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Form **990-PF**
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 *www.irs.gov/form990pf*.**

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 07-01-2016 , and ending 06-30-2017

Name of foundation
CLAREMONT SAVINGS BANK FOUNDATION

A Employer identification number
33-1014741

Number and street (or P O box number if mail is not delivered to street address)
PO BOX 1600

Room/suite

B Telephone number (see instructions)
(603) 542-7711

City or town, state or province, country, and ZIP or foreign postal code
CLAREMONT, NH 037431600

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 388,154

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	3	3		
	4	Dividends and interest from securities	17,699	17,699		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	31,208			
	b	Gross sales price for all assets on line 6a 77,656				
	7	Capital gain net income (from Part IV, line 2)		31,208		
	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 schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	48,910	48,910		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	75	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	7,063	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	7,138	0		0
	25	Contributions, gifts, grants paid	89,254			89,254
	26	**Total expenses and disbursements.** Add lines 24 and 25	96,392	0		89,254
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-47,482			
	b	**Net investment income** (if negative, enter -0-)		48,910		
	c	**Adjusted net income**(if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	-1	-2	-2
	2 Savings and temporary cash investments	6,861	5,406	5,406
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	365,228	317,702	382,750
	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 instructions Also, see page 1, item I)	372,088	323,106	388,154
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	1,500		
	19 Deferred revenue			
	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)	1,500	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	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	370,588	323,106	
	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)	370,588	323,106	
	31 **Total liabilities and net assets/fund balances** (see instructions)	372,088	323,106	

Part 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 agree with end-of-year figure reported on prior year's return)	1	370,588
2	Enter amount from Part I, line 27a	2	-47,482
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	323,106
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	323,106

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	2,000 SHS HCP INC COM	P	2005-01-01	2017-06-19
b	400 SHS QUALITY CARE	P	2016-11-01	2017-06-19
c	400 SHS QUAL CARE SPIN-OFF	P	2016-11-01	2016-11-30
d	FAIRPOINT EXPIRED POSITION	P	2008-04-01	2017-04-28
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	64,635		33,571	31,064
b	7,061		12,340	-5,279
c	5,960			5,960
d			537	-537
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				31,064
b				-5,279
c				5,960
d				-537
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	31,208
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	90,065	510,594	0 176393
2014	85,030	591,507	0 143751
2013	78,825	588,012	0 134053
2012	85,300	627,194	0 136003
2011	1,074,465	1,044,563	1 028626

2	**Total** of line 1, column (d)	2	1 618826
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 323765
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	477,022
5	Multiply line 4 by line 3	5	154,443
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	489
7	Add lines 5 and 6	7	154,932
8	Enter qualifying distributions from Part XII, line 4	8	89,254

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

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	978
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	978
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	978
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 1,294		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	1,294
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	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	316
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ 316 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the 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 during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ LYNN SMITH Telephone no ▶ (603) 542-7711

Located at ▶ PO BOX 1600 CLAREMONT NH ZIP+4 ▶ 03743

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ▶	16		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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 ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(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)? ☐ Yes ☑ No			
	(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 ☑ No			
b	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 2016?	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))			
a	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 before 2016? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 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____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			5b	
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	No
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	Contributions to employee benefit plans and deferred **(d)** compensation	Expense account, **(e)** other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	0
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 . . . . . ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	462,758
b	Average of monthly cash balances	1b	21,528
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	484,286
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	484,286
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,264
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	477,022
6	**Minimum investment return.** Enter 5% of line 5	6	23,851

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	23,851
2a	Tax on investment income for 2016 from Part VI, line 5	2a	978		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	978
3	Distributable amount before adjustments Subtract line 2c from line 1			3	22,873
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	22,873
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	22,873

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	89,254
b	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		
a	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	89,254
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	89,254

