EXTENDED TO NOVEMBER 15, 2019 **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.

| De | nartm | ent | | ter social security numbers on | | | | ZU IO | | |
|---------------------|---------------|-----------------------------|--|------------------------------------|----------------|----------------------|---|---|--|--|
| Inte | mal F | le v | enue Service ► Go to ww | vw.irs.gov/Form990PF for instr | uctions and t | the latest info | ormation. | Open to Public Inspection | | |
| Fo | rcal | enc | dar year 2018 ortax year beginning | | , and e | ndi ng | | | | |
| Name of foun dation | | | | | | | A Employer iden trication number | | | |
| | | | | | | | 06 450000 | | | |
| _ | | | ON SAVINGS BANK FOUNDA | | | I | 06-1508286 | | | |
| | | | d street (or PO box number if mail is not delivered to str | eet address) | | Room/suite | B Teleph one numb er | • • | | |
| _ | | | MAIN STREET - | | | L | 203-830-42 | 00 | | |
| | - | | iwn, state or province, country, and ZIP or foreig BURY, CT 06810 | gn postal code | | | C If exemption application is pe | ending, check here | | |
| G | Che | dk : | all that apply: Initial return | Initial return of a fo | ormer public o | harity | D 1 Foreign organizations | , check here | | |
| | | | Final return | Amended return | | | | | | |
| _ | | | Address change | Name change | | | 2 Foreign or ganizations med check here and attach con | eting the 85% test, mputation | | |
| Н | Che | ck ' | type of organization 💢 Section 501(c)(3 | 3) exempt private foundation | | | E If private foundation stat | tus was terminated | | |
| | | Sec | zion 4947(a)(1) nonexempt charitable trust | Other taxable private founda | | | under section 507(b)(1) | (A), check here ▶□ | | |
| 1 | Farr | naı | rketvalue of all assets at end of year J Accou | unting method. L Cash | X Accr | ual | F If the foundation is in a 6 | 60-month termination | | |
| | | ۱Pa | art II, col (c), line 16) | Other (specify) | _ | | under section 507(b)(1) | (B), check here ►∟ | | |
| | <u>▶\$</u> | | 6,706,514. (Part I, α | olumn (d) must be on cash basi | s.) | | | I | | |
| <u> </u> | art | | 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 | | vestment ome | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | | |
| | 1 | ı | Contributions, gifts, grants, etc., received | 14,755. | | | N/A | | | |
| | 2 | _ | Chock 🏲 🧱 if the toundation is not required to attach Sch. B | | | | | | | |
| | 3 | | Interest on savings and temporary cash investments | | | | | | | |
| | 4 | 1 | Dividends and interest from securities | 149,785. | 14 | 9,785. | | STATEMENT 1 | | |
| | 5 | ā | Gross rents | | | | | | | |
| | | b | Net rental income or (loss) | | | | | | | |
| | a 6 | | Net gain or (loss) from sale of assets not on line 10 | 251,169. | | | | | | |
| | ᇍ | b Gross sales price for all | | · | | | | | | |
| | Revenue | 7 | Capital gain net in come (from Part IV, line 2) | | 25 | <u>1,169.</u> | | | | |
| | " 8 | | Net short-term capital gain | | - | | | | | |
| | 9 | | Income modifications Gloss selles less returns | | | | Energia reside therefore | and 1 s (day to the | | |
| | 10 |)a . | and allowances | | | | \$ " 5 e " 5" n | of Whenther and | | |
| | | | Less Cost of goods sold | | | | 8 004 | t and | | |
| <u>0</u> | ١., | | Gross profit or (loss) | - | | | 응 OCT 5 | 1 1/2/10 | | |
| 2019 | 111 | | Other income Total Add lines 1 through 11 | 415,709. | 40 | 0,954. | | | | |
| œ | 13 | | Compensation of officers, directors, trustees, etc | 0. | 10 | 0, <u>054.</u> 0. | ା oc a | 215, UT 0. | | |
| ♣, | 114 | | Other employee salaries and wages | <u> </u> | | | | - | | |
| | 15 | | Pension plans, employee benefits | | | | | | | |
| 2 | Ø 46 | | Legal fees | | | | | | | |
| _ | SU. | | Accounting fees STMT 2 | 11,150. | | 0. | | 11,150. | | |
| ᆸ | ă X | | Other professional fees | | | | | • | | |
| Z | 비 17 연 | | Interest | | | + | | | | |
| SCANNED | dministrative | | Taxes | | | | | | | |
| 3 : | 19 |) | Depreciation and depletion | | | | | | | |
| I I) ; | 튀20 |) | Occupancy | | | | | | | |
| • | 4 21 | ١. | Travel, conferences, and meetings | | | | | | | |
| • | E 22 | 2 | Printing and publications | | | | | | | |
| | | 3 | Other expenses STMT 3 | 100. | | 0. | | 100. | | |
| ; | Operating | , | Total operating and a dministra tive | | | _ | | | | |
| | S B | | expenses Add lines 13 through 23 | 11,250. | | 0. | | 11,250. | | |
| (| 23 | | Contributions, gifts, grants paid | 380,039. | | | | 380,039. | | |
| | 26 | | Total expenses and disbursements. | 204 205 | | _ | | 204 202 | | |
| _ | + | | Add lines 24 and 25 | 391,289. | | 0. | | 391,289. | | |
| | 27 | ' | Subtract line 26 from line 12 | 1 04 400 | | | | e see se | | |
| | | | Excess of revenue over expenses and disbursements | 24,420. | 40 | 0 054 | - | | | |
| | | | Net investment income (f negative, enter -0-) | - | 400 | 0,954. | N/A | | | |
| | | r. | Adjusted not income (I necessary enter -0-) | 1 | | | I IN/A | | | |

