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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For	<u>calen</u>	dar year 2017 or tax year beginning		, and ending		
Na	ne of	foundation			A Employer identification	number
		COMA SAVINGS BANK FOUND			22-2816632	
_		nd street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	
		NORTH PARK STREET			603-443-86	69
		own, state or province, country, and ZIP or foreign p ANON , NH 03766–0435	ostal code		C If exemption application is pe	ending, check here
G	heck	all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return	•		
		Address change	Name change		Foreign organizations med check here and attach cor	eting the 85% test, mputation
H C	heck	type of organization: X Section 501(c)(3) ex	kempt private foundation	OV	E If private foundation stat	tus was terminated
	Se		Other taxable private founda	ation Y	under section 507(b)(1)	
1 Fa	ır ma	rket value of all assets at end of year J Account	ing method: Cash	X Accrual	F If the foundation is in a 6	60-month termination
			ther (specify)		under section 507(b)(1)	(B), check here
_	\$	6,405,369. (Part I, colu	nn (d) must be on cash bası	s.)	<u></u>	
Pa	<u>irt l</u>	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	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	348,896.		N/A	维 富和 点
	2	Check In the foundation is not required to attach Sch. B			Sal Jan	
	3	Interest on savings and temporary cash investments	110.	110.		# - 34
	4	Dividends and interest from securities	133,429.	133,429.		
	5a	Gross rents				N NEW Y
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on tine 10	50,685.	HE SE SE		
evenue	b	Gross sales price for all assets on line 6a 2,559,104.	10 46.25			
, exe	7	Capital gain net income (from Part IV, line 2)		50,685.		
Ě	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)				
<u></u>		_Other_income	545.	0.		
Ď —	_	Total. Add lines 1 through 11	533,665.	184,224.		
	13	Compensation of officers, directors, trustees, etc	11,100.	0.	DECEN	0.
		Other employee salaries and wages			H ULULIV	<u> </u>
s		Pension plans, employee benefits			101 111 01 20	
		Legal fees			JUN 21 20	18
ē	D	Accounting fees	29,943.	0.	 	
ŭ	47	Other professional fees Interest	23,343.		OGDEN,	<u>UT</u>
ţį	17 18	Taxes	6,734.	0.		0.
stra	19	Depreciation and depletion	0,734.		 	
ij	20	Occupancy	<u> </u>		 	(M) (M) (3.4 M)
Ę	21	Travel, conferences, and meetings			 	
ď	22	Printing and publications			 	
<u>a</u>	23	Other expenses	5,015.	0.	 	0.
Operating and Administrative Expense	24	Total operating and administrative				
era		expenses Add lines 13 through 23	52,792.	0.		0.
ö	25	Contributions, gifts, grants paid	288,186.			288,186.
		Total expenses and disbursements				
_		Add lines 24 and 25	340,978.	0.		288,186.
	27	Subtract line 26 from line 12:				,
	a	Excess of revenue over expenses and disbursements	192,687.			
		Net investment income (if negative, enter -0-)		184,224.	}	
	С	Adjusted net income (if negative, enter -0-)			N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

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Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5,763,363. Form **990-PF** (2017)

