370,588

Part	IV Capital Gains and	d Losses for Tax or	Invest	tment Income					
	List and describe the (a) 2-story brick wareho	kınd(s) of property sold use, or common stock, 2			How acquired P—Purchase (b) D—Donation	יט ן	ate acquired no , day, yr)	Date sold (d) (mo , day, yr)	
1 a	2,000 SHS CENTURY L	INK			P	20:	10-08-11	2016-04-19	
	25 SHS PAYCHEX IN				Р	20:	13-04-10	2016-06-07	
d									
<u>е</u>									
	e) Gross sales price	Depreciation (f) (or allow			or other basis expense of sale			n or (loss) (f) minus (g)	
а	65,	356			72,39	9		-7,043	
b	1,	365			87	0		495	
С									
d									
е									
Co	mplete only for assets sho	wing gain in column (h) a	nd owned	by the foundation	on 12/31/69		Gains (Col	(h) gain minus	
	FM V as of 12/31/69	A djusted (j) as of 12/3	basıs	Exc	ess of col (ı) col (j), ıf any	(I) c			
а								-7,043	
ь								495	
С									
d									
<u>—</u>									
3	Net short-term capital g If gain, also enter in Part in Part I, line 8				,	2		-6,548	
Part		ler Section 4940(e) for Re	duced Tax on	Net Investme	3 ent In	<u> </u> come		
(For op	tional use by domestic priv on 4940(d)(2) applies, leav	ate foundations subject t							
	e foundation liable for the so, " the foundation does not q					erıod?		┌ Yes ┌ No	
1 En	ter the appropriate amount	ın each column for each	year, see	ınstructions befo	re makıng any ent	ries			
Base year ((a) e period years Calendar or tax year beginning in)	(b) Adjusted qualifying distribution	ons	(c) Net value of nonchar	table-use assets		(d) Distributio (col (b) divideo	n ratio	
	2014	8	5,030		591,507			0 143751	
	2013	7	8,825		588,012			0 134053	
	2012	8	5,300		627,194			0 136003	
	2011		4,465		1,044,563			1 028626	
	2010		6,500		1,499,935	-		0 051002	
2	Totalof line 1, column (d	•			_	2		1 493435	
3	Average distribution rati	foundation has been in e	xıstence ı	ıf less than 5 year	s	3		0 298687	
4	Enter the net value of no			•	—	4		510,594	
5	Multiply line 4 by line 3.				<u> </u>	5		152,508	
6	Enter 1% of net investm	•	•	•	⊢	6		233	
7	Add lines 5 and 6					7		152,741	

the Part VI instructions

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

90,065

ECL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	54 0(e),	01 4940—see	paye	: 10 OL I	the ms	. ructio	115)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	- _							
	and enter "N/A" on line 1 Date of ruling or determination letter			\					
	(attach copy of letter if necessary—see instructions)								
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	, check		IJ	1				466
_	here Fand enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organization Part I, line 12 , col (b)	ations e	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Others		2				0
3	enter -0-) Add lines 1 and 2				3				466
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Others	,					
	enter -0-)								
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter -0		•	5				466
6	Credits/Payments 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1 4.	760					
a b	Exempt foreign organizations—tax withheld at source	6b	1,	760					
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				1,760
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2				8				
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 amoun			•	10				 L,294
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	1,294	Refunded	•	11				, 0
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislation	or dı	d			Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p	politica	l purposes (se	e I n	structio	ns			
	for definition)?					•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any ma	teriai	ls				
published or distributed by the foundation in connection with the activities.									
С	Did the foundation file Form 1120-POL for this year?	• •		•		•	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) import			0					
e	(1) On the foundation \Rightarrow \$\text{ (2)} On foundation managers} Enter the reimbursement (if any) paid by the foundation during the year for pole				osad				
-	on foundation managers \blacktriangleright \$0	itical e.	xpenditure tax	ППР	oseu				
2	Has the foundation engaged in any activities that have not previously been rep	ported 1	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.	•							
3	Has the foundation made any changes, not previously reported to the IRS, in it	ts gove	erning instrume	ent, a	artıcles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	ormed o	copy of the cha	nges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	lurıng tl	he year?				4a		No
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 $\mbox{\it d} \mbox{\it u}$	ring the	e year [?]				5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45) sa	tisfied either						
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so the state of the s								
_	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year and Part XV.	rit "Yes	s," complete Pal	τ 11,	COI. (C)	,	7	Yes	
Яa	Enter the states to which the foundation reports or with which it is registered (see ins	tructions)	•				163	
Ju	NH	J J J J III J							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF1	to the Attorne	<u>—</u> У					
	General (or designate) of each state as required by General Instruction G? $\it If$						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the r	meanın	g of section 49	942((յ)(3)				
	or 4942(J)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for Pa	art X	IV)?				
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,	" attach	a schedule lis	tıng	theır na	mes			
	and addresses.						10		No