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2018)

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| For | m 99 | 0-PF (2018) UNION SAVINGS BANK FOUND | | 06- | 1508286 Page 2 |
|--------------------------|-------|---|-------------------|---------------------------------------|---------------------------|
| P | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | | fyear |
| <u> </u> | | cdiumn should be for end-of year amounts only | (a) Book Value | (b) Book Value | (c) Far Market Value |
| | 1 | Cash - non-interest-bearing | J | | |
| | 2 | Savings and temporary cash investments | 237,632. | 227,758. | 227,758. |
| | 3 | Acœunts receivable ▶ | | | <u> </u> |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledg es recevable ▶ | | · · · · · · · · · · · · · · · · · · · | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 1 | Recevables due from officers, directors, trustees, and other | | . | |
| | ľ | disqualified persons | | | |
| | , | Other notes and loans receivable | | | 1 |
| | l ' | Less allowance for doubtful accounts | | | |
| | ١. | | | - | |
| Assets | | Inventories for sale or use | | | |
| Ş | 9 | Prepaid expenses and deferred charges Investments - U.S. and state government obligations STMT 4 | 139,577. | 137,436. | 137,436. |
| _ | l | j j | | | |
| | | Investments - corp orate sto ck | 766,450. | 6 335 953 | 6,335,852. |
| | | Investments - corp orate bonds STMT 5 | 6,250,293. | 6,335,852. | 0,333,832. |
| | 11 | Investments - land, buildings, and equipment basis | | ····· | |
| | | Less accumulated deprecation | | | |
| | 1 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | . |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated deprecation | | - 100 | |
| | | Other assets (describe ACCRUED INTEREST RE) | 5,755. | 5,468. | 5,468. |
| | 16 | Total assets (to be completed by all filers - see the | E 200 E0E | 6 506 514 | 6 506 544 |
| | | instructions. Also, see page 1, item I) | 7,399,707. | 6,706,514. | 6,706,514. |
| | | Accounts payable and accrued expenses | | | |
| | l | Grants payable | | | <u> </u> |
| 88 | 19 | Deferred revenue | | | |
| Ĭ | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabillties | 21 | Mortgages and other notes payable | | | <u> </u> |
| _ | 22 | Other liabilities (describe | | | 1 |
| | 1 | | <u>,</u> | _ | [|
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | } |
| | | Foundations that follow SFAS 117, check here | | | |
| ,- | | and complete lines 24 through 26, and lines 30 and 31 | 7 200 505 | C 70C 514 | |
| 8 | | Unrestricted | 7,399,707. | 6,706,514. | |
| ā | 25 | Temporanly restricted | | | |
| Net Assets or Fund Balan | 26 | Permanently restricted | | | |
| ind | | Foundations that do not follow SFAS 117, check here | j | | |
| Ę | | and complete lines 27 through 31. | | | |
| ts o | 27 | Capital stock, trust principal, or current funds | | | |
| se | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 1 | | <u> </u> |
| ţ | 29 | Retained earnings, accumulated income, endowment, or other funds | 7 200 505 | C 00 C 54 4 | |
| Ž | 30 | Total net assets or fund balances | 7,399,707. | 6,706,514. | |
| | | | 7 200 707 | C 70C -14 | |
| _ | 31 | Total liabilities and net assets/fund balances | 7,399,707. | 6,706,514. | |
| Р | art | Analysis of Changes in Net Assets or Fund Ba | lances | | |
| _ | Total | not accept or fund halances at hagmains of year - Dart II solution (a) line 2 | 20 | <u> </u> | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line 3 | ou . | 1.1 | <u>7</u> ,399,707. |
| | - | t agree with end-of-year figure reported on prior year's return) amount from Part I, Ime 27a | | | 24,420. |
| | | amount from Part 1, tole 27a Increases not included in line 2 (itemize) | | 3 | 24,420. |
| | | ines 1, 2, and 3 | | 3 | 7,424,127. |
| | | nnes 1, 2, and 3 eases not included in line 2 (itemize) | I/(LOSS): ON THY | | 717,613. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, col | | 6 | 6,706,514. |
| | ioras | nerasses or fund variances at end of year (fine 4 finitus fine 5) - Pat (fi, Wi | unui Ju), inie oo | 1.6 | Form 990-PF (2018) |
| | | | | | 101111 12010) |