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Part V Capital Gains							TTACH		PATEM		
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			[₆ ,5]	How ac - Purch	nase	(c) Date acquired (d) Date (mo., day, yr.) (mo., day					
1a					۲	- Dona	illoii			<u> </u>	
b											
C				·							
d											
<u>e</u>		·									
(e) Gross sales price		reciation allowed or allowable)		t or other basis xpense of sale					ain or (loss (f) minus		_
a											
b											
С											
d											
e 2,559,104.				2,508,41	9.					50	<u>,685.</u>
Complete only for assets showing							(1)	Gains (C	ol. (h) gain	minus	
(i) FMV as of 12/31/69		Adjusted basis of 12/31/69		cess of col. (ı) col. (ı), ıf any				Losses	ot less tha (from col. ((h)) 	
_a					[
<u>b</u>											
С											
<u>d</u>											-
<u>e</u>			L		-					50	<u>,685.</u>
2 Capital gain net income or (net ca	ipital loss)	If gain, also enter -0	r ın Part I, lıne I- ın Part I, lıne	7 7	}	2				50	,685.
3 Net short-term capital gain or (los	ss) as defined	in sections 1222(5) an	ıd (6):								
If gain, also enter in Part I, line 8,	column (c).	` ,	` ,		- }						
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndau Caa	tion 4040/o) tou	Daduard	Tay on Not		3			<u>N/A</u>		
							ent inco	me_			
(For optional use by domestic private	e foundations	subject to the section 4	1940(a) tax on	net investment in	come	.)					
If section 4940(d)(2) applies, leave th	his part blank										
			aunt of any va	a 4h baaa	40						X No
Was the foundation liable for the sect if "Yes," the foundation doesn't qualify				•	1007					Yes	LAL NO
1 Enter the appropriate amount in 6					ntries	_					
(a) Base period years		(b)	iou aoutono boli	oro maxing any-or	(c)			$\overline{}$		(d)	
Base periód years Calendar year (or tax year beginnii	na in)	Adjusted qualifying dis	tributions	Net value of no			use assets		Dıstrı (col. (b) dı	(d) bution ratio vided by col.	(c))
2016			1,487.		5	.54:	1,698	. 🗆	(0011 (12) 111	• 0	48990
2015			1,335.				5,766				57466
2014			0,201.				0,429			• 0	45092
2013		24	8,293.		5	,16	8,890	•		.0	48036
2012		21	6,402.		4	,468	8,433	•		• 0	48429
						_					_
2 Total of line 1, column (d)								2		. 2	<u>48013</u>
3 Average distribution ratio for the	5-year base p	eriod - divide the total	on line 2 by 5.0), or by the numb	er of y	years					
the foundation has been in exister	nce if less tha	in 5 years						3_		0	<u>49603</u>
								} ;	1		
4 Enter the net value of noncharitab	le-use assets	for 2017 from Part X,	line 5					4		5,906	<u>,734.</u>
								-			
5 Multiply line 4 by line 3								5		292	<u>,992.</u>
								-		_	
6 Enter 1% of net investment incom	ne (1% of Par	t I, line 27b)						6		1	<u>,842.</u>
											0.5.4
7 Add lines 5 and 6								7_		294	,834.
8 Enter qualifying distributions from	n Part XII lin	e 4						8		288	,186.
· · · ·			th and same	lote that acut		0/ +	a+a				<u>, </u>
If line 8 is equal to or greater than See the Part VI instructions.	n mie 7, checi	Cuie DOX IN Part VI, line	: 10, and comp	nete that part usir	ıga 1	% tax r	ate.				
See and a direct mode dediction						_				- 000	

	마 9약)-PF (2017) , MASCOMA SAVINGS BANK FOUNDATION 22-281 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	16632 Page 4
	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%	3,684.
	of Part I, line 27b	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.
3	Add lines 1 and 2	3,684.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	3,684.
6	Credits/Payments:	
а	2017 estimated tax payments and 2016 overpayment credited to 2017 <u>6a</u> 5,160.	
b	Exempt foreign organizations - tax withheld at source 6b 0.	
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.	
d	Backup withholding erroneously withheld 6d 0 •	
7	Total credits and payments. Add lines 6a through 6d	5,160.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1,476.
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► 1,476. Refunded ► 11 rt.VII-A; Statements Regarding Activities	0.
		I Wyoo No
Ia	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?	Yes No
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1a X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1b X
	distributed by the foundation in connection with the activities.	
c	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:	1c X
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.	
е	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?	2 X
	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
_	If "Yes," attach the statement required by General Instruction T.	
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 amende the governing instrument on that are made to a state of the sta	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the enverging instrument?	
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yea" complete Part II, and (a) and Part You	6 X
,	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
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	
va	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 X
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9 X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 X
		Form 990-PF (2017)

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X

3b

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

10/11/444 1 (2017)

Form 990-PF (2017)	, MASCOMA SAVINGS BANK FOUNDATION	22-	2816632 Page 7
Part VIII Ir	nformation About Officers, Directors, Trustees, Foundation and Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-p	paid independent contractors for professional services. If none, enter "N	ONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	E		
	<u></u>		
Total number of oth	ners receiving over \$50,000 for professional services		<u> </u>
Part IX-A S	ummary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical		Expenses
	tions and other beneficiaries served, conferences convened, research papers produce	d, etc.	
1 <u>N/A</u>	<u> </u>		
			
2			-
3			
·			
			1
4			
·			•
			[
Part IX-B Su	ımmary of Program-Related Investments		<u></u>
Describe the two la	rgest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1 N/A	· · · · · · · · · · · · · · · · · · ·		
2			
			<u></u>
	related investments. See instructions.		
3			
			}
			-
			1
			1
			

Form **990-PF** (2017)