Pal	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
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	<u> </u>	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►LYNN SMITH Telephone no ►(603) 542	-7711	
	Located at PO BOX 1600 CLAREMONT NH ZIP+4 P03743			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	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 over	مما	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			·
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes V No			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
_	If the foundation had excess business holdings in 2015.).	3b	 	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	٠.		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1 '	No

Pel	Lt ATT-B	Statements Rega	arding Activities to	or wr	iich Form 4/20	мау	Be Required (Cont	inuea)	
5a	During the	year did the foundation	n pay or incur any amo	unt to						
	(1) Carry	on propaganda, or othe	rwise attempt to influe	nce leg	ıslatıon (sectıon 49	45(e)) [?]	√ No		
	(2) Influer	nce the outcome of any	specific public electio	n (see	section 4955), or to	car	ry			
	on, dir	ectly or indirectly, any	voter registration drive	≥?			\ Yes \	√ No		
	(3) Provid	e a grant to an individu	ial for travel, study, or (others	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provid	e a grant to an organiza	ation other than a char	table,	etc , organızatıon de	scrib	ped			
	ın sect	tion 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	√ No		
	(5) Provid	e for any purpose other	r than religious, charita	ble, sc	ientific, literary, or					
	educat	tional purposes, or for t	the prevention of cruelt	y to ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No		
b	If any ans	werıs "Yes" to 5a(1)–((5), dıd any of the trans	actions	fail to qualify under	r the	exceptions described in			
	Regulation	ns section 53 4945 or i	ın a current notice rega	rding o	disaster assistance	(see	instructions)?	[5b	
	O rganızatı	ions relying on a curren	nt notice regarding disa	steras	ssistance check her	e		-		
С	If the ansv	wer is "Yes" to questior	n 5a(4), does the found	ation c	laım exemption fron	n the				
	tax becaus	se it maintained expend	diture responsibility for	the gr	ant?		T Yes 「	- No		
	If "Yes," at	tach the statement requ	ured by Regulations sec	tion 53.	4945-5(d).					
6a	Did the fou	undation, during the yea	ar, receive any funds, d	ırectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?					Yes	√ No		
b	•						benefit contract?	. [6b	No
	If "Yes" to	6b, file Form 8870.								
7a	At any tım	e during the tax year, v	was the foundation a pa	rty to a	a prohibited tax shel	lter t	ransaction? Yes	√ No		
b	If yes, dıd	the foundation receive	any proceeds or have	any ne	t income attributable	e to t	the transaction?	. [7b	
_		Information Abou	t Officers, Directo	rs, T	rustees, Founda	atio	n Managers, Highly	Paid	Empl	oyees,
		and Contractors			•					
1	List all offi	cers, directors, trustee	s, foundation manager	s and t	heir compensation (see i		I		
			Title, and averag		Compensation(If		(d) Contributions to	F	vnense	account,
	(a) Nam	ne and address	hours per week (b) devoted to position		not paid, enter -0-)	е	mployee benefit plans			owances
			(b) devoted to position	"	-0-)	and	deferred compensation			
See	Additional E	Data Table								
]							
			1							
2	Compensat	ion of five highest-paid	d employees (other tha	n thos	e included on line 1-	-see	instructions). If none, e	nter "N	ONE."	
		(a)	Title, and av	erade			Contributions to			
Nar	ne and addr	ress of each employee ;			(c) Compensation	on	employee benefit plans and deferred		•	account,
	more	e than \$50,000	(b) devoted to po	osition			(d) compensation	(e) ⁰	ther an	lowances
NON	IE									
			 							
Int-	I number of	other amployage haid o	AVAR & EA AAA					1		^

Part VIII Information About Officers, Directors, Trusto and Contractors (continued)	ees, Foundation Managers, Hig	hly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers prod	Expenses	
1 N/A		0
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 lines 1 and 2	A mount
1		
		_
2		
-		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		▶ 0