| Part IV Capital Gains | and Lo | sses for Tax on Inv | vestment | Income | | | | | | <u> </u> |
|--|--------------|--|--------------------|--------------------------------------|--------|-------------|------------|-----------------------|--|----------------------------------|
| | | | | | | | | acquired lay, yr.) | (d) Date sold (mo., day, yr.) | |
| 1a SALE OF SECURI | TIES | | | | ٢ | 0011 | P | | | |
| b CAPITAL GAINS | DIVIE | ENDS | | | | | | | | |
| _с | | | | _ | | | | | | |
| _d | | | | | | | | | | |
| <u>e</u> | | | | | | | | | | |
| (e) Gross sales pnce | (f) | Depreciation allowed (or allowable) | ,., | st or other basis expense of sale | | | | | Sain or (loss s (f) minus | |
| <u>a</u> 953,388. | | | | 770,92 | 4. | | | | | 182,464. |
| <u>ь</u> 68,705. | | | | | | | | | | 68,705. |
| <u>c</u> | | | | | | | | | | |
| _d | | | | _ . | | | | | | |
| <u>e</u> | | | | | | | | | | |
| Complete only for assets shown | | · · · · · · · · · · · · · · · · · · · | | | | | | | Col (h) gam | |
| (i) FMV as of 12/31/69 | ı | (j) Adjusted basis as of 12/31/69 | | ccess of col. (ı) | | | | | not less that (from col (| |
| _a | | | | | | | | | | 182,464. |
| _b | | | | | | | | | | 68,705. |
| _c | | | | | | | | | | |
| <u>d</u> | | | | | | | | | | |
| <u>e</u> | | | | | | | | | | |
| 2 Capital gain net income or (net ca | apıtal loss) | If gain, also enter If (loss), enter -0- | | | } | 2 | | | | 251,169. |
| 3 Net short-term capital gain or (lo | ss) as defi | ned in sections 1222 (5) and | d (6) [.] | | ٦ | | | | | |
| If gam, also enter in Part I, line 8, | • | :) | | | H | | | | 37/3 | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | nder S | ection 4940(e) for F | Badired | Tay on Not I | nye | 3 etm | ent Inc | me | N/A | |
| | | | | | | | | , iiie | <u> </u> | |
| (For optional use by domestic private | toundaud | ons subject to the section 4s | 940(a) tax on | net investment inc | ome. | .) | | | | |
| If section 4940(d)(2) applies, leave the | his part bla | ınk. | | | | | | | | |
| Was the foundation liable for the sec | tion 4942 | tay on the distributable amo | ount of any ve | ar in the bace neri | 042 | | | | | Yes X No |
| If "Yes," the foundation doesn't qualif | | | | • | our | | | | | 165 <u>[21</u> 190 |
| 1 Enter the appropriate amount in | | • | | | tries. | | | | | |
| (a) | | (b) | , | | (c) | | | | | (d) outon ratio |
| Base periód years Calendar year (or tax year beginni | ngın) | Adjusted qualifying dist | ributions | Netvalue of no | nchar | ıtable- | use assets | - | (col. (b) div | oution ratio ided by col (c)) |
| 2017 | | 153 | 3,795. | | 4 | , 93 | 3,120 | • | | .031176 |
| 2016 | | 149 | 902. | | | | 4,043 | | | .054628 |
| 2015 | | | 5,650. | | 2 | ,72 | 4,930 | | | .064827 |
| 2014 | | | 2,175. | | | | 9,422 | | | .067920 |
| 2013 | | 21 1 | L,558. | | 2 | <u>, 76</u> | 0,011 | • | | .076651 |
| | | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | | 2 | | .295202 |
| 3 Average distribution ratio for the | 5-yearbas | e period - divide the total or | n line 2 by 5.0 |), or by the numbe | r of y | ears | | | | |
| the foundation has been in exister | nce if less | than 5 years | | | | | | 3 | | .059040 |
| | | | _ | | | | | | | 7 152 072 |
| 4 Enter the net value of noncharitab | le-use ass | ets for 2018 from Part X, Ir | ne 5 | | | | | 4 | ļ | 7,153,873. |
| P. Mulhari Ivas A.h., Ivas O | | | | | | | | _ | | 422 265 |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | <u> </u> | 422,365. |
| 6 Enter 19/ of not museument many | / 10/ f [| Part I for 07h) | | | | | | | | 4,010. |
| 6 Enter 1% of net investment incom | 16 (1% 011 | rarti, une 270) | | | | | | 6 | | 4,010. |
| 7 Add lines 5 and 6 | | | | | | | | 7 | | 426,375. |
| , rad into valla v | | | | | | | | <u> </u> | <u> </u> | |
| 8 Enter qualifying distributions from | n Part XII, | line 4 | | | | | | 8 | | 391,289. |
| If line 8 is equal to or greater than | n line 7. ch | eck the box in Part VI. line | 1b, and comn | lete that part using | ja 19 | ∕atax π | ate. | _ | | |
| See the Part VI instructions | | | . = . = | | | | | | <u>. </u> | |
| 823521 12-11-18 | | | | | | | | | F | orm 990-PF (2018) |

