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## 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 separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For	cale	ndar year 2016 or tax year beginning		, and ending			
Name of foundation  A Employer identification number							
		whegan Savings Charital	27-4318997	<u> </u>			
		and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	0-44	
		Elm Street	andal anda		(207) 474-		
		own, state or province, country, and ZIP or foreign pwhegan,ME 04976	DOSTAI CODE		C If exemption application is p	ending, check here	
G (	Check	call that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	s, check here	
		Final return	Amended return		2 Foreign organizations ma	enting the 85% test	
		Address change	Name change	<del></del>	Foreign organizations me check here and attach co	emputation Lest,	
H	_	type of organization; X Section 501(c)(3) ex			E If private foundation sta		
		ection 4947(a)(1) nonexempt charitable trust	Other taxable private found		under section 507(b)(1)	(A), check here	
		arket value of all assets at end of year   J Account		X Accrual	F If the foundation is in a		
-			ther (specify)	<del></del>	under section 507(b)(1)	(B), check here	
	-\$	1,350,886. (Part I, colu	mn (d) must be on cash	basis )	ļ	1 (4)	
Pa	art 1	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	( <b>0</b> ) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	406,437.	\$ 5 × 30	N/A	The second of the second	
	2	Check If the foundation is not required to attach Sch. B			3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1	
	3	Interest on savings and temporary cash investments				1 2 3 4 5 5 5	
	4	Dividends and interest from securities	23.	23.		Statement 1	
	58	Gross rents		L	l	<u> </u>	
	b	Net rental income or (loss)	20 6 65 65		Barrier Carlot Barrier Carlo	程序是各个的。	
•	6a	Net gain or (loss) from sale of assets not on line 10	0.		The second of the second	A Company	
킱	b	Gross sales price for all assets on line 6a 406,437.			4.		
Revenue	7	Capital gain net income (from Part IV, line 2)		314,785.		CED	
ш	8	Net short-term capital gain			REUE	10	
	9	Income modifications Gross sales less returns				19	
	10a	and allowances			12 APR 2	8 5011 1001	
		Less Cost of goods sold		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10		
	١	Gross profit or (loss)			1-	ENUL	
	11	Other income	406,460.	314,808.	OGL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	12	Total. Add lines 1 through 11	400,460.	314,808.		0.	
	13	Compensation of officers, directors, trustees, etc				0.	
	14	Other employee salaries and wages Pension plans, employee benefits	<u> </u>				
S	15	Legal fees					
enses		Accounting fees Stmt 2	1,350.	675.		675.	
×pe		Other professional fees	1,300	0,3.			
ē	17	Interest					
Operating and Administrative Exp		Taxes Stmt 3	3,237.	0.		0.	
str	19	Depreciation and depletion				, , , , ,	
n i	20	Occupancy					
Adr	21	Travel, conferences, and meetings					
2	22	Printing and publications					
g	23	Other expenses Stmt 4	470.	435.		35.	
atin		Total operating and administrative					
oer:		expenses. Add lines 13 through 23	5,057.	1,110.		710.	
ō	25	Contributions, gifts, grants paid	55,000.		i · · · · ·	55,000.	
	26	Total expenses and disbursements.		<del></del>			
		Add lines 24 and 25	60,057.	1,110.		55,710.	
	27				3,		
	ĺ	Excess of revenue over expenses and disbursements	346,403.			1, 1	
	b	Net investment income (if negative, enter -0-)		313,698.		* * * * * * * * * * * * * * * * * * *	
	C	Adjusted net income (if negative, enter -0-)			N/A		

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Asset

Prepaid expenses and deferred charges
 Investments - U.S. and state government obligations
 Investments - corporate stock

Less: allowance for doubtful accounts

c Investments - corporate bonds

11 Investments - land, buildings, and equipment basis
Less accumulated depreciation

12 Investments - mortgage loans

13 Investments - other

7 Other notes and loans receivable

8 Inventories for sale or use

Land, buildings, and equipment: basis I
 Less accumulated depreciation
 Other assets (describe ►

16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)

17 Accounts payable and accrued expenses

18 Grants payable

19 Deferred revenue

20 Loans from officers, directors, trustees, and other disqualified persons

21 Mortgages and other notes payable

22 Other liabilities (describe 🕨 \_

23 Total liabilities (add lines 17 through 22)

Foundations that follow SFAS 117, check here
and complete lines 24 through 26 and lines 30 and 31.