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				22,873
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011. 1,023,087				
b From 2012. 55,005				
c From 2013. 50,769				
d From 2014. 57,190				
e From 2015. 65,001				
f **Total** of lines 3a through e.	1,251,052			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 89,254				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				22,873
e Remaining amount distributed out of corpus	66,381			
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	1,317,433			
b Prior years' undistributed income Subtract line 4b from line 2b		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 assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must 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 (see instructions) . . .	1,023,087			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a	294,346			
10 Analysis of line 9				
a Excess from 2012. . . . 55,005				
b Excess from 2013. . . . 50,769				
c Excess from 2014. . . . 57,190				
d Excess from 2015. . . . 65,001				
e Excess from 2016. . . . 66,381				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

LYNN SMITH
PO BOX 1600
CLAREMONT, NH 03743
(603) 542-7711

b The form in which applications should be submitted and information and materials they should include

ONE PAGE APPLICATION WITH GENERAL INFORMATION INCLUDING AMOUNT OF REQUEST, PROPOSED PROJECT, PROOF OF 501(C)(3) OR 501 (C)(7) STATUS,GEOGRAPHIC LOCATION,CLIENTS SERVED, AND NUMBER OF EMPLOYEES

c Any submission deadlines

APPLICATIONS MUST BE RECEIVED IN MAY WITH GRANTS AWARDED JUNE 15

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ORGANIZATION MUST BE A 501(C)(3) OR 501(C)(7) AND NOT DICRIMINATE BASED ON FEDERAL CRITERIA PRIORITY TO THE SULLIVAN AND WINDSOR COUNTIES WITH SECONDARY CONSIDERATION TO SURROUNDING COMMUNITIES IN NEW HAMPSHIRE AND VERMONT SIZE OF GRANTS GENERALLY RANGE FROM $500 TO $5,000

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				89,254
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	3	
4 Dividends and interest from securities. . . .			14	17,699	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	31,208	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		48,910	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	48,910

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		**Yes**	**No**
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2017-10-18	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
ANDREW P SIMONDS CPA				P01256493
Firm's name ▶ A M PEISCH & COMPANY LLP				Firm's EIN ▶03-0210880
Firm's address ▶ PO BOX 326 RUTLAND, VT 057020326				Phone no (802) 773-2721