| Form 990-PF (2018) UNION SAVINGS BANK FOUNDATI | | 1508286 Page | <u>: 4</u> |
|---|---|-------------------|------------|
| Part VI Excise Tax Based on Investment Income (Section | | 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 lett | er if nece ssary-see instructions) | | ╝ |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check h | nere 🕨 🔲 and enter 1% 📗 📘 | 8,019 | • |
| of Part I, line 27b | | | 7 |
| c All other domestic foundations enter 2% of line 27b. Exempt for eign organizations, e | 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 | 8,019 | - |
| 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- | 8,019 | - |
| 6 Credits/Payments: | | , | \neg |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 | 6a 1,897. | | |
| b Exempt foreign organizations - tax withheld at source | 6b 0. | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 10,500. | | |
| d Backup withholding erroneously withheld | 6d 0. | | |
| 7 Total credits and payments. Add In es 6a through 6d | 7 | 12,397 | _ |
| 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 222 | | 52 | |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | <u> </u> |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount over | · · · · · · · · · · · · · · · · · · · | 4,326 | _ |
| 11 Enter the amount of line 10 to be. Credited to 2019 estimated tax | 4,326. Refunded 11 | 0, | |
| Part VII-A Statements Regarding Activities | Ty o T o o included by in | | <u>-</u> |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local | cal legislation or did it participate or intervene in | Yes No | _ |
| any political campaign? | ar regionation or draw paragraphic or the vote in | 1a X | _ |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political | I numoses? See the instructions for the definition | 1b X | |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and | | <u>''' </u> | \neg |
| distributed by the foundation in connection with the activities. | oopia oranj maoralo paononia or | | - { |
| c Did the foundation file Form 1120-POL for this year? | | 1c X | |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed du | rna the vear | " | |
| (1) On the foundation \blacktriangleright \$ (2) On foundation m | · · | | } |
| e Enter the rembursement (if any) paid by the foundation during the year for political | | | 1 |
| managers. > \$ 0. | acparation aximpoods on identication | | ł |
| 2 Has the foundation engaged in any activities that have not previously been reported to | to the IRS? | $\frac{1}{2}$ | _ |
| If "Yes," attach a detailed description of the activities. | to die ino | | _ |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its government. | erning instrument articles of incomposition or | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang | | 3 X | |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during | | 4a X | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | /A 4b | _ |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the | | / 1 | _ |
| If "Yes," attach the statement required by General Instruction T | , | | _ |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sati | stied either | | |
| By language in the governing instrument, or | 31100 618161 | | 1 |
| By state legislation that effectively amends the governing instrument so that no ma | andatory directions that conflict with the state bur | | |
| remain in the governing instrument? | andatory un ecuons unat commet with the state taw | 6 X | |
| 7 Did the found attorn have at least \$5,000 in assets at any time during the year? If "Yes | " complete Part II on! (a) and Part V/ | 7 X | _ |
| . One the location make a treast popolitic assets at any uniteriuming alleyed in thes | , complete raitii, wii. (v), allu rait Av | / A | _ <u>i</u> |
| 8a Enter the states to which the foundation reports or with which it is registered. See in | etructions | | 1 |
| CT | on neurona. | — | 1 |
| b If the an swer is "Yes" to line 7, has the foundation fumished a copy of Form 990-PF t | to the Attorney General (or designate) | | ┪ |
| | to the Attorney denotal (or designate) | 8b X | |
| of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the mean in | ng of section 4942(1)/3) or 4942(1)/5) for colorator | | -, |
| year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Ye | • | 9 - X | ゴ |
| | | | |
| 10 Did any persons become substantial contributors during the tax year? ir Yes,* attach. | a schedule listing their names and addresses | 10 X | _ |

| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
|----|--|----------------|----------|-----|
| | | | Yes | No |
| 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 | | Х |
| 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 | Ì | х |
| 13 | Did the found abon comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► LAURA SZABLAK Telephone no ► 203-83 | 30-4 | 200 | |
| | Located at ► 226 MAIN ST., DANBURY, CT ZIP+4 ►00 | | | |
| 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 | N | /A | |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securibes, or other financial account in a foreign country? | 16 | 1.00 | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | 10 | | |
| | | | | |
| Pa | foreign country ► rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | J | <u> </u> | |
| | | 1 | Yes | No |
| 4. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 18 | 140 |
| 18 | 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 X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | ŀ | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? | | | |
| | (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 penod after | | | |
| | termination of government service, if terminating within 90 days) | | İ | |
| 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 N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| C | Did the found attorn 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 2018? | 1c | | X |
| 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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2018? Yes X No | | | 1 |
| | If "Yes," list the years | | | |
| 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 | l | | |
| | statement - see instructions) N/A | 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. | | | |
| | > | | |] |
| 3a | Did the found abon hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | dunng the year? $lacksquare$ Yes $lacksquare$ No | | | |
| b | If "Yes," did it have excess business holdings in 2018 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 2018.) N/A | 3b | | |
| 42 | Did the found abon invest during the year any amount in a manner that would geopardize its chantable purposes? | 4a | | Х |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | - 1 |
| • | had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4b | | X |
| | | rm 99 0 | -PF | |

| orm 990-PF (2018) UNION SAVINGS BANK FOUNDA Part VII-B Statements Regarding Activities for Which Fo | | | 06-15082 | 86 | Page 6 |
|--|---|-----------------------------|---|------------|----------------------|
| 5a During the year, did the foundation pay or incur any amount to | Ci III 47 20 May be h | equirea (continu | ued) | Υe | s No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | Ye | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); or | r to carry on, directly or indir | ectly, | | | |
| any voter registration drive? | | | es X No | | ŀ |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | 7 | Ye | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | i described in section | | □ | | |
| 4945(d)(4)(A)? See instructions | an advertigation of the | | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? | or educational purposes, or i | | es X No | | |
| b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described | | | İ | ł |
| section 53 4945 or in a current notice regarding disaster assistance? See instru | | | - | 5b — | _ x |
| Organizations relying on a current notice regarding disaster assistance, check hi | | | ▶□ [| | |
| If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro | om the tax because it mainta | ined | | | |
| expenditure responsibility for the grant? | 1 | ¶/A □ Ye | es 🔲 No | İ | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | Ì | | |
| a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | | . . | | |
| a personal benefit contract? | araanal hanafit aaat-aata | Ye | es X No _ | <u></u> - | $- \frac{1}{x} $ |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe if "Yes" to 6b, file Form 8870. | er Sonat Detent Contract? | | - | 6b | +^ |
| a At any time during the taxyear, was the foundation a party to a prohibited tax sh | helter transaction? | ☐ Ye | s 🗓 No | | |
| b if "Yes," did the foundation receive any proceeds or have any net income attribut | | | | 7b | |
| Is the foundation subject to the section 4960 tax on payment(s) of more than \$1 | | • | | | |
| excess parachute payment(s) during the year? | | | s X No | | |
| art VIII Information About Officers, Directors, Truste Paid Employees, and Contractors | es, Foundation Mai | nagers, Highly | | | |
| List all officers, directors, trustees, and foundation managers and th | eir compensation | | | | |
| 2.15. a. romous, ansetors, tractors, and roandasser managers and th | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans | (e) | xpense |
| (a) Name and address | hòurs per week devoted to position | (If not paid, enter -0-) | and deferred compensation | accou | int, other wances |
| | | | <u>,</u> | | |
| _ | | _ | _ | | |
| EE STATEMENT 7 | | 0. | 0. | | 0. |
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| | | | | L | |
| Compensation of five highest-paid employees (other than those incl | uded on line 1). If none, | enter "NONE." | (d) Contabilition to | | · |
| l l | O A TAIL - 1 | 1 | (d) Contributions to | . (0) | xpense |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | em ployee bene fit plans | accou | nt, other |
| 1-7 | (b) Title, and average hours per week devoted to position | (c) Compensation | employee bene fit plans and deferred compensation | accou | nt, other wances |
| (a) Name and address of each employee paid more than \$50,000 | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |
| \-\frac{1}{2} | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |
| 1-7 | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |
| \-\frac{1}{2} | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |
| 1-7 | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |
| 17 | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |
| 1-7 | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |
| 1-7 | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |
| \-\frac{1}{2} | ` hours per week " | (c) Compensation | em ployee benefit plans and deferred | accou | |