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
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	482,307
b	A verage of monthly cash balances	1b	36,063
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	518,370
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	518,370
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	instructions)	4	7,776
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	510,594
6	Minimum investment return. Enter 5% of line 5	6	25,530
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	rtaın fo	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	25,530
2a	Tax on investment income for 2015 from Part VI, line 5 2a 466		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	466
3	Distributable amount before adjustments Subtract line 2c from line 1	3	25,064
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	25,064
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	25,064
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	90,065
	Program-related investments—total from Part IX-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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	90,065
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	90,065
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the 1	foundation qualifies for

P	art XIIII Undistributed	l Income (see ınstr	uctions)				
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015	
1	Distributable amount for 2015	from Part XI, line 7					25,064
2	Undistributed income, if any, a	as of the end of 2015					
	Enter amount for 2014 only.				0		
b	Total for prior years 20	_, 20, 20		0			
	Excess distributions carryove						
а	From 2010	2,910					
b	From 2011	1,023,087					
C	From 2012	55,005					
d	From 2013	50,769					
е	From 2014	57,190					
f	Total of lines 3a through e		1,188,961				
4	Qualifying distributions for 201						
	XII, line 4 🕨 \$						
	Applied to 2014, but not more				0		
b	Applied to undistributed incom (Election required—see instruc			0			
c	Treated as distributions out of	·	0				
	required—see instructions).						25.064
	Applied to 2015 distributable		55.004				25,064
	Remaining amount distributed	·	65,001				
5	Excess distributions carryove	• •	0				0
	(If an amount appears in columi same amount must be show	· //					
6	Enter the net total of each co	lumn as					
	indicated below:		4 252 062				
	Corpus Add lines 3f, 4c, and 4		1,253,962				
Ь	Prior years' undistributed incor			0			
_	line 4b from line 2b Enter the amount of prior years						
٠	income for which a notice of de						
	been issued, or on which the se	•					
	tax has been previously asses	sed		0			
d	Subtract line 6c from line 6b 1			0			
	—see instructions			U			
е	Undistributed income for 2014 4a from line 2a Taxable amou						
	instructions				0		
f	Undistributed income for 2016	Subtract					
	lines 4d and 5 from line 1 This	s amount must					_
	be distributed in 2015						0
7	Amounts treated as distribution						
	corpus to satisfy requirements section 170(b)(1)(F) or 4942(
	be required - see instructions)		0				
8	Excess distributions carryove	i i					
	applied on line 5 or line 7 (see		2,910				
9	Excess distributions carryover		1 251 052				
	Subtract lines 7 and 8 from line	e 6 a	1,251,052				
	Analysis of line 9	1					
	Excess from 2011	1,023,087					
	Excess from 2012	55,005					
	Excess from 2013	50,769 57,190					
	Excess from 2014	65,001					
е	Excess from 2015	1 05,001					

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)									
a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling									
b Check box	to indicate whether the organization	is a private opera	ting foundation de:	scribed in section		厂 4942(j)(5)			
2a Enterthe	lesser of the adjusted net	Tax year		Prior 3 years		() =			
	m Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total			
	t return from Part X for each	(,	(-)	(3) 23 23	(-,				
•	1								
	distributions from Part XII,								
	each year listed								
	ncluded in line 2c not used ractive conduct of exempt								
	distributions made directly								
	conduct of exempt activities								
	ine 2d from line 2c								
•	a, b, or c for the								
	e test relied upon								
	alternative test—enter								
` '	of all assets of assets qualifying		1	1	+				
` '	s or assets qualifying section 4942(j)(3)(B)(i)								
	nt" alternative test— enter 2/3								
	m investment return shown in								
	e 6 for each year listed								
	alternative test—enter								
	support other than gross								
	tment income (interest, inds, rents, payments								
	curities loans (section								
	a)(5)), or royalties)								
(2) Suppo	ort from general public								
	or more exempt								
_	ızatıons as provided in on 4942(j)(3)(B)(iii)								
	st amount of support								
	an exempt organization								
(4) Gross	s investment income								
	upplementary Information (C			e organizatioı	n had \$5,000 o	r more in			
	ssets at any time during the	year—see ins	tructions.)						
	on Regarding Foundation Managers: anagers of the foundation who have co	ontributed more th	nan 2% of the tota	l contributions rec	eived by the found	ation			
	close of any tax year (but only if they					4000			
	anagers of the foundation who own 10 of a partnership or other entity) of wh				large portion of th	e			
ownership	of a partifership of other entity) of wif	ich the loundation	illas a 10% or gre	ater interest					
T · ·	on Domondina Containation C. 1 CC	Loon Calait	n etc D						
	on Regarding Contribution, Grant, Gift								
	e 🔭 If the foundation only makes co d requests for funds If the foundation	•		-	•				
	litions, complete items 2a, b, c, and d	makes gires, gran	ts, etc (see mstre	ictions) to marria	adis or organization	is under			
a The name	, address, and telephone number or e-	mail address of th	he person to whom	annlications sho	ıld ba addrassad				
LYNN SM		man address of the	ne person to whom	applications silvi	ara pe addressed				
PO BOX 1									
	ONT, NH 03743								
(603)542	2-7711								
b The form i	n which applications should be submi	tted and informati	on and materials t	hey should includ	e				
ONE PAG	E APPLICATION WITH GENERAL IN	NFORMATION IN	CLUDING AMOU	NT OF REQUEST	, PROPOSED PRO	JECT, PROOF			
)(3) OR 501(C)(7) STATUS,GEOGRA								
c Any subm	ission deadlines								
•	TIONS MUST BE RECEIVED IN MAN	WITH GRANTS	AWARDED JUNE	15					
	ctions or limitations on awards, such				nstitutions, or othe	r			
factors		, gg-apc.	,		, 0, 04110				
ORGANIZ	ATION MUST BE A 501(C)(3) OR 5				ERAL CRITERIA F				