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

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
JILL EDSON 65 EAST CAMP HILL ROAD CORNISH, NH 03745	TRUSTEE 0 50	0	0	0
MARK S THOMPSON PO BOX 431 ASCUTNEY, VT 05030	TRUSTEE 0 50	0	0	0
JOLENE TENNEY 19 TENGREN AVENUE CLAREMONT, NH 03743	TRUSTEE 0 50	0	0	0
BOB PORTER 387 ELM STREET CLAREMONT, NH 03743	TRUSTEE 0 50	0	0	0
STEVE MONETTE 4 SAND HILL RD WALPOLE, NH 03608	TRUSTEE 0 50	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
ALL 4 ONE 13 FAIRGROUND RD SPRINGFIELD, VT 05156	NONE	501(C)	PURCHASE A PAVILION FOR BEFORE/AFTER SCHOOL PROGRAM	500
ARROWHEAD RECREATION CLUB 18 ROBERT EASTER WAY CLAREMONT, NH 03743	NONE	501(C)	PURCHASE AN AUTO DEFIBRILLATOR AED	2,100
BLACK RIVER ACTION TEAM 101 PERLEY GORDON RD SPRINGFIELD, VT 05156	NONE	501(C)	FUNDING TO HELP PRODUCE MONTHLY SERIES OF TELEVISION EPISODES TO EDUCATE PEOPLE ON THE BLACK RIVER	500
CATHOLIC CHARITIES NH DBA NH FOOD BANK 700 EAST INDUSTRIAL PARK DRIVE MANCHESTER, NH 03109	NONE	501(C)	LUNCHES FOR 200 CHILDREN DURING SUMMER BREAK	5,000
CHARLESTOWN CHILDREN'S FUND 88 CROWN POINT DRIVE CHARLESTOWN, NH 03603	NONE	501(C)	FINANCIALLY ASSIST BASIC NEEDS OF SELECT CHILDREN IN CHARLESTOWN DURING SUMMER BREAK	500
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
CHARLESTOWN SENIOR CENTER 223 OLD SPRINGFIELD RD CHARLESTOWN, NH 03603	NONE	501(C)	UPDATE BOTH RESTROOMS AT THE SENIOR CENTER	3,500
CLAREMONT JAGUARS 4-H CLUB OF SULLIVAN COUNTY 169 MAIN STREET CLAREMONT, NH 03743	NONE	501(C)	FEE FOR RENTAL SPACE TO MAINTAIN COMMUNITY CLOTHING CLOSET AND DIAPER BANK	3,500
CLAREMONT MIDDLE SCHOOL VOLLEYBALL TEAM 107 SOUTH ST CLAREMONT, NH 03743	NONE	501(C)	NEW VOLLEYBALL NET SYSTEM FOR THE CMS VOLLEYBALL TEAM	1,200
CLAREMONT OPERA HOUSE INC 58 OPERA HOUSE SQUARE CLAREMONT, NH 03743	NONE	501(C)	UPGRADE THEATRE LIGHTS TO ENERGY EFFICIENT LED LIGHTING	2,000
CLAREMONT PARKS AND RECREATION DEPARTMENT 152 SOUTH ST CLAREMONT, NH 03743	NONE	501(C)	PURCHASE BLOCKS FOR THE CHILDREN TO USE AND EXPLORE AT THE CSB COMMUNITY CENTER	2,000
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
CLAREMONT SENIOR CENTER 5 ACER HEIGHTS RD CLAREMONT, NH 03743	NONE	501(C)	NEW GARDEN TRACTOR AND A NEW MICROPHONE	1,000
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 NEW BASEBALL BATS DUE TO SAFETY REGULATIONS	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	1,500
CORNISH FAIR ASSOCIATION 294 TOWN HOUSE RD CORNISH, NH 03745	NONE	501(C)	FUNDS TO MAKE UPGRADES TO THE FAIR'S MILKING FACILITY FOR COWS DURING FAIR EVENTS	750
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
CORNISH MEETING HOUSE MEETINGHOUSE DRIVE CORNISH, NH 03745	NONE	501(C)	REPLACE AND REPLICATE ORIGINAL GLAZING PATTERNS AND GLASS IN THE THREE TRANSOM LIGHTS ABOVE THE FOYER IN THE MEETINGHOUSE	700