| | 508286 Pa | ge 7 |
|--|-----------------------|-------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensa | ation |
| NONE | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| 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 | | |
| | | |
| | | |
| 2 | | |
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| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
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| | | |
| 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 | Amount | |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program related investments. See instructions | | |
| 3 | | |
| | | |
| | | |
| Manual Control of the | | |
| | | |
| | | |
| Total. Add Ines 1 through 3 | | 0. |
| | Form 990-PF (2 | 2018) |

| F | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations | , see instructions) |
|----|---|-------------|---------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | | 1a | 7,081,507. |
| b | Average of monthly cash balances | 1b | 175,873. |
| c | Fair market value of all other assets | 1c | 5,435. |
| d | Total (add lines 1a, b, and c) | 1d | 7,262,815. |
| е | Reduction daimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 7,262,815. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 108,942. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 7,153,873. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 357,694. |
| P | art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations an | d certain | |
| _ | foreign organizations, check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 357,694. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | | |
| ь | Income tax for 2018 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 8,019. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 349,675. |
| 4 | Recovenes of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 349,675. |
| 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 | 349,675. |
| 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 1 | 391,289. |
| 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 chantable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 391,289. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | ncome Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 391,289. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qu | | |
| | 4940(e) reduction of tax in those years. | | |

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years pnor to 2017 | (c) 2017 | (d) 2018 |
|--|---------------|---------------------------|-------------|-----------------------------|
| 1 Distributable amount for 2018 from Part XI, | 00.740 | 1000 pilot to 2011 | 2017 | 2010 |
| line 7 | , | | | 349,675. |
| 2 Undistributed income, if any, as of the end of 2018 | | | _ | |
| a Enter amount for 2017 only | | | 0. | |
| b Total for prior years: | | | | |
| Consequently the consequence of any to 2010; | | 0. | | |
| 3 Excess distributions carryover, if any, to 2018: | | | | |
| a From 2013 74,871. b From 2014 54,970. | | | | |
| b From 2014 54,970. c From 2015 47,481. | | | | |
| d From 2016 14,693. | | | | |
| e From 2017 | | | | |
| f Total of Ines 3a through e | 192,015. | - | | |
| 4 Qualifying distributions for 2018 from | 132,0130 | | <u> </u> | |
| Part XII, fine 4: ►\$ 391, 289. | | | | |
| a Applied to 2017, 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 2018 distributable amount | | | | 349,675. |
| e Remaining amount distributed out of corpus | 41,614. | | | ł |
| 5 Excess distributions carryover applied to 2018 | 0. | | | 0. |
| (If an amount appears in column (d), the same a mount 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 | 233,629. | | | |
| b Prior years' undistributed income Subtract | : | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of pnor years' undstributed 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 2017. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2018. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2019 | | | | 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 2013 | | | | |
| not applied on line 5 or line 7 | 74,871. | - ماده فهسست | | |
| 9 Excess distributions carryover to 2019. | 4=4 ==4 | | ^ |] |
| Subtract lines 7 and 8 from line 6a | 158,758. | - | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2014 54,970. | | | | |
| b Excess from 2015 47, 481. | | | | |
| c Excess from 2016 14,693. | | | | |
| d Excess from 2017 e Excess from 2018 41,614. | | | | |
| e Excess from 2018 41,614. | | | | Form 990 - PF (2019) |

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Form **990-PF** (2018)