HAMPSHIRE AND VERMONT SIZE OF GRANTS GENERALLY RANGE FROM \$500 TO \$5,000

3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution						
a Paid during the year See Additional Data Table	or substantial contributor	recipient							
Total			▶ 3a	90,065					
b Approved for future payment									

Part XVI-A Analysis of Income-Produc			Excluded by section	V E13 E12 or E14	(e)
nter gross amounts unless otherwise indicated 1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See
a b	business code	////odine	Exclusion code	71111041111	instructions)
c					
efg Fees and contracts from government agencies					
2 Membership dues and assessments			14	6	
4 Dividends and interest from securities			14	23,297	
 a Debt-financed property. b Not debt-financed property. 6 Net rental income or (loss) from personal property. 					
7 Other investment income			18	-6,548	
9 Net income or (loss) from special events0 Gross profit or (loss) from sales of inventory.					
1 Other revenue a b c					
e 2 Subtotal Add columns (b), (d), and (e)		0		16,755	
Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for which is the second of the second	calculations) the Accomp	olishment of E	xempt Purpos		
the accomplishment of the foundation's instructions)					
1					

Par	C XVI	Noncharitable				actions a	na kelationsnips v	vitn		
		organization directly or i	ndırectly en	gage in any	of the following wit				Yes	No
org	ganızat	tions?								
a Tra	ansfer	s from the reporting four	ndation to a	noncharitab	le exempt organiza	ation of				
(1)) Cas	h						. 1a(1)		No
(2)) Oth	erassets						1a(2)		No
b Ot	her tra	ansactions								
(1)) Sale	es of assets to a noncha	rıtable exen	npt organızat	tion			1b(1)		No
(2)) Purc	chases of assets from a	noncharitab	ole exempt o	rganızatıon			1b(2)		No
(3)) Rent	tal of facilities, equipme	nt, or other	assets				1b(3)		No
(4)) Rein	mbursement arrangemer	nts					1b(4)		No
(5)) Loar	ns or loan guarantees.						1b(5)		No
(6)) Perfoi	rmance of services or m	embership (or fundraısın	g solicitations			1b(6)		No
c Sh	arıng	of facilities, equipment,	mailing lists	s, other asse	ts, or paid employ	ees		1c		No
of '	the go	swer to any of the above ods, other assets, or se ansaction or sharing arr	rvices giver angement, s	n by the repo show in colur	orting foundation Inn (d) the value of	f the foundat	ion received less than f	aır market value		
(a) Lin	e No	(b) Amount involved	(c) Name of	f noncharitable	exempt organization	(d) Descri	ption of transfers, transaction	ns, and sharing arrar	igemen	nts
	-									
de	scribe	undation directly or indid in section 501(c) of the complete the following (a) Name of organization	ne Code (oth schedule			ın section 52	27?	on of relationship	s 🔽	No
						+				
Sign Here	the Info	der penalties of perjury, be best of my knowledge a prmation of which prepar ******	and belief, it	ıs true, corr		Declaration		May the IRS dis return with the prepare	ed on	all
	"	Signature of officer or t	rustee		Date	Title	e	below (see instr)?	Yes□N	٧o
	•	Print/Type preparer's NORMAN J LADABOUCHE CPA		Preparer's Si	gnature	Date	Check if self- employed ▶┌	PTIN P012559	42	
Use	arer	Firm's name A M PEISCH & COMP	ANY LLP			•	Firm's EIN ▶ 03-	0210880		
Only		PO BOX 326 RUTLAN	ND,VT 057	7020326			Phone no (802)	773-2721		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