CORNISH NH FIRE DEPARTMENT ASSOCIATION 488 TOWNHOUSE ROAD CORNISH, NH 03745	NONE	501(C)	TO ASSIST WITH COSTS OF ANNUAL CAR SHOW FUNDRAISER	500
COUNCIL ON AGING FOR SOUTHEASTERN VT 38 PLEASANT ST SPRINGFIELD, VT 05156	NONE	501(C)	PURCHASE COMPUTER, PROJECTOR, AND MONITOR TO EXPAND PROGRAMS AND USE OF SPACE	1,500
DRAFT ANIMAL POWER NETWORK 271 PLANK RD VERGENNES, VT 05491	NONE	501(C)	FUNDING FOR OUTREACH TIME TO SHARE ABOUT DRAFT ANIMALS USED FOR AGRICULTURE AND FORESTRY	750
FALL MOUNTAIN FRIENDLY MEALS PO BOX 191 ALSTEAD, NH 03602	NONE	501(C)	MONEY TO PURCHASE PAPER PRODUCTS FOR SERVING AND DELIVERING MEALS TO THE NEEDY	1,000
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
FRIENDS OF THE MORRILL HOMESTEAD 214 MORRILL MEMORIAL HIGHWAY STRAFFORD, VT 05072	NONE	501(C)	FUNDING TO EXPAND CHILDREN'S CAMP EVENTS AND EXHIBITS	500
FRIENDS OF VETERANS 222 HOLIDAY DRIVE SUITE 20 WHITE RIVER JCT, VT 05001	NONE	501(C)	FINANCIAL ASSISTANCE TO HELP SUPPORT VT AND NH VETERANS TO REMAIN IN THEIR HOMES	2,000
FRIENDS PROGRAM 202 NORTH STATE STREET CONCORD, NH 03301	NONE	501(C)	FUNDING TO SUPPORT ONGOING OPERATIONS AND ENHANCED OUTREACH FOR EARLY CHILDHOOD DEVELOPMENT AND EDUCATION TO CHILDREN AT-RISK	500
GOOD NEIGHBOR HEALTH CLINIC 70 N MAIN ST WHITE RIVER JCT, VT 05001	NONE	501(C)	FUNDING TO ENROLL 10 PATIENTS WHO ARE RECEIVING MEDICAL TREATMENT AT THE CLAREMONT SOUP KITCHEN INTO A SMOKING CESSATION PROGRAM	1,000
GREEN MOUNTAIN CHILDREN'S CENTER 90 CHARLESTOWN ROAD CLAREMONT, NH 03743	NONE	501(C)	PURCHASE NEW PLAYGROUND EQUIPMENT AND MAKE IMPROVEMENTS TO EXISTING EQUIPMENT	2,000
Total 3a ▶				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
HIV HCV RESOURCE CENTER 2 BLACKSMITH ST LEBANON, NH 03766	NONE	501(C)	FEES FOR LIMITED MEDICATION-ASSISTED TREATMENT FOR OPIOD DEPENDENT CLIENTS FROM CLAREMONT AND TO SUPPORT SYRINGE SERVICES PROGRAMS	1,500
LIBRARY ARTS CENTER 58 N MAIN ST NEWPORT, NH 03773	NONE	501(C)	UPDATE AGING EQUIPMENT TO MAKE THE SPACE MORE SAFE ADD ADDITIONAL EXTERIOR LIGHTING	1,500
LIVE FREE OR DIE RIDERS PO BOX 901 CLAREMONT, NH 03743	NONE	501(C)	ASSIST INDIVIDUALS REQUESTING HARDSHIP GRANTS	500
MUCKROSS DAY CAMP - VT STATE PARKS 100 MINERAL ST STE 304 SPRINGFIELD, VT 05156	NONE	501(C)	SCHOLARSHIPS FOR MIDDLE SCHOOL STUDENTS TO ATTEND SUMMER CAMP	1,500
NEWPORT AREA ASSOCIATION OF CHURCHES - FOOD PANTRY PO BOX 672 NEWPORT, NH 03773	NONE	501(C)	NEW HANDICAPPED RAMP AND INSTALLATION	1,000
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
NEWPORT SENIOR CENTER DBA SULLIVAN COUNTY NUTRITION SERVICES PO BOX 387 NEWPORT, NH 03773	NONE	501(C)	MONIES TO EXPAND AND RENOVATE CURRENT LOCATION	2,000