24 Unrestricted

or Fund Balances

25 Temporarily restricted

26 Permanently restricted

Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

28 Paid-in or capital surplus, or land, bldg., and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

30 Total net assets or fund balances

0. 0. 1,004,483. 1,350,886. 1,004,483. 1,350,886. 1,004,483. 1,350,886.

0.

1,004,483.

1,350,886

0

Part III	Analysis o	f Changes	in Net Assets	or Fund Balances
rait III	Analysis	. Onangoo		or runa balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1,004,483
2	Enter amount from Part I, line 27a	2	346,403
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	1,350,886.
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) - Part II, column (b), line 30	6	1,350,886.

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55,710.

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 the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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Pá	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49-	48 - s	ee instru	ıctio	ns)
18	a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1			
- 1	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		6,2	74.
	of Part I, line 27b				
(	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3		3		6,2	74.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		6,2	74.
6	Credits/Payments;				
	a 2016 estimated tax payments and 2015 overpayment credited to 2016	1			-
	Exempt foreign organizations - tax withheld at source	ı,			
	Tax paid with application for extension of time to file (Form 8868)	- 1			
	Backup withholding erroneously withheld	ļ			
	Total credits and payments. Add lines 6a through 6d	7		4.2	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		$\frac{1}{2.0}$	74.
10	<del>-</del>	10	_		
	i de la companya di managantan di managantan di managantan di managantan di managantan di managantan di managan	11			
	art VII-A   Statements Regarding Activities	···			
	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
	any political campaign?		1a		X
H	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b	-	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or	<del>     </del>		
	distributed by the foundation in connection with the activities.	20,			
	Did the foundation file Form 1120-POL for this year?		1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		- 16		<del></del>
	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		, ,		
-			'	_	
9	managers. > \$ 0 .  Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
2	If "Yes," attach a detailed description of the activities.				<del></del>
۰	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			*	
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	-	X
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		48		X
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A			<del></del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14/ 5	A 4b 5		X
J	If "Yes," attach the statement required by General Instruction T.		-		43
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				٠.
U	By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>				
	remain in the governing instrument?	N	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	<del></del>
′	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			<u> </u>	<del> </del>
٥.	The state to the back of made to a small country to be a small country to the state of the state				
Ba	Enter the states to which the foundation reports or with which it is registered (see instructions)				-
	ME		<u> </u>		
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			ا بي-	
_	of each state as required by General Instruction G? If "No," attach explanation		8b	<u> </u>	<del></del> -
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ar			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
			Form <b>990</b>	-PF	(2016)

	1990-Fr (2010) Shownegan Savings Charles Foundation 27-4316	991		Page
Pa	art VII-A   Statements Regarding Activities (continued)	Τ	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	}		1
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1 40		x
10	If "Yes," attach statement (see instructions)	12	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address   https://www.skowhegansavings.com/about-charity	13		<u> </u>
14	The books are in care of ► Richard St. Pierre  Telephone no. ► (207)	474	-95	11
'-	Located at ▶13 Elm Street, Skowhegan, ME			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		-	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	<del></del>		
	foreign country	1		
Pa	rt 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
18	During the year did the foundation (either directly or indirectly):	1		}
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	"		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	N - 2		
	a disqualified person?	]		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			:
	(5) Transfer any income or assets to a disqualified person (or make any of either available		٠,	٠.
	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		١, ,	-
	termination of government service, if terminating within 90 days.)  Yes X No	-	٠,	
ס	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)?  N/A	1b		
_	Organizations relying on a current notice regarding disaster assistance check here	194		-,*
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	,	1	X
•	before the first day of the tax year beginning in 2016?  Tayon on falling to distribute recome (continued 4042) (does not expely far years the foundation was a private expecting foundation.	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5));			
	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			7.
•	before 2016?			1
	If "Yes," list the years ▶ , , ,		. 1	1
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	-	. ,	
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1 1	٠ , ا	-
	statement - see instructions.)  N/A	2b		-
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	20	-	
Ü	The provisions of social 4542(a)(2) are being applied to any of the years noted in 2a, not the years note.	\	- 1	
30	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1	·	
•	during the year?		.	
h	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after		· 1	
-	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,	•	l	
	Form 4720, to determine if the foundation had excess business holdings in 2016)  N/A	36		,
A۵	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	$\dashv$	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-"-	$\dashv$	<del></del>
•	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	46		х
		m QQ0	DE!	