compensation				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WAYNE C MCCUTCHEON	TRUSTEE	0	0	0
492 WASHINGTON ST CLAREMONT,NH 03743	0 50			
JILL EDSON	TRUSTEE	0	0	0
65 EAST CAMP HILL ROAD CORNISH,NH 03745	0 50			
MARK S THOMPSON	TRUSTEE	0	0	0
PO BOX 431 ASCUTNEY,VT 05030	0 50			
JOLENE TENNEY	TRUSTEE	0	0	0
19 TENGREN AVENUE CLAREMONT,NH 03743	0 50			
BOB PORTER	TRUSTEE	0	0	0
387 ELM STREET CLAREMONT,NH 03743	0 50			

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
ARROWHEAD RECREATION CLUB 18 ROBERT EASTER WAY CLAREMONT,NH 03743	NONE	501(C)	INSTALL A 4TH TUBING LANE	2,000
CATHOLIC CHARITIES NH DBA NH FOOD BANK 700 EAST INDUSTRIAL PARK DRIVE MANCHESTER,NH 03109	NONE	501(C)	FUNDING TO HELP THE NH FOOD BANK EXPAND SUMMER FOOD SERVICE PROGRAM	1,500
CHARLESTOWN MEMORIAL POST 8497 VFW PO BOX 1337 CHARLESTOWN,NH 03603	NONE	501(C)	PURCHASE 26 TABLES FOR THEIR PRIMARY INCOME MAKING NEEDS, BINGO	2,000
CHARLESTOWN SENIOR CITIZENS CLUB PO BOX 1333 CHARLESTOWN,NH 03603	NONE	501(C)	REPLACE ROOF	1,500
CITY OF CLAREMONT 8 GRANDVIEW STREET CLAREMONT,NH 03743	NONE	501(C)	RESTORATATION OF 1923 CEMETERY GATES FOR THE MT VIEW CEMETERY	1,000
CLAREMONT JAGUARS 4-H CLUB OF SULLIVAN COUNTY 405 W UNITY ROAD CLAREMONT,NH 03743	NONE	501(C)	FUNDING TO SUPPORT PROGRAM AND INCREASE CLIENTS FOR THE DIAPER BANK, BABY BOX PROJECT, WELLNESS PROJECT	2,500
CLAREMONT OPERA HOUSE INC PO BOX 664 CLAREMONT,NH 03743	NONE	501(C)	FUNDING TO PURCHASE A DIGITAL BOARD AND 12 HANGING MICROPHONES	2,000
CLAREMONT SENIOR CENTER 5 ACER HEIGHTS RD CLAREMONT,NH 03743	NONE	501(C)	PURCHASE OF A FLOOR SCRUBBER AND A RUG CLEANER	2,800
CLAREMONT SOUP KITCHEN INC PO BOX 957 CLAREMONT,NH 03743	NONE	501(C)	PURCHASE FOOD AND SUPPLIES FOR THE SOUP KITCHEN	2,500
CLAREMONT YOUTH BASEBALL AND SOFTBALL PO BOX 212 CLAREMONT,NH 03743	NONE	501(C)	PURCHASE TWO CORDLESS SOFTBALL PITCHING MACHINES	1,000
COMMUNITY ALLIANCE OF HUMAN SERVICES - TRANSPORTATION 940 JOHN STARK HIGHWAY NEWPORT,NH 03773	NONE	501(C)	FUNDING FOR THE VOLUNTEER DRIVER PROGRAM WHICH ASSISTS COMMUNITY RESIDENTS ATTEND DOCTOR APTS, DRUG REHAB, GROCERY STORE, ETC	1,000
CONNECTICUT RIVER WATERSHED COUNCIL 15 BANK ROW GREENFIELD,MA 01301	NONE	501(C)	YEARLY TRASH CLEANUP OF THE CONNECTICUT RIVER ALL ALONG NH, VT, MA, CT	2,000
COPPER CANNON PO BOX 124 FRANCONIA,NH 03580	NONE	501(C)	PROVIDE 8 LOWINCOME CHILDREN, ONE WEEK ATTENDANCE AT THEIR SUMMER CAMP	1,200
CORNISH CONSERVATION COMMISSION 488 TOWNHOUSE ROAD CORNISH,NH 03745	NONE	501(C)	WATER MONITORING PROGRAM TO TEST THE QUALITY IN MAJOR STREAMS	1,000
CORNISH NH FIRE DEPARTMENT ASSOCIATION 488 TOWNHOUSE ROAD CORNISH,NH 03745	NONE	501(C)	REPLACE FIRE BUNKER GEAR	2,500