OLD FORT NUMBER 4 PO BOX 1336 CHARLESTOWN, NH 03603	NONE	501(C)	REPAIRS TO FORT, INSTALL NEW DISPLAYS, PURCHASE NEW MATERIALS, AND OVERALL IMPROVEMENT OF PROGRAM	2,500
PLAINFIELD ELEMENTARY SCHOOL 92 BONNER RD MERIDEN, NH 03770	NONE	501(C)	NEW PLAYGROUND EQUIPMENT	500
RIVER THEATER COMPANY OF CHARLESTOWN NH PO BOX 47 CHARLESTOWN, NH 03603	NONE	501(C)	TO SPONSOR A MUSICAL "A CHRISTMAS STORY", TO INCLUDE MARKETING PRIVILEGES	1,400
ROGUE ROBOTS OF 4H 7 PROSPECT ST NEWPORT, NH 03773	NONE	501(C)	FUNDING FOR ROBOTIC CLASSES	500
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
SAINT GAUDENS MEMORIAL 34 SOUTH HIGHLAND AVE OSSINING, NY 10562	NONE	501(C)	FUNDING FOR THEIR 10 CONCERT SUMMER SERIES	2,000
SECOND GROWTH PO BOX 206 HANOVER, NH 03755	NONE	501(C)	EDUCATION AND PREVENTION PROGRAM DESIGNED TO DEVELOP PHYSICAL AND MENTAL STRENGTH AND RESILIENCE	2,000
SHINING SUCCESS PO BOX 82 CLAREMONT, NH 03743	NONE	501(C)	FUNDING TO OUTFIT THE NEW OFFICE AND BOUTIQUE WITH EQUIPMENT TO TEACH CLASS	500
SOUTHERN VT AHEC 55 CLINTON ST SPRINGFIELD, VT 05156	NONE	501(C)	FUNDING FOR 2 WINDSOR COUNTY STUDENT INTERNSHIPS FOR 2017-2018	1,000
SPRINGFIELD BOOSTER CLUB PO BOX 666 SPRINGFIELD, VT 05156	NONE	501(C)	WALL MATS FOR GYM, HOTDOG WARMER, POPCORN MACHINE, AND PRETZEL MACHINE	1,000
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
SPRINGFIELD FAMILY CENTER 365 SUMMER STREET SPRINGFIELD, VT 05156	NONE	501(C)	FUNDS FOR PROVIDING THE NEEDY WITH FOOD AND FUNDING FOR FUEL	2,000
SPRINGFIELD HUMANE SOCIETY 401 SKITCHEWAUG TRAIL SPRINGFIELD, VT 05156	NONE	501(C)	FUNDING TO PERFORM ON-SITE LYME DISEASE DETECTION AND TREATMENT	2,000
SPRINGFIELD MEALS AND WHEELS OF GREATER SPRINGFIELD INC 139 MAIN ST SPRINGFIELD, VT 05156	NONE	501(C)	FUNDING TO ASSIS THE RISE IN COSTS FOR DELIVERING MEALS TO HOME-BOUND SENIORS	1,000
SPRINGFIELD MEDICAL CARE SYSTEMS PO BOX 2003 SPRINGFIELD, VT 05156	NONE	501(C)	FUNDS TO PURCHASE AN ECG MACHINE WITH SPIROMETRY FOR THE NEW CHARLESTOWN FAMILY MEDICINE FACILITY	2,000
SPRINGFIELD SUPPORTED HOUSING PROGRAM PO BOX 178 SPRINGFIELD, VT 05156	NONE	501(C)	FINANCIAL SUPPORT TO THEIR TRANSITIONAL HOUSING PROGRAM FOR HOMELESS OR EMINENT OF BEING HOMELESS	1,500
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
SULLIVAN COUNTY HUMANE SOCIETY PO BOX 111 CLAREMONT, NH 03743	NONE	501(C)	FUNDING FOR THEIR SPONSOR A SPAY ACCOUNT, TO REDUCE CAT OVERPOPULATION	1,000
SUNAPEE NH HISTORICAL SOCIETY PO BOX 501 SUNAPEE, NH 03782	NONE	501(C)	TO ACQUIRE AND REHAB THE OLD ABBOTT LIBRARY IN SUNAPEE	500
TLC FAMILY RESOURCE CENTER PO BOX 1098 CLAREMONT, NH 03743	NONE	501(C)	FUNDS TO OFFSET THE COST OF 100 HOME VISITS IN OUR HEALTHY FAMILIES PROGRAM	1,500