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Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:				1	l
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indir			1	1
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	1	İ
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	<del>гэ</del>			1
4945(d)(4)(A)? (see instructions)			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		( <del>1</del> 27	- 1	1
the prevention of cruelty to children or animals?			es X No		l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		in Regulations	NT / 3	_   .	-
section 53.4945 or in a current notice regarding disaster assistance (see instru	· ·		N/A	5b	┼
Organizations relying on a current notice regarding disaster assistance check h				1	ŀ
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?		I/A LY	es L No	1	-
If "Yes," attach the statement required by Regulations section 53.494:	' '			1	,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es 🗶 No	- 1	١٠
a personal benefit contract?	avanal banafit anatus st	¥		_	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?		ļ <del></del>	6b	<del>  ^</del> _
If "Yes" to 6b, file Form 8870	haltar transaction?		es X No	- √.	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		T		7b	├—
Part VIII Information About Officers, Directors, Trust		nogom Highly		/ b	<del>ا</del> ـــــــــ
Paid Employees, and Contractors	ees, roundation wie	mayers, migni	У		
1 List all officers, directors, trustees, foundation managers and their	compensation.		<del></del>		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exp account	репѕе
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account allowa	t, other
	to position	1 01101 0 7	compensation	4	
			:		
See Statement 5		0.	l 0.	l	0.
		<del>                                     </del>			
		1			
		]			
		1		ì	
		ĺ		!	
				i	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp account	ense
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	employee benefit plans and deferred compensation	allowa	nces
NONE					
	<u> </u>				
			<u> </u>		
		<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000			<b>•</b>		0
			C	OOO DE	(0040)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Paid Employees, and Contractors (continued)	Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			_
	oe of service	(c) Compensat	ion
· NONE	_	1	
		1	
<del></del>			—
			_
Total number of others receiving over \$50,000 for professional services		<u>▶</u>	<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 statistical information such a number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	s the	Expenses	
1 N/A		·	
'			
2			
	<del></del>		
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.	<del></del>	Amount	
1 N/A		Amount	
I N/A			
2			_
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	<u> </u>		<u>.</u>
		Form <b>990-PF</b> (20	16)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	, see instructions.)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;	-	
. 8	Average monthly fair market value of securities	1a	0.
b		1b	1,137,371.
C		10	
d	Total (add lines 1a, b, and c)	1d	1,137,371.
е			··
	1c (attach detailed explanation) 1e 0.	1.1.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,137,371.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,061.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,120,310.
6	Minimum investment return. Enter 5% of line 5	6	56,016.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	<del></del>
_	foreign organizations check here  and do not complete this part.)	<del></del>	FC 01C
1	Minimum investment return from Part X, line 6	1	56,016.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	(F) \[ \]	6 074
C	Add lines 2a and 2b	2c	6,274.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	49,742.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	49,742.
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	49,742.
P	art:XII; 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	55,710.
b	Program-related investments - total from Part IX-B	1b	55,710. 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:	(1.1)	<u> </u>
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	55,710.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	55,710.
	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	
	4040(a) reduction of tay in those years		