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
EVERYBODY WINS VERMONT PO BOX 34 MONTPELIER, VT 05601	NONE	501(C)	ADD A READING PROGRAM ONE DAY A WEEK AT THE BLUFF SCHOOL	1,500
FALL MOUNTAIN FOOD SHELF 122 NH RTE 12 A LANGDON,NH 03602	NONE	501(C)	PURCHASE A WALK IN FREEZER	2,500
FAMILY SUPPORT ADVISORY COUNCIL FOR PATHWAYS OF THE RIVER VALLEY 654 MAIN ST CLAREMONT,NH 03743	NONE	501(C)	PURCHASE AND INSTALL AN ACCESSIBLE SWING AT THREE LOCATIONS	2,000
FRIENDS OF VETERANS 222 HOLIDAY DRIVE SUITE 20 WHITE RIVER JCT,VT 05001	NONE	501(C)	FINANCIAL SUPPOER TO VETERANS FOR A LARGE VARIETY OF PURPOSES, HOUSING, HEATING FUEL, BILLS, SERVICE DOGS TO VETERANS WITH PTSD	2,500
GIRLS INC OF NEW HAMPSHIRE 27 BURKE ST NASHUA,NH 03060	NONE	501(C)	FUND OUTREACH PROGRAM FOR GIRLS AGE 6-18 IN CLAREMONT	1,500
GREEN MOUNTAIN CHILDREN'S CENTER 19 CHARLESTOWN ROAD CLAREMONT,NH 03743	NONE	501(C)	HEALTHY FOODS AND ENRICHMENT ACTIVITIES FOR SUMMER CAMP PROGRAMS	500
HOPE FOR NH RECOVERY 122 MARKET ST UNIT LL1A MANCHESTER,NH 03101	NONE	501(C)	SUPPORT EDUCATION ON OPIOIDS AND ADDICTION	1,000
MEALS & WHEELS OF GREATER SPRINGFIELD 139 MAIN ST SPRINGFIELD, VT 05156	NONE	501(C)	FUNDING FOR BREAKFAST PROGRAM	500
NEW ENGLAND CLASSICAL ACADEMY 18 CENTRAL ST CLAREMONT,NH 03743	NONE	501(C)	PURCHASE SOUND SYSTEM FOR DRAMA PRODUCTIONS, CONCERTS, ETC	1,500
NEWLONDON HOSPITAL ASSOCIATION 273 COUNTY RD NEWLONDON,NH 03257	NONE	501(C)	FUNDING FOR CONSTRUCTION OF NEW CENTER TO BETTER MEET HEALTH CARE NEEDS IN NEWPORT	5,000
NEWPORT AREA ASSOCIATION OF CHURCHES - FOOD PANTRY PO BOX 672 NEWPORT,NH 03773	NONE	501(C)	REFINISH SECOND BATHROOM FOR EMPLOYEES USE	1,200
NEW PORT SENIOR CENTER DBA SULLIVAN COUNTY NUTRITION SERVICES PO BOX 387 NEWPORT,NH 03773	NONE	501(C)	FUNDING FOR THE HOME DELIVERED MEALS-ON- WHEELS PROGRAM TO SENIORS OVER 60 YEARS OF AGE	2,500
OLD FORT NUMBER 4 PO BOX 1336 CHARLESTOWN,NH 03603	NONE	501(C)	REPAIRS TO THE STEVEN HOUSE AT THE FORT - ROOFING AND STRUCTURE REPAIRS	5,000
ONE-4-ALL FAMILY SPACE CLAREMONT SCHOOL DISTRICT 169 MAIN STREET CLAREMONT,NH 03743	NONE	501(C)	PURCHASE COMMERCIAL SIZE WASHER AND DRYER FOR CLOTHING CLOSET PROJECT	750
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND 784 HERCULES DRIVE STE 110 COLCHESTER,VT 05446	NONE	501(C)	PROVIDE FAMILY PLANNING AND PREVENTATIVE SERVICES AS WELL AS MANY HEALTH SERVICES	1,000
Total			▶ 3a	90,065