| | | FOUNDATION | | | 08286 Page 10 |
|---|--------------------------------|--|---------------------------|------------------------------|---------------------------|
| Part XIV Private Operating F | | | A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | | | | | |
| foundation, and the ruling is effective fo | • | - | . ▶ ∟_ | 1,0,000,000 | 0.4043.453 |
| b Check box to indicate whether the found | | ng toundation described i | | 4942(j)(3) or4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | (e) Total |
| ncome from Part I or the minimum | (a) 2010 | (0) 2017 | (6) 2010 | (0) 2013 | (6) 10(4) |
| nvestment return from Part X for | | | | | |
| each year listed | | | <u>.</u> | - | |
| b 85% of line 2a | | | | | <u> </u> |
| c Qualifying distributions from Part XII, | | | | | |
| fine 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 | | | <u> </u> | | |
| alternative test relied upon: | | | | İ | |
| a "Assets" alternative test - enter. (1) Value of all assets | Ì | | | | |
| • • | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test - enter | | | 1 | | |
| 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 | <u> </u> | 1 | | <u> </u> | <u>L</u> |
| PartiXVa Supplementary Info | | | f the foundation | had \$5,000 or mo | re in ass <i>e</i> ts |
| at any time during the | | uctions.) | | | |
| 1 Information Regarding Foundatio | | | | | |
| a List any managers of the foundation who year (but only if they have contributed in | | | ibutions received by the | foundation before the dos | e of any tax |
| • • • | iore man 40,000). (See s | ecuon 307(u)(2)) | | | |
| NONE | 4001 | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | or an equally large porti | on of the ownership of a pa | inthership or |
| NONE | o a 1070 or ground miles | | | | |
| | O Oin Loon | Cabalarahin da Du | | | |
| 2 Information Regarding Contributi Check here ► if the foundation of | | | - | not accept uncollected requi | acts for funds. If |
| the foundation makes gifts, grants, etc. | | | | | es is for fullus, fi |
| a The name, address, and telephone numl | | | <u> </u> | | . |
| a mename, address, and telephone numi | שמי טו כווומוו מטעו כ 22 טו שו | ie peison to whom appace | ations should be addres | acu, | |
| SEE STATEMENT 8 | | | | | |
| b The form in which applications should b | e submitted and informa | tion and materials they sh | only include. | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields, | knds of institutions, or | o ther factors: | |
| | | | | | |
| 823601 12-11-18 | | | | | Form 990-PF (2018) |

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Total

▶ 3b

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Form **990-PF** (2018)

| Part XVI-A | Analysis of | Income-Producing | Activities |
|------------|-------------|------------------|------------|
|------------|-------------|------------------|------------|

| Enter gross a mounts unless at heruses undicated | Unrelated business income | | | ided by section 512, 513, or 514 | | | |
|--|---------------------------|----------------------------|-----------------------|----------------------------------|---------------------------------------|--|--|
| Enter gross amounts unless otherwise indicated. | (a) Busmess | (b) Amount | (C) Exclu- sion | (d) Amount | (e) Related or exempt function income | | |
| 1 Program service revenue: | code | | code | 74HOUR | - Idioton modific | | |
| a | | | | | | | |
| b | | | ├ | | | | |
| <u> </u> | | | 1 | | | | |
| d | | | | | | | |
| e | | | - | | | | |
| | | ! | | | | | |
| g Fees and contracts from government agencies | | <u> </u> | - | | | | |
| 2 Membership dues and assessments | | | | | | | |
| 3 Interest on savings and temporary cash | | | | | | | |
| investments 4 Dividends and interest from securities | <u> </u> | | 14 | 149,785. | | | |
| | | | 1.4 | 149,703. | | | |
| 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 | | | | | | | |
| proper ty | | | | | | | |
| 7 Other investment income 8 Gain or (loss) from sales of assets other | | | ļ | | | | |
| • • | | | 18 | 251,169. | | | |
| than inventory 9 Net income or (loss) from special events | | | 10 | 251,107. | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | | |
| 11 Other revenue | | | | | | | |
| | | | | | | | |
| b | | | | | | | |
| | <u> </u> | | | | | | |
| c | | | | | | | |
| e | | | - | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0. | | 400,954. | 0. | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 400,954. | | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | "— | 200725 | | |
| Part XVI-B Relationship of Activities to | the Acco | molichment of Eve | mnt | Purmos os | | | |
| relationship of Activities to | THE ACCO | inpusiment of Exe | ampu | ruiposes | | | |
| Line No. Explain below how each activity for which incon | ne is reported i | n column (e) of Part XVI-A | contrib | uted importantly to the accomp | olishment of | | |
| the foundation's exempt purposes (other than b | | | | | _ | | |
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823621 12-11-18