Part XIII Undistributed Income (s	see instructions)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,			-	
line 7	L			49,742.
2 Undistributed income, if any, as of the end of 2016	-		=-	-
a Enter amount for 2015 only	<u>-:</u>	,	Ô.	<u> </u>
b Total for prior years:				-
	·	0.		
3 Excess distributions carryover, if any, to 2016:	+	,	,	, ,
a From 2011 48, 250.	,	-	}	,
b From 2012 21,016. c From 2013 55,114.				,
cFrom 2013 55,114. dFrom 2014 145.				•
eFrom 2015 30,903.	_ : ,	•		1
f Total of lines 3a through e	155,428.			
4 Qualifying distributions for 2016 from	133,420.		<del></del>	<u> </u>
Part XII, line 4: ►\$55,710.				
a Applied to 2015, but not more than line 2a			Ö.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	,	0.		
c Treated as distributions out of corpus			·	<del></del>
(Election required - see instructions)	0.	,	1	, " , " , " , " , " , " , " , " , " , "
d Applied to 2016 distributable amount				49,742.
e Remaining amount distributed out of corpus	5,968.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	,			,
6 Enter the net total of each column as				
indicated below:	, , , ,		,	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	161,396.		·	• ,
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b	<u> </u>	0.		, , , , , , , , , , , , , , , , , , ,
c Enter the amount of prior years'				, , ,
undistributed income for which a notice of deficiency has been issued, or on which			, ´, * ,	
the section 4942(a) tax has been previously	1	•	, , , ,	*
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		· · ·		<del></del>
e Undistributed income for 2015. Subtract line  4a from line 2a. Taxable amount - see instr.	·		0.	,
f Undistributed income for 2016. Subtract	<del></del>			<u> </u>
lines 4d and 5 from line 1. This amount must	<b>4</b> . •	٠	,	
be distributed in 2017	•		/ ` . · - `	0.
7 Amounts treated as distributions out of		· · · · · · · · · · · · · · · · · · ·		,* ,
corpus to satisfy requirements imposed by		.,		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	,		;
8 Excess distributions carryover from 2011			-	
not applied on line 5 or line 7	48,250.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	113,146.			· · · · · · · · · · · · · · · · · · ·
10 Analysis of line 9:			,	• • • • • • • • • • • • • • • • • • • •
a Excess from 2012 21,016.	,	,		, , ,
<b>b</b> Excess from 2013 55, 114.	•	-	, _	4
c Excess from 2014 145.	}	,	, , ,	,
d Excess from 2015 30,903.			,	-
e Excess from 2016 5,968.		,	• .	tt

623581 11-23-16

Form 990-PF (2016)					Foundation	27-43	18997	Page 10
Part XIV Priv	ate Operating F	ound	<b>ations</b> (see 11	nstructions and Part V	II-A, question 9)	N/A		
1 a If the foundation	n has received a ruling o	or determ	ination letter tha	at it is a private operating				
foundation, and	the ruling is effective fo	or 2016, i	enter the date of	the ruling	▶ 1			
b Check box to in	dicate whether the found	dation is	a private operat	ing foundation described	In section	4942(j)(3) or 49	942(j)(5)	
2 a Enter the lesser	of the adjusted net		Tax year		Prior 3 years			
income from Pa	art I or the minimum		(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Tota	<u> 11                                  </u>
ınvestment retu	rn from Part X for			_			_	<u>-</u> -
each year listed		<u></u>						
<b>b</b> 85% of line 2a								
c Qualifying distri	butions from Part XII,							
line 4 for each y	ear listed	<u> </u>			<u> </u>			
d Amounts includ		i		}				
·	r active conduct of	,			-		İ	
exempt activities		<del></del>			<del>                                       </del>	<del> </del>	<del> </del>	
, ,	butions made directly	İ		1			ł	
Subtract line 2d Complete 3a, b, alternative test r a "Assets" alternat (1) Value of all	or c for the relied upon: tive test - enter;							
	on 4942(j)(3)(B)(i)							
2/3 of minimum	ternative test - enter investment return , line 6 for each year							
c "Support" alterna	ative test - enter:			T				
investment dividends, r securities lo	ort other than gross income (interest, rents, payments on pans (section or royalties)							
(2) Support fro and 5 or mo organization	m general public							
(3) Largest amo	ount of support from							
an exempt o	organization							
(4) Gross inves				<u> </u>				
					if the foundation	had \$5,000 or mo	ore in asset	ts
at a	ny time during t	he yea	ar-see inst	ructions.)		- <del></del>		
1 Information R	egarding Foundatio	n Mana	igers:					
	rs of the foundation who they have contributed m				tributions received by the t	foundation before the clos	se of any tax	
None								
other entity) of v	rs of the foundation who which the foundation has				(or an equally large portio	n of the ownership of a pa	artnership or	
None						<del></del>		
. r	<del></del>			, Scholarship, etc., P	<del>-</del>			t
Check here ► L		-			organizations and does no under other conditions, co	•		1
<del> </del>		<u> </u>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	
see Statem		per or e-i	mail address of	the person to whom appi	ications should be address	seu: 		
b The form in which See Statem		e submit	ted and informa	tion and materials they s	hould include;			
c Any submission	deadlines:							
See Statem								
d Any restrictions of See Statem		, such as	s by geographic	al areas, charitable fields,	, kinds of institutions, or o	ther factors:		
JUL DUALGE								