	and and continuations	raia baring	the Year or Approved for F	acare rayment
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year				
SENIOR SOLUTIONS - COUNCIL ON AGING FOR SOUTHEASTERN VERMONT 38 PLEASANT STREET SPRINGFIELD, VT 05156	NONE	501(C)	TO SUPPORT THE NEEDS OF SENIORS WHO CHOOSE TO REMAIN IN THEIR HOMES	1,000
SOUTHERN VERMONT AREA HEALTH EDUCATION CENTER 55 CLINTON STREET SPRINGFIELD,VT 05156	NONE	501(C)	INTERNSHIP HEALTHCARE PROGRAM FOR COLLEGE STUDENTS TO RECEIVE PAYMENT WHILE WORKING/EXPERIENCE IN HEALTH RELATED FIELDS	1,000
SOUTHWESTERN COMMUNITY SERVICES INC PO BOX 603 KEENE,NH 03431	NONE	501(C)	FINANCIAL SUPPORT FOR 3 TRAINING, 3 TIMES PER YEAR - FINANCIAL LITERACY, LIFE SKILLS AND TENANCY 101	1,000
SPECIAL NEEDS SUPPORT CENTER 12 FLYNN STREET LEBANON,NH 03766	NONE	501(C)	SUPPORT EDUCATIONAL ADVOCACY SERVICES IN CLAREMONT, UNITY AND CORNISH	1,000
SPRINGFIELD FAMILY CENTER 365 SUMMER STREET SPRINGFIELD,VT 05156	NONE	501(C)	SUMMER LUNCH AT HOME PROGRAM TO 200 CHILDREN IN NEED THROUGHOUT THE COMMUNITY	1,000
SPRINGFIELD HUMANE SOCIETY 401 SKITCHEWAUG TRAIL SPRINGFIELD,VT 05156	NONE	501(C)	FUNDING TO MEET HEALTH AND MEDICAL NEEDS, SPAY/NEUTER, ADOPT OUT DOGS	3,000
SPRINGFIELD WARMING SHELTER 69 MAIN STREET NORTH SPRINGFIELD, VT 05156	NONE	501(C)	PROVIDE A WARM PLACE FOR PEOPLE TO SLEEP DURING THE COLDEST MONTHS OF THE YEAR	1,500
STEVENS HIGH SCHOOL ALUMNI ASSOCIATION PO BOX 29 CLAREMONT,NH 03743	NONE	501(C)	FUNDING TO PURCHASE A NEW PRINTER	865
STEVENS HIGH SCHOOL ATHLETICS 175 BROAD STREET CLAREMONT,NH 03743	NONE	501(C)	REPLACE BACKSTOP AT THE VETERANS PARK FIELD	1,000
STEVENS HIGH SCHOOL LIFE SKILLS PROGRAM 175 BROAD STREET CLAREMONT,NH 03743	NONE	501(C)	FUNDING FOR SIGNIFICANTLY DISABLED STUDENTS TO ATTEND THERAPEUTIC HORSEBACK RIDING SESSION - 4 SESSIONS FOR 11 STUDENTS	1,500
THE REP - REPERTORY THEATRE COMPANY COH 58 OPERA HOUSE SQUARE CLAREMONT,NH 03743	NONE	501(C)	PRODUCE QUALITY THEATRE WITHIN THE COMMUNITY - FOCUSING ON YOUNG ADULT INVOLVEMENT	1,000
THE SUMMER CAMP INC 8 CHURCH ST BRIDGTON,ME 04009	NONE	501(C)	FUNDING FOR SCHOLARSHIPS FOR LOW INCOME AND FOSTER GIRLS RESIDING IN CLAREMONT - 26 SCHOLARSHIPS	1,000
TLC FAMILY RESOURCE CENTER PO BOX 1098 CLAREMONT,NH 03743	NONE	501(C)	FUNDING FOR HOME VISITS IN THE HEALTHY FAMILIES AMERICAN PROGRAM - PROVIDES PREVENTION SERVICES AND A REUNIFICATION PROGRAM FOR CHILDREN AND THEIR FAMILIES/PARENTS	1,000
TRINITY EPISCOPAL CHURCH 120 BROAD STREET CLAREMONT,NH 03743	NONE	501(C)	FUNDING FOR THE BACKPACK PROGRAM WHICH PROVIDES A WEEKEND BAG OF FOOD TO CHILDREN IN NEED	3,500
TURNING POINT RECOVERY CENTER OF SPRINGFIELD VT INC 7 MORGAN STREET SPRINGFIELD, VT 05156	NONE	501(C)	ADDITIONAL HOURS FOR THE RECOVERY COACHES TO WORK WITH CLIENTS IN NEED	1,000
Total			№ 3a	90,065