| Form 99 | 0-PF (2 | 018) UNION | SAVINGS | BANK F | OUNDATION, | INC. | 06-15 | 08286 | Pa | age 13 |
|--|----------------------|--|---------------------------------------|---------------------------|----------------------------------|--|-------------------------------------|-----------------------------------|-----------|---------------|
| Part | XVII | | | sfers to a | nd Transactions | and Relation | ships With Noncha | ritable | | |
| | | Exempt Organ | izations | | | | | | | |
| 1 Did | i the org | ganization directly or indi | rectly engage in any | of the followin | ng with any other organiza | ation described in s | ection 501(c) | | Yes | No |
| (ot | her thar | n section 501(c)(3) organ | iizations) or in sectio | n 527, relat n (| g to political organizations | 3? | | | | |
| a Tra | nsfers | from the reporting found: | ation to a noncharitat | ole exempt org | ganization of: | | | _ | | |
| (1) | Cash | | | | | | | 1a(1) | | X |
| (2) | Other | assets | | | | | | 1a(2) | | X |
| b Otl | er trans | sactions: | | | | | | | | |
| (1) | Sales | of assets to a noncharita | ble exempt organizat | ion | | | | 16(1) | | X |
| (2) | Purch | ases of assets from a no | ncharitable exempt o | rganization | | | | 1b(2) | | Х |
| (3) Rental of facilities, equipment, or other assets | | | | | | | | 1b(3) | | Х |
| (4) | Reimb | oursement arrangements | | | | | | 1b(4) | | Х |
| ٠, | | or loan guarantees | | | | | | 1b(5) | | Х |
| | | mance of services or me | em bership or fundrais | ing solicitatio | ns | | | 1b(6) | | Х |
| • • | | facilities, equipment, ma | * | - | | | | 1c | | Х |
| | _ | | - | | · - | always show the fa | ar market value of the good | | ets. | |
| | | | | | • • | | bon or shanng arrangement | | , | |
| | |) the value of the goods, | | | | • | | • | | |
| (a) Line n | | (b) Amount involved | · · · · · · · · · · · · · · · · · · · | | e exempt o rganization | (d) Descrip | otion of transfers, transactions, a | ndsharing arr | angemer | nts |
| - | | • | | N/A | | | | | | |
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| 0- 101 | ho fo un | datan diraatiy asindiraa | the office to discust on a | nlated to one | or more tax-exempt orga | nizationa dagasiha | | | | |
| | | • | • | • | or more tax-exempt orga | unza nons de scribe | J | Vaa | ΓV | No |
| | | 501(c) (other than section | | 30011 327 F | | | | Yes | LA | _1 NO |
| <u>D II</u> | <u>τω, ω</u> | mplete the following scho (a) Name of org | | | (b) Type of organization | n I | (c) Description of relation | nehin | | |
| | | N/A | jan Eacon | | (b) Type of organization | <u>'</u> | (c) bescription or reality | лізіір | | |
| | | N/A | | | <u> </u> | | | | | |
| | | <u>.</u> | | | | | | | | |
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| | Linder - | nenalties of nerview 1 declares | hat I have everymened this | return includes | accompanying schedules and | I statements and to the | a hest of my knowledge - | | | |
| Sign | | | | | taxpayer) is based on all infori | | | May the IRS or return with the | | |
| Here | $ \mathbf{M}\rangle$ | L. UIKS | 0 | | Lolicha | T | | shown below | ? See ins | str |
| | Sign | ature of officer or trustee | | | | | urer_ | X Yes | | No |
| | Jagai | Print/Type preparer's na | | Preparer's si | Date | Date | Check of PTI | N . | | |
| | | | | ricuate 5 \$1 | rymature — | | self - employed | IN | | |
| Paid | | CHARLES J. | FRAGO, | 1 0 h | ales Tears | 8-29-19 | 1 ' ' 1 | 01015 | E 0 7 | |
| | | CPA | | | 1 5 | 1 | <u> </u> | 01215 | 30 / | |

Form 990-PF (2018)

Firm's EIN ► 04-2689883

Phone no. 617-439-9700

Preparer

Use Only

Firm's name WOLF & COMPANY, P.C.

Firm's address ▶ 99 HIGH STREET, 21ST FLOOR BOSTON, MA 02110

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

2018

Name of the organization Employer identification number UNION SAVINGS BANK FOUNDATION, INC. 06-1508286 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 charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, Ine 1 Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PA), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number UNION SAVINGS BANK FOUNDATION, INC. 06-1508286 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution 1 UNION SAVINGS BANK Person XPayroll 14,755. PO BOX 647 Noncash (Complete Part II for DANBURY, CT 06813 noncash contributions) (b) (a) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroli Noncash (Complete Part II for noncash contributions) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for

823452 11-08-18

noncash contributions)

Name of organization

Employer identification number

UNION SAVINGS BANK FOUNDATION, INC.

06-1508286

| NION | SAVINGS BANK FOUNDATION, INC. | 06 | 06-1508286 | | |
|------------------------------|--|--|----------------------|--|--|
| Part II | Noncash Property (see instructions) Use duplicate copies of Part | ll if additional space is needed | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See Instructions) | (d) Date received | | |
| _ | | \$ | | | |
| (a) No. From | (b) Description of noncash property given | (c) FMV (or estimate) (See nstructions) | (d) Date received | | |
| _ | | | | | |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| | | \$ | | | |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (See nstructions) | (d) Date received | | |
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| (a) No. om arti | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| | | s | | | |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (See nstructions) | (d) Date received | | |
| _ | | | | | |

| Name of o | rganization | Employer identification number | | | | | | |
|---------------------------|--|--|---|-----------------------------|--|--|--|--|
| INTON | SAVINGS BANK FOUNDATIO | N INC. | | 06-1508286 | | | | |
| Part III | Exclusively religious, charitable, etc., contribut | ions to organizations described in | section 501(c)(7), (8), or (10) th | | | | | |
| | from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, | i) through (e) and the following line e charitable, etc. contributions of \$1,000 o | ontry For organizations or less for the year (Enter this info once | sı ►\$ | | | | |
| | Use duplicate copies of Part III if additional | space is needed | | | | | | |
| (a) No. from Parti | (b) Purpose of gift | (c) Use of gift | (d) Desc | rıption of how gift is held | | | | |
| | | | | | | | | |
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| l | | | | | | | | |
| ŀ | W-15- | (0) Transfer of a | <u> </u> | | | | | |
| | | (e) Transfer of g | | | | | | |
| | Transfere e's name, address, a | nd ZIP + 4 | Relationship of trai | sferor to transferee | | | | |
| | | | · · · · · · | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from | (h) Dumper of gift | (a) Use of art | (d) Doco | ription of how gift is held | | | | |
| Parti | (b) Purpose of gift | (c) Use of gift | (a) Desc | nption of now gilt is nea | | | | |
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| L | | | - | | | | | |
| ŀ | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | | Dolotionship of two | sferor to transferee | | | | |
| F | iransiece s name, add ess, a | IN ZIF T 4 | nelationship of trai | bleroi to traibleree | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. | | 1 | <u> </u> | | | | | |
| from Parti | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held | | | | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | | | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of tran | sferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desci | ription of how gift is held | | | | |
| PartI | ., | | | | | | | |
| | | | · | | | | | |
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| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | Relationship of tran | sferor to transferee | | | | | |
| ľ | | | | | | | | |
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| | | | | | | | | |