Name and address (home or business)  show any relationsh to show any relationsh to show any relationsh to show any relationsh to show any relationsh to show any relationsh to show any relationsh show any relationsh to show any relationsh to show any relationsh show any relationsh to show any relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship and relationship an	3 Grants and Contributions Paid During th		Payment		
a Paid during the year    Sobs for Maine Graduates, Inc.   N/A   PC   Seneral Support		If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Sobs for Maine Graduates, Inc.  15 Commerce Drive, Suite 9  Lugueta, ME 04330  Advise Community Poundation  16 Maine Community Poundation  17 Maine Street  18 Skowhegan Early  25 Main Street  18 Skowhegan Early  26 Maine General Medical Center  15 Medical Center Parkway  Lugueta, ME 04330  26 Maine Avenue  Langor, ME 04401  Total  1 Approved for Nature payment  None  None	_ <del></del>	or substantial contributor	recipient		
Augusta, ME 04330  Ado,0  Adaine Community Foundation  N/A  FC  Skowhegan Early  Thildhood Education  Campaign  S,00  Adoine General Medical Center  N/A  FC  Seneral Support  Penobscot Community Realth Center  N/A  PC  Deneral Support  None  None	a Paid during the year				
Augusta, ME 04330  Adaine Community Foundation  N/A  FC  Skowhegan Early Thildhood Education  Campaign  S,00  Adaine General Medical Center  N/A  FC  Peneral Support  Fenobacot Community Health Center  N/A  PC  Peneral Support  Peneral Support  FC  Peneral Support  Probacot Community Health Center  N/A  PC  Peneral Support  Probacot Community Health Center  N/A  PC  Peneral Support  N/A  PC  Peneral Support  N/A  PC  Peneral Support  N/A  PC  Peneral Support  N/A  PC  Peneral Support  N/A  PC  Peneral Support  NOne			<u> </u>		
Agusta, ME 04330  daine Community Foundation N/A  PC Skowhegan Early Childhood Education Campaign  5,00  daine General Medical Center 15 Medical Center Parkway Ungusta, ME 04330  PC Seneral Support  Seneral Support  PC Seneral Support  Seneral Support  Total  Approved for future payment  None	Jobs for Maine Graduates, Inc.	N/A	PC	General Support	
daine Community Poundation N/A PC Skowhegan Early thildhood Education Sampaign S,00  daine General Medical Center N/A BC PenchBact Community Health Center N/A PC Deneral Support  PenchBact Community Health Center N/A PC Deneral Support  PenchBact Community Health Center N/A PC Deneral Support  N/A PC Deneral Support  N/A PC Deneral Support  N/A None					
As Main Street Ellsworth, ME 04605  Maine General Medical Center 15 Medical Center Parkway Lugusta, ME 04330  Penobscot Community Health Center 103 Maine Avenue Langor, ME 04401  Total  None	Augusta, ME 04330			<del> </del>	40,00
As Main Street Ellsworth, ME 04605  Maine General Medical Center 15 Medical Center Parkway Lugusta, ME 04330  Penobscot Community Health Center 103 Maine Avenue Langor, ME 04401  Total  None			]		
Asine General Medical Center  M/A  PC  Seneral Support  Seneral Support  Penobacot Community Health Center  M/A  PC  Seneral Support  Seneral Support  Total  Approved for future payment  None	Maine Community Foundation	N/A	PC	Skowhegan Early	
Maine General Medical Center  15 Medical Center Parkway Augusta, ME 04330  Penobscot Community Health Center 103 Maine Avenue Aangor, ME 04401  Total  Approved for future payment  None	245 Main Street			1 1	
Demobscot Community Health Center N/A PC General Support Sangor, ME 04401 PC General Sangor, ME 04401 PC General Sangor, ME 04401 PC General Sangor, ME 04401 PC General Sangor, ME 04401 PC General Sangor, ME 04	311sworth, ME 04605			Campaign	5,00
Demobscot Community Health Center N/A PC General Support 5,00  Penobscot Community Health Center N/A PC General Support 5,00  Total > 3a 55,00  None			1		
Penobscot Community Health Center 103 Maine Avenue langor, ME 04401  Total  None  Seneral Support  5,00  Seneral Support  5,00  None	Maine General Medical Center	N/A	PC	General Support	
Penobscot Community Health Center N/A PC Beneral Support 5,00  Total  None  PC Beneral Support  5,00  5,00  Total  None	35 Medical Center Parkway		ł		<b>5.00</b>
Total  None  Total  None	Augusta, ME 04330		ļ		5,000
Total  None  Total  None			}		
Total  D Approved for future payment  None	Penobscot Community Health Center	N/A	PC	General Support	
Total  D Approved for future payment  None  None					5 00
None None					
None None					
None None					
None None	Total			<b>▶</b> 3a	55,00
	b Approved for future payment				
	None		!		
Total ► 3b					