	and and continuations	raia baring	and real of Approved for i	<u> </u>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
TURNING POINTS NETWORK 11 SCHOOL STREET CLAREMONT,NH 03743	NONE	501(C)	REPLACE CARPET AT THE SHELTER WITH VINYL FLOORING	750
TWINSTATE MAKERSPACES INC PO BOX 100 LEBANON,NH 03766	NONE	501(C)	BUILD A MAKERSPACE IN DOWNTOWN CLAREMONT	1,000
UNITED VALLEY INTERFAITH PROJECT PO BOX 187 MERIDEN,NH 03770	NONE	501(C)	FUNDING TO SUPPORT MULTI-MEDIA ART SHOW FEATURING CLAREMONT RESIDENTS	1,000
VALLEY REGIONAL HOSPITAL 243 ELM STREET CLAREMONT,NH 03743	NONE	501(C)	FUNDING TO ASSIST WIRELESS CELL PHONE COVERAGE UPGRADE	1,500
VOLUNTEERS IN ACTION PO BOX 707 WINDSOR,VT 05089	NONE	501(C)	FUNDING FOR A COMMUNITY BASED SERVICE FOR VOLUNTEERS TO WORK WITH ELDERLY, DISABLED, AND LOW INCOME NEIGHBOR IN ORDER TO HELP MAINTAIN INDEPENDENCE	1,000
WALPOLE VILLAGE SCHOOL PO BOX 634 WALPOLE,NH 03608	NONE	501(C)	FUNDING FOR SCHOLARSHIP PROGRAM TO ATTEND PRESCHOOL, PRE-K AND BEFORE AND AFTER SCHOOL CARE	1,000
WEATHERSFIELD SCHOOL PO BOX 279 PERKINSVILLE,VT 05151	NONE	501(C)	AFTER SCHOOL PROGRAM SEEKING FUNDING FOR MATERIALS	1,500
WEST CENTRAL BEHAVIORAL HEALTH 9 HANOVER ST LEBANON, NH 03766	NONE	501(C)	FUNDING TO SUPPORT 120 CHILDREN RECEIVING MENTAL HEALTH CARE TO RECEIVE RECREATIONAL AND EDUCATIONAL ACTIVITIES DURING THE SUMMER MONTHS	2,500
WEST WEATHERSFIELD VOLUNTEER FIRE DEPARTMENT PO BOX 196 PERKINSVILLE,VT 05151	NONE	501(C)	FUNDING TO PURCHASE FRONT LOAD WASHING MACHINES FOR WASHING FIRE GEAR	1,000
TRI-COUNTY COMMUNITY ACTION PROGRAM 30 EXCHANGE STREET BERLIN,NH 03570	NONE	501(C)	FUNDING FOR EMERGENCY HOME HEATING ASSISTANCE	1,500
VITAL COMMUNITIES 195 NORTH MAIN STREET WHITE RIVER JCT,VT 05001	NONE	501(C)	FUND ECONOMIC DEVELOPMENT SESSIONS FOR THE LEADERSHIP UPPER VALLEY PROGRAM	1,500
Total			▶ 3a	90,065

TY 2015 Investments Corporate Stock Schedule

Name: CLAREMONT SAVINGS BANK FOUNDATION

EIN: 33-1014741

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALTRIA GROUP	44,369	106,888
AT & T	83,678	120,988
CENTURYLINK INC	0	0
HEALTH CARE PROPERTIES	46,989	70,760
FAIRPOINT COMMUNICATIONS	537	0
PAYCHECK INC	18,275	31,238
GENERAL ELECTRIC	79,335	103,884
KINDER MORGAN DELAWARE	92,045	41,671

TY 2015 Other Expenses Schedule

Name: CLAREMONT SAVINGS BANK FOUNDATION

EIN: 33-1014741

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP	750	0		0
WIRE TRANSFER FEES	75	0		0
CHANGE IN COST BASIS	220	0		0

TY 2015 Taxes Schedule

Name: CLAREMONT SAVINGS BANK FOUNDATION

EIN: 33-1014741

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FEE	75	0		0
ESTIMATED TAX PAYMENTS	1,760	0		0
EXCISE TAX DUE	375	0		0