| FORM 990-PF | DIVIDEND | S AND INTER | EST FROM SECU | RITIES S' | TATEMENT 1 |
|-------------------------------|--------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS URCE AMOUNT | | (A) REVENUE S PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| DIVIDEND & INTEREST | 218,490 | . 68,70 | 5. 149,785 | . 149,785. | |
| TO PART I, LINE 4 | O PART I, LINE 4 218,490 | | 5. 149,785 | 149,785. | |
| FORM 990-PF | | ACCOUNTI | NG FEES | S | PATEMENT 2 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| AUDIT FEE TAX PREPARATION FEE | | 8,350. 2,800. | 0. | | 8,350. 2,800. |
| TO FORM 990-PF, PG 1, LN 16B | | 11,150. | 0. | | 11,150. |
| | | | | | |
| FORM 990-PF | | OTHER E | XPENSES | S'. | PATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| CT FILING FEE | - - | 100. | 0. | | 100. |
| TO FORM 990-PF, PG | L, LN 23 | 100. | 0. | | 100. |

| FORM 990-PF U.S. AND STATE | E/CITY GOVE | ERNMENT | OBLIGATIONS | STATEMENT 4 |
|---|---|----------------|---------------------------|----------------------|
| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
| MUNICIPAL BONDS | <u> </u> | | 53,208. | 53,208 |
| US GOVERNMENT AGENCIES CERTIFICATE OF DEPOSITS | X X | | 49,237. 34,991. | 49,237 34,991 |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | 8 | | 137,436. | 137,436 |
| TOTAL STATE AND MUNICIPAL GOVERNM | MENT OBLIGA | ATIONS | | |
| TOTAL TO FORM 990-PF, PART II, LI | NE 10A | | 137,436. | 137,436 |
| FORM 990-PF C | CORPORATE E | BONDS | | STATEMENT 5 |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKET VALUE |
| CORPORATE DEBT SECURITIES MUTUAL FUNDS | | • | 519,247. 5,816,605. | 519,247 5,816,605 |
| TOTAL TO FORM 990-PF, PART II, LI | NE 10C | • | 6,335,852. | 6,335,852 |
| | | | | |
| FORM 990-PF | OTHER ASS | SETS | | STATEMENT 6 |
| DESCRIPTION | BEGINNIN YR BOOK V | | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| ACCRUED INTEREST RECEIVABLE | | 5,755. | 5,468. | 5,468 |
| TO FORM 990-PF, PART II, LINE 15 | | 5,755. | 5,468. | 5,468 |
| | ======================================= | : | | |

| | II - LIST OF OFFICERS, I TEES AND FOUNDATION MANA | | STATEMENT 7 | | |
|---|--|-------------------|---------------------------------|---------|--|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE | |
| MATTHEW KARPAS 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. | |
| FREDERICK F JUDD 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. | |
| MICHAEL R. KAUFMAN 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. | |
| CYNTHIA STEVENS 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. | |
| MICHELLE BONVICINI 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. | |
| ARNOLD E FINALDI JR 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. | |
| JEFF LEVINE 226 MAIN STREET DANBURY, CT 06810 | CHAIRMAN 1.00 | 0. | 0. | 0. | |
| LUCIE H VOVES 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. | |
| IRENE DZIECIASZEK 226 MAIN STREET DANBURY, CT 06810 | SECRETARY 1.00 | 0. | 0. | 0. | |
| PAUL H. BRUCE 226 MAIN STREET DANBURY, CT 06810 | TREASURER 1.00 | 0. | 0. | 0. | |

23 STATEMENT(S) 7 2018.04010 UNION SAVINGS BANK FOUNDA 5523AL_1

| UNION SAVINGS BANK FOUNDATION, | INC. | | 06 | -1508286 |
|---|-------------------|----|----|----------|
| CYNTHIA C. MERKLE 226 MAIN STREET DANBURY, CT 06810 | PRESIDENT 1.00 | 0. | 0. | 0. |
| FRANK ROWELLA JR 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. |
| JEFFREY MCDONOUGH 226 MAIN STREET DANBURY, CT 06810 | TRUSTEE 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE | 6, PART VIII | 0. | 0. | 0. |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MICHELLE BONVICINI 225 MAIN STREET DANBURY, CT 06810

TELEPHONE NUMBER

203-830-4200

FORM AND CONTENT OF APPLICATIONS

AN EXAMPLE OF THE GRANT APPLICATION IS ATTACHED TO THE 990-PF. THESE APPLICATIONS ARE AVAILABLE AT WWW.UNIONSAVINGS.COM. THEY MAY BE EMAILED TO THE FOUNDATION'S EMAIL ADDRESS OR MAILED TO PO BOX 647 DANBURY CT 06813-0647.

ANY SUBMISSION DEADLINES

JUNE 1ST TO AUGUST 31ST

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE RARELY APPROVED FOR : PUBLIC ENTITIES, MUNICIPALITIES, SECTARIAN ORGANIZATIONS, CAPITAL EXPENSES, OR MULT-YEAR REQUESTS. REQUESTS FROM INDIVIDUALS OR FROM ENDOWMENTS ARE ALSO RARELY GRANTED. IN ADDITION, ORGANIZATIONS AWARDED A 2017 GRANT ARE NOT ELIGIBLE TO APPLY IN 2018.