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Excl	uded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	<u> </u>		<u> </u>	<del> </del>	
b	<u></u>	<del></del>	├		<del></del>
<u> </u>	<b></b>	<del></del>	╁		
	ļ	<del></del>	├		<del></del>
•	<del></del>		<del> </del>	<del></del>	
g Fees and contracts from government agencies	<b></b>		-		
2 Membership dues and assessments	<u> </u>		├		
3 Interest on savings and temporary cash		<u> </u>	├─-	<del>                                     </del>	
investments	]		]		
4 Dividends and interest from securities			14	23.	
5 Net rental income or (loss) from real estate:					,
a Debt-financed property				<del></del>	
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property		1			
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue;					
a					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	<u>` - </u>	23.	
13 Total. Add line 12, columns (b), (d), and (e)				13	23.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No.   Explain below how each activity for which incom		= column (a) of Dard VIII A		and a discount of the consequent	
the foundation's exempt purposes (other than b			Contin	outed importantly to the accom	ihiiziiiiieiii oi
and regulation a exempt purposes (exist than a	y provioling id	rad for ducit purposca).			
		<del></del>		<del></del>	<del></del>
<del></del>					
				·	
23621 11-23-16					Form <b>990-PF</b> (2016)

Form 990-PF		egarding Trar		naritable I and Transactio				4318997 oncharitable		age 1
1 Did the c	organization directly or ind		of the followi	no with any other orga	nization de	scribed in sect	non 501(c) of	1.	Yes	No
	(other than section 501(c									+
	s from the reporting found			÷ .		-		Į.		1
(1) Cas			•					1a(1)		X
(2) Othe	er assets							1a(2)		X
<b>b</b> Other tra	insactions:							3.3		T
(1) Sale	es of assets to a noncharita	able exempt organiza	ation					1b(1)		X
(2) Puro	chases of assets from a no	oncharitable exempt	organization					1b(2)	<u> </u>	X
	tal of facilities, equipment,							1b(3)		X
	nbursement arrangements	5						1b(4)		X
	ns or loan guarantees							1b(5)	<b></b>	X
• •	formance of services or mo	•	•					1b(6)		X
_	of facilities, equipment, ma swer to any of the above is		•		uld aluava	ahaw tha fair r	market unline of the	1c		1-≏
	es given by the reporting f								eis,	
	(d) the value of the goods,					•		,		
(a)Line no	(b) Amount involved	(c) Name o		e exempt organization		(d) Description	of transfers, transacti	ons, and sharing ar	rangem	ents
			N/A							
		ļ								
	<del></del>						<del></del>			
<del></del>		<del>                                     </del>			}				<del></del> -	
	<del></del>	ļ						<del></del>		
						-				
				<del></del>			<del></del>			
	· · · · · · · · · · · · · · · · · · ·	-	<del></del>							
							<del></del>			
ın section	indation directly or indirec in 501(c) of the Code (other complete the following sch	r than section 501(c edule.		· · · · · · · · · · · · · · · · · · ·	rganization	s described		☐ Yes	X	] No
	(a) Name of org	janization		(b) Type of organization	tion		(c) Description of re	elationship		
	N/A									
				<del></del>						
		·						<del></del>	—	
Under	r penalties of perjury Adeclare	that I have examined thi	s return, includir	I ng accompanying schedule	s and statem	ents, and to the	best of my knowledge		_	_
Sign Here	nature of officer or trustee	nplete Declaration of pr	eparer (other tha	Date	nformation o	Treasu	has any knowledge	May the IRS of return with the shown below Yes	e prepar	rer
	Print/Type preparer's na	ime	Preparer's s	ignature	Date		Check if	PTIN		
			[ <i>]//</i> .	. ^	1		self- employed			
Paid	Nicholas E		//		03/	/29/17		P01310		
Preparer Use Only	Firm's name ► BAK	ER NEWMAN	& NOY	ES, LLC			Firm's EIN ▶ 01-0494526			
	Formation address to the first	** FAE					<del> </del>	<del></del>		