TURNING POINT RECOVERY CENTER OF SPRINGFIELD VT INC 7 MORGAN STREET SPRINGFIELD, VT 05156	NONE	501(C)	FINANCIAL SUPPORT TO HELP ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE IN THE HOUSING PROGRAM	5,000
TURNING POINTS NETWORK 11 SCHOOL STREET CLAREMONT, NH 03743	NONE	501(C)	PURCHASE 5 SECURITY SAFES FOR THE SHELTER BEDROOMS IN ORDER TO KEEP FAMILIES MEDICINE AND VALUABLES SECURE	1,000
Total . . . . . ▶ 3a				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
TWINSTATE MAKERSPACES INC PO BOX 100 LEBANON, NH 03766	NONE	501(C)	EQUIPMENT ACQUISITIONS AND OPERATIONAL COSTS TO SUPPORT RENOVATION OF SAWTOOTH MILL PROPERTY	1,000
UNION STREET SCHOOL SPRINGFIELD SCHOOLS SYSTEM 43 UNION ST SPRINGFIELD, VT 05156	NONE	501(C)	TO PURCHASE A NEW KILN FOR THE STUDENTS	500
UNITED VALLEY INTERFAITH PROJECT PO BOX 187 MERIDEN, NH 03770	NONE	501(C)	FUNDING TO SUPPORT THEIR COURSES PROVIDED TO SENIORS OF MODEST MEANS WISHING TO AGE IN THEIR HOME	1,500
VITAL COMMUNITIES 195 NORTH MAIN STREET WHITE RIVER JCT, VT 05001	NONE	501(C)	SPONSOR ECONOMIC DEVELOPMENT DAY	1,500
VOLUNTEERS IN ACTION PO BOX 707 WINDSOR, VT 05089	NONE	501(C)	FUNDING TO ASSIST ELDERLY, DISABLED, AND LOW-INCOME PERSONS BY PROVIDING TRANSPORTATION AND MEAL DELIVERY	1,000
Total 3a . . . . . ▶				89,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
WEST CENTRAL BEHAVIORAL HEALTH 9 HANOVER ST LEBANON, NH 03766	NONE	501(C)	FUNDING TO EXPAND THE CAPACITY TO PROVIDE ACCESSIBLE AND AFFORDABLE OUTPATIENT TREATMENT	1,500
WEST CLAREMONT CENTER FOR MUSIC AND ARTS PO BOX 902 CLAREMONT, NH 03743	NONE	501(C)	FUNDS TO EXPAND THE SUMMER CONCERT SERIES, INTERARTS SUMMER CAMP, AND YOUTH ART ENRICHMENT PROGRAM	2,500
WINDSOR FOOD SHELF PO BOX 462 WINDSOR, VT 05089	NONE	501(C)	FUNDING FOR FEEDING 32 ADDITIONAL STUDENTS IN THEIR WEEKEND LUNCHBOX PROGRAM	2,500
WINDSOR WAR MEMORIAL 123 ORCHARD LANE WINDSOR, VT 05089	NONE	501(C)	NEW FLAGS FOR THE WINDSOR WAR MEMORIAL AND NAMES TO BE ADDED TO THE MONUMENT	354
WOMEN'S HEALTH RESOURCE CENTER 1 MEDICAL CENTER DRIVE LEBANON, NH 03756	NONE	501(C)	SUPPLY DIAPER BANK AND THE CAR SEAT PROGRAM	2,000
Total . . . . . ▶ 3a				89,254

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491298004017

TY 2016 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	115,429
AT & T	83,678	105,644
HEALTH CARE PROPERTIES	0	0
FAIRPOINT COMMUNICATIONS	0	0
PAYCHECK INC	18,275	29,894
GENERAL ELECTRIC	79,335	89,133
KINDER MORGAN DELAWARE	92,045	42,650

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TY 2016 Other Expenses Schedule

Name: CLAREMONT SAVINGS BANK FOUNDATION

EIN: 33-1014741

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WIRE TRANSFER FEES	25	0		0
CHANGE IN COST BASIS	7,038	0		0

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TY 2016 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