For	n 990-PF (2017), MASCOMA SAVINGS BANK FOUNDATION	<u>22-2816632</u>	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	The State of the S	
	Average monthly fair market value of securities	1a 5,759 1b 237	,183.
	Average of monthly cash balances	1b 237	,501.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 5,996	,684.
	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 5,996	,684.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 89	,950.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 5,906	
6	Minimum investment return. Enter 5% of line 5	6 295	,337.
B	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	id certain	
	foreign organizations, check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 295	,337.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)	200	
C	Add lines 2a and 2b		<u>,684.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 291	,653.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 291	,653.
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	7 291	,653.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1,2,3,4,9	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 288	,186.
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	4 288	,186.
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	<u> 0 </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 288	,186.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		(a)	(b)	Т	(c)			(d)
		Corpus	Years prior to 201	16	201	6		017
1 Distributable amount for 2017 fr	rom Part XI,	· · · · · ·					_	
line 7							2	91,653.
2 Undistributed income, if any, as of the	end of 2017							
a Enter amount for 2016 only	ļ					0.		
b Total for prior years:				0.				1
3 Excess distributions carryover,	to 2017:			-0.	***			
a From 2012	ii aliy, to 2017.							
b From 2013								
c From 2014								
d From 2015	6,266.							
e From 2016								1
f Total of lines 3a through e		6,266.						
4 Qualifying distributions for 2017	7 from				,			
Part XII, line 4: ▶ \$2	88,186.		1	Ne.	15			
a Applied to 2016, but not more t	han line 2a		ř.,	And And	(all day / day)	0.	***	7 / 2
b Applied to undistributed income	•						" " " " " " " " " " " " " " " " " " "	
years (Election required - see in			Warted to	0.	<u> 2885</u>	'L'34-'	74, 3, 4 1 14, 34	AA.
c Treated as distributions out of c		•						
(Election required - see instruct		0.	3.000	33.6		100	2	88,186.
d Applied to 2017 distributable ar						'v'it		88,180.
e Remaining amount distributed of		3,467.	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tar			1.	3,467.
5 Excess distributions carryover applied (If an amount appears in column (d), the	d to 2017 he same amount	3,407.		A A			F 4.8	
must be shown in column (a))				. 3				
6 Enter the net total of each colu indicated below:	ımn as						4. 1	
a Corpus Add lines 3f, 4c, and 4e Sub	tract line 5	2,799.	i i	a i A				
b Prior years' undistributed incon					3.5			**
line 4b from line 2b				0.		.1	(1)	
c Enter the amount of prior years							, T	
undistributed income for which deficiency has been issued, or of						· /*	1 (4)	453.6
the section 4942(a) tax has bee				_				
assessed	. ,			0.			2.4	
d Subtract line 6c from line 6b. To	axable			^				
amount - see instructions		30 STAN - 1 STAN - 1		0.		** ***	. <u>1 </u>	
e Undistributed income for 2016						0.	, '	
4a from line 2a. Taxable amoun			**************************************		*** : 3.3	*** 7	***	25 h
f Undistributed income for 2017.			, ,	1.				
lines 4d and 5 from line 1. This be distributed in 2018	amount must	**(**)	· ·	٠.	Ž* :			0.
7 Amounts treated as distribution	ns out of	*	,		× ?.		. *	3.0
corpus to satisfy requirements			\$. •		* *	×	, ·	*1'; 🤾
section 170(b)(1)(F) or 4942(g					,			* *
may be required - see instruction		0.				27		1
8 Excess distributions carryover								
not applied on line 5 or line 7		0.					<u> </u>	
9 Excess distributions carryover	to 2018							
Subtract lines 7 and 8 from line	e 6a	2,799.			ļ		 	
10 Analysis of line 9:								
a Excess from 2013]	
b Excess from 2014	0 500	1						
c Excess from 2015	2,799.	4						
d Excess from 2016		4				ý,.		
e Excess from 2017					L	1		

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Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2017, enter the date of t	the ruling	▶		/
b Check box to indicate whether the found	•	=	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	(-,	(2) 20.0	10,2010	(4)-311	1 (5) (5)
investment return from Part X for					
each year listed				 	
b 85% of line 2a			<u></u>		
 Qualifying distributions from Part XII, 	Į.				
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of				1/	
exempt activities	1			, J. P.	
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	ļ			 	
alternative test relied upon:		ļ			
a "Assets" alternative test - enter:	ļ				
(1) Value of all assets				<u> </u>	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)			/		
b "Endowment" alternative test - enter			<i>†</i>		
2/3 of minimum investment return		/		1	
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	į.			ł	
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)		1			
(3) Largest amount of support from			 	 	
- ·		l			
an exempt organization_	 		 		
(4) Gross investment income	www.colines./Opensial		Alex Assembledien	b = 1 05 000 = = == =	<u> </u>
Part XV	rmation (Complet	te this part only i	t the toundation	naa \$5,000 or mo	re in assets
at any time during t	ne year-see instri	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed r			•		·
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration i	for an equally large ports	on of the ownership of a n	artnershin or
other entity) of which the foundation ha			or an equally large porti	on or the ownership or a p	arthoromp or
NONE	•				
					