PORTLAND, ME 04112

Phone no. (207) 879-2100 Form **990-PF** (2016)

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

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

OMB No 1545-0047

2016

Name of the organization

**Employer identification number** 

S	kowhegan Savings Charitable Foundation	27-4318997					
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	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt chantable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions					
General Rule							
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions						
Special Rules							
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II.	, or 16b, and that received from					
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.							
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, chantable, etc.,					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (file Normann) and its Form 990. Figure 1 Part IV, line 2, of its Form 990. Figure 2 or on its Fithe filing requirements of Schedule B (Form 990, 990. FIZ, 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) (2016)

Name of organization

Employer identification number

#### Skowhegan Savings Charitable Foundation

27-4318997

Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Skowhegan Savings Bank  13 Elm Street  Skowhegan, ME 04976	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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 Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223450 10 19		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** 

#### Skowhegan Savings Charitable Foundation

27-4318997

art II	Noncash Property (See instructions) Use duplicate copies of Pa	TO THE ACCURACY SPACE IS NEEDED	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1	760 shares Acuity; 3,500 shares Microsoft		
		\$ 406,437.	08/08/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) . (See instructions)	(d) Date received
j		   \$	
(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
		_	

Name of organiz	ation			Employer identification number				
Skowheas	an Savings Charitable	Foundation		27-4318997				
Dart III	Exclusively religious, charitable, etc., cont	ributions to organizations descri	ed in section 5	01(c)(7), (8), or (10) that total more than \$1,000				
•	the year from any one contributor. Complete ( completing Part III, enter the total of exclusively religiou	:Olumns (a) through (e) and the to s, chantable, etc., contributions of \$1,00	Howing line ent O or less for the ye	ry. For organizations ar (Enterthis info once)				
	Use duplicate copies of Part III if addition			(Line shows that)				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I		•						
-			-					
<u> </u>								
		(e) Transfer of	gift					
	Transferee's name, address, ar	nd ZIP + 4	Relat	ionship of transferor to transferee				
			Treationship of durisier of to durisieree					
_	·							
<del>-</del>								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			_					
			_					
			-					
		(e) Transfer of	gift					
<u> </u>	Transferee's name, address, ar	id ZIP + 4	Relationship of transferor to transferee					
			<del></del>					
(a) No.	<del></del>		<del></del>					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
raiti								
			_					
			_					
<del>                                     </del>	(e) Transfer of gift							
	(ज) । विवादान्य में श्वार							
<u> </u>	Transferee's name, address, an	Relat	onship of transferor to transferee					
—		<del></del>		<del></del>				
<u> </u>								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
<del></del>			-					
<u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			onship of transferor to transferee				
—								
23454 10-18-16				Schedule B (Form 990, 990-EZ, or 990-PF) (				
· · · · · · · · · · · · · · · · · · ·								