2 Information Regarding Contribut			-		
				not accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc.,	, to individuals or organiza	ations under other condit	ions, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or email address of th	e person to whom applic	ations should be addres	sed:	
KIMBERLY ROBINSON, 6	03-448-3650				
PO BOX 435, LEBANON,	NH 03766				
b The form in which applications should t		tion and materials they s	horild include.		
SEE ATTACHED GUIDELI		aron and materials they s	noula molado.		
	-120				
c Any submission deadlines:	NEC				
SEE ATTACHED GUIDELI		 			
d Any restrictions or limitations on award					
GRANTS TO ORGANIZATI	ONS WITHIN	THE LENDING	AREA OF MA	SCOMA BANK	
723601 01-03-18					Form 990-PF (2017)

MASCOMA SAVIN	GS BANK FOUNDAT	ON	<u>22-281</u>	6632 Page 11
ementary Information	(continued)			
ibutions Paid During the Ye	ar or Approved for Future P	ayment		
tecipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount

3 Grants and Contr status of recipient any foundation manager or substantial contributor contribution Amount Name and address (home or business) a Paid during the year ATTACHED SEE ATTACHED NONE PUBLIC 288,186. **▶** 3a 288,186. Total **b** Approved for future payment NONE **▶** 3b Total

Form **990-PF** (2017)

Page 12

Part XVI-A	Analysis of Income-Producing	Activities
	,	

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513, or 514	(e)	
•	(a) (b)		(c) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business	Amount	sion code	Amount	function income	
•	- 5550		\neg			
a b	-		_			
^			1-1			
d						
e						
f	_		\dashv			
g Fees and contracts from government agencies			1-1			
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	110.		
4 Dividends and interest from securities			14	133,429.		
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			1 1			
7 Other investment income			14	545.		
8 Gain or (loss) from sales of assets other					<u> </u>	
than inventory	1		18	50,685.		
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		184,769.	0	
13 Total. Add line 12, columns (b), (d), and (e)				13	184,769	

Relationship of Activities to the Accomplishment of Exempt Purposes

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
\rightarrow	
-+	
-+	
_	
	_

Form **990-PF** (2017)

723621 01-03-18

17) . MASCOMA SAVINGS BANK FOUNDATION 22-2816632 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	1a(1) X 1a(2) X 1b(1) X 1b(2) X 1b(3) X 1b(4) X 1b(5) X 1b(6) X 1c X other assets, show in							
a)∟	ine no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	n of transfers, transactions, and	sharing arrangements
				N/A				
				 _				
			·		······································			
			- 			-		
	- +							
_								
					·		_ _	
						 		
				-1-1-1-1-1				
2a					or more tax-exempt organiz	zations described	ſ	Yes X No
		501(c) (other than section		tion 5277			t	Yes X No
b	it "Yes," c	omplete the following sche			(h) Tuno of accounts		(a) Decoration of relative	chin.
		(a) Name of org	anization		(b) Type of organization		(c) Description of relation	snip
		N/A						
						<u> </u>		
		_ -						
		·····			<u> </u>			
۸.					accompanying schedules and staxpayer) is based on all information		V V	ay the IRS discuss this
Sig	ויוּפ		J. J.	a (out a titul	1 /11 /10	N	ı	sturn with the preparer nown below? See instr
He		- V / ()/	14		6/14/18	Tru	sree	X Yes No
	Sıg	nature of officer of trustee	**/		Date	Title		
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN	
_		JAMES N. GO	ODFREY,)	self- employed	
Pa		CPA		JAMES	N. GODFREY,	06/13/18	P(0913422
Pr	eparer	Firm's name ► TYL:			SAUVEUR CPAS		Firm's EIN ▶ 02-0	
Us	e Only							
	-	Firm's address ▶ 19	MORGAN DI	RIVE				
			BANON, NH				Phone no. 603-6	553-0044
-								Form 990-PF (2017)

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

Employer identification number

MA	ASCOMA SAVINGS BANK FOUNDATION	22-2816632
Organization type (check o	ine).	
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 charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part-II, Inne-13,-16a, for, 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-
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductively to children or animals. Complete Parts I, II, and III.	-
year, contributions is checked, enter h purpose Don't co	In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a seculusively for religious, charitable, etc., purposes, but no such contributions totaled mannere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is, etc., contributions totaling \$5,000 or more during the year	ore 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 (Fo i Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization	Name	of o	οισάι	nizal	ion
----------------------	------	------	-------	-------	-----

waite of organization	Employer Identification number
MASCOMA SAVINGS BANK FOUNDATION	22-2816632
Part I F additional space is needed.	

Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MASCOMA SAVINGS BANK 67 NORTH PARK STREET LEBANON, NH 03766	\$348,896.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll 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
		\$	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 Occash 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.)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

• Name of organization

Employer identification number

MASCOMA SAVINGS BANK FOUNDATION

22-2816632

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

723454 11-01-17

CONTINUATION FOR 990-PF, PART IV 22-2816632 MASCOMA SAVINGS BANK FOUNDATION PAGE Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a FIDELITY 4292 ST COVERED VARIOUS VARIOUS b FIDELITY 4292 LT COVERED P VARIOUS VARIOUS c FIDELITY 4292 P **VARIOUS VARIOUS** d FIDELITY 5206 ST COVERED P VARIOUS VARIOUS e APPLE INC 5 SHARES P 03/10/9401/09/17 APPLE INC 4 SHARES 03/10/9408/04/17 g h 1 m п 0 (h) Gain or (loss) (g) Cost or other basis (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 1,359,176. 1,380,487. <21,311.> 1,001,013. 933,569. 67,444. b 75. 75. 197,639. 194,351. 3,288. d 575. 582. 7. 619. 5. 614. h m П Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of-col.-(h) gain over-col.-(k),_ (k) Excess of col. (1) (j) Adjusted basis but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any <21,311.> 67,444. b 75. 3,288. d 575. 614. n 0

723591 04-01-17 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

2 Capital gain net income or (net capital loss)

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

50,685.

N/A

FORM 990-PF INTERE	ST ON SAVING	S AND TEM	PORARY (CASH I	NVESTMENTS	STATEMENT 1
SOURCE		(A REVEI PER B	NUE		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
FIDELITY			110.		110.	
TOTAL TO PART I, LI	NE 3		110.		110.	
FORM 990-PF	DIVIDENDS	AND INTER	EST FROM	M SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV	(A) VENUE BOOKS		(C) I- ADJUSTED ME NET INCOME
FIDELITY	133,429.		0. 13	33,429	. 133,42	9.
TO PART I, LINE 4	133,429.		0. 13	33,429	. 133,42	9.
FORM 990-PF DESCRIPTION		OTHER I	(A) REVENUI		(B) NET INVEST- MENT INCOME	
FIDELITY UNRECAP SE FIDELITY NONDIVIDEN				17. _528	00	
TOTAL TO FORM 990-P	F, PART I, I	JINE 11		545.	0	•
	OTI	HER PROFES	SIONAL 1	FEES		STATEMENT 4
FORM 990-PF						
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT II	VEST-	(C) ADJUSTED NET INCOM	
	I	EXPENSES	NET IN	VEST-	ADJUSTED	CHARITABLE

FORM 990-PF	TAX	es —————	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX PAID ESTIMATED PAYMENTS	1,574. 5,160.			0.
TO FORM 990-PF, PG 1, LN 18	6,734.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
FORM 990-PF	OTHER E (A) EXPENSES	XPENSES (B) NET INVEST-	(C) ADJUSTED	TATEMENT 6 (D) CHARITABLE
FORM 990-PF DESCRIPTION	(A)	(B)	(C)	(D)
	(A) EXPENSES	(B) NET INVEST- MENT INCOME 0. 0. 0.	(C) ADJUSTED	(D) CHARITABLE

FORM 990-PF	U.S. AND ST	ATE/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 7
DESCRIPTION		U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US GOVERNMENT BO	NDS	×		475.	475.
TOTAL U.S. GOVER	NMENT OBLIGATI	ONS	-	475.	475.
TOTAL STATE AND	MUNICIPAL GOVE	RNMENT OBLIG	ATIONS		
TOTAL TO FORM 99	0-PF, PART II,	LINE 10A	•	475.	475.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK	-	78,021.	175,829
TOTAL TO FORM 990-PF, PART II,	LINE 10B	78,021.	175,829
	- -		
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9
FORM 990-PF DESCRIPTION	OTHER INVESTMENTS VALUATION METHOD	BOOK VALUE	STATEMENT 9 FAIR MARKET VALUE
	VALUATION	BOOK VALUE 5,340,281.	FAIR MARKET