Form 990-PF Dividen	ds and Inter	est from Secu	rities St	atement 1
. Gross Source Amount	Capital Gains Dividend	Revenue	(b) Net Invest- ment Income	(c) Adjusted Net Income
Money Market 2	3.	0. 23.	23.	
To Part I, line 4	3.	0. 23.	23.	
Form 990-PF	Accounti	ng Fees	St	atement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	1,350.	675.		675.
To Form 990-PF, Pg 1, ln 16b	1,350.	675.		675.
Form 990-PF	Tax	es	St	atement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Excise Taxes	3,237.	0.		0.
To Form 990-PF, Pg 1, ln 18	3,237.	0.		0.
Form 990-PF	Other E	xpenses	St	atement 4
<del></del>				
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Annual Filing Fee	Expenses	Net Invest-	Adjusted	Charitable
Description Annual Filing Fee Banking Fees To Form 990-PF, Pg 1, ln 23	Expenses Per Books	Net Invest- ment Income	Adjusted	Charitable Purposes

	I - List of Officers, Date of Control of Con	Statement 5		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Richard Anzelc, Jr. 13 Elm Street Skowhegan, ME 04976	Director 1.00	0.	0.	0.
James Austin 13 Elm Street Skowhegan, ME 04976	Director 1.00	0.	0.	0.
Roger Gifford 13 Elm Street Skowhegan, ME 04976	Director 1.00	0.	0.	0.
Howard Sevey 13 Elm Street Skowhegan, ME 04976	Director 1.00	0.	0.	0.
Warren C. Shay 13 Elm Street Skowhegan, ME 04976	Director 1.00	0.	0.	0.
Claire Theriault Perkins 13 Elm Street Skowhegan, ME 04976	Director 1.00	0.	0.	0.
John C. Witherspoon 13 Elm Street Skowhegan, ME 04976	President 3.00	0.	0.	0.
Vicki L. Alward 13 Elm Street Skowhegan, ME 04976	Vice President 15.00	0.	0.	0.
Richard St. Pierre 13 Elm Street Skowhegan, ME 04976	Treasurer 10.00	0.	0.	0.
Totals included on 990-PF,	Page 6, Part VIII	0.	0.	0.



### **Charitable Foundation**

# Providing economic and community development throughout our region

Skowhegan Savings is a caring, committed member of the communities where our customers live, work, and raise their families. To strengthen and enhance these communities, we support charitable giving, sponsorships, and employee volunteer efforts. While we are committed to a wide range of organizations and programs throughout the region, we are particularly focused on financial literacy programs and Economic and Community Development, including programs that promote job creation, business retention, business growth, and community enhancement. Skowhegan Savings will consider requests that fit within the following guidelines.

- Requests that have a broad impact on the communities within our service area will be a
  priority
- Non-profit organizations will be given priority and proof of 501 (c)(3) tax status should be provided
- We will give priority to requests that promote education, particularly in the area of financial literacy
- Community and Economic Development programs that bring business and jobs to our communities will also be a priority

Although we realize there are many worthy causes seeking funding, as a general rule, we cannot make contributions to the following:

- Individuals or programs that benefit specific individuals (with the exception of approved scholarship programs)
- Religious organizations
- Labor organizations
- Political candidates or campaigns

#### STATEMENT 6

- Endowment funds
- For-profit businesses or organizations

Eligible organizations may submit only one application for funding per calendar year.

#### To apply for funding:

Please submit a written request with a short summary of the project or program for which funding is sought along with the attached request form to:

EIN: 27-4318997

Skowhegan Savings ATTN: Charitable Foundation P.O. Box 250 Skowhegan, ME 04976

- PDF Application »
- Word Application »