efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491273005099

Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 07-01-2018 , and ending 06-30-2019

Name of foundation
CLAREMONT SAVINGS BANK FOUNDATION

A Employer identification number
33-1014741

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

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 583,609

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	279,654			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	44	44		
	4	Dividends and interest from securities	20,930	20,930		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-25,354			
	b	Gross sales price for all assets on line 6a 70,243				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	275,274	20,974		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	75	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	2,009	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	2,084	0		0
	25	Contributions, gifts, grants paid	90,000			90,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	92,084	0		90,000
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	183,190			
	b	**Net investment income** (if negative, enter -0-)		20,974		
	c	**Adjusted net income** (if negative, enter -0-)				

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	-1	-3	-3
	2 Savings and temporary cash investments	10,974	10,741	10,741
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	449,342	632,767	572,871
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	460,315	643,505	583,609
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	460,315	643,505	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	0	0	
	30 **Total net assets or fund balances** (see instructions)	460,315	643,505	
	31 **Total liabilities and net assets/fund balances** (see instructions)	460,315	643,505	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	460,315
2	Enter amount from Part I, line 27a	2	183,190
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	643,505
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	643,505

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	982 SHS WABTEC CORP	P	2019-02-28	2019-02-28
b	6 SHS WABTEC CORP	P	2019-02-28	2019-05-17
c	526 SHS KINDER MORGAN	P	2014-12-02	2019-05-17
d	525 SHS ABBVIE INC	P	2018-02-06	2019-05-20
e	130 SHS MICROSOFT	P	2019-04-29	2019-05-21

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	71		72	-1
b	393		444	-51
c	10,602		21,479	-10,877
d	42,325		56,732	-14,407
e	16,852		16,870	-18

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
a				-1
b				-51
c				-10,877
d				-14,407
e				-18

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-25,354
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	89,792	407,813	0 220179
2016	89,254	477,022	0 187107
2015	90,065	510,594	0 176393
2014	85,030	591,507	0 143751
2013	78,825	588,012	0 134053

2	**Total** of line 1, column (d)	2	0 861483
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 172297
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	443,963
5	Multiply line 4 by line 3	5	76,493
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	210
7	Add lines 5 and 6	7	76,703
8	Enter qualifying distributions from Part XII, line 4	8	90,000

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	210
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	210
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	210
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 792		
b	Exempt foreign organizations—tax withheld at source — 6b:		
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	7	792
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** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	582
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 582 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

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

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

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

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
		16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 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).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

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

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

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

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

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	0
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	426,567
b	Average of monthly cash balances	1b	24,157
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	450,724
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	450,724
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,761
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	443,963
6	**Minimum investment return.** Enter 5% of line 5	6	22,198

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

1	Minimum investment return from Part X, line 6			1	22,198
2a	Tax on investment income for 2018 from Part VI, line 5	2a	210		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	210
3	Distributable amount before adjustments Subtract line 2c from line 1			3	21,988
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	21,988
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	21,988

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	90,000
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	90,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	210
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	89,790

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				21,988
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013. 50,769				
b From 2014. 57,190				
c From 2015. 65,001				
d From 2016. 66,381				
e From 2017. 69,817				
f **Total** of lines 3a through e.	309,158			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 90,000				
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.				21,988
e Remaining amount distributed out of corpus	68,012			
5 Excess distributions carryover applied to 2018	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	377,170			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			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 (see instructions) . . .	50,769			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	326,401			
10 Analysis of line 9				
a Excess from 2014. . . . 57,190				
b Excess from 2015. . . . 65,001				
c Excess from 2016. . . . 66,381				
d Excess from 2017. . . . 69,817				
e Excess from 2018. . . . 68,012				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

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

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

c Any submission deadlines

APPLICATIONS MUST BE RECEIVED IN MAY WITH GRANTS AWARDED JUNE 15

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

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	44	
4 Dividends and interest from securities. . . .			14	20,930	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	-25,354	
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		-4,380	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	-4,380

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2019-09-24	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
ANDREW P SIMONDS CPA				P01256493

Firm's name ▶ A M PEISCH & COMPANY LLP	Firm's EIN ▶03-0210880
Firm's address ▶ PO BOX 326 RUTLAND, VT 057020326	Phone no (802) 773-2721

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

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
BOB PORTER 387 ELM STREET CLAREMONT, NH 03743	TRUSTEE 0 50	0	0	0
ALBERT ST PIERRE 43 SUNNYSIDE CIRCLE CHARLESTOWN, NH 03603	TRUSTEE 0 50	0	0	0
KATHY HUBERT 179 SPRINGFIELD RD NEWPORT, NH 03773	TRUSTEE 0 50	0	0	0
LYNN SMITH 112 RT 11 SUNAPEE, NH 03782	TRUSTEE 0 50	0	0	0
BRIAN BOARDMAN 39 STRAW HILL ROAD CLAREMONT, NH 03743	TRUSTEE 0 50	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARROWHEAD RECREATION CLOB 180 RED WATER BROOK RD CLAREMONT, NH 03603	NONE	501(C)	REPLACE AND SUPPLEMENT CHAIRS	1,500
ASCUTNEYVILLE CEMETERY ASSOCIATION PO BOX 550 ASCUTNEY, VT 05030	NONE	501(C)	REPLACE PERIMETER FENCE	600
BELLOWS FALLS HISTORICAL SOCIETY PO BOX 176 BELLOWS FALLS, VT 05101	NONE	501(C)	TRAIL CONSTRUCTION & KNOTWEED CONTROL	3,250
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLACK RIVER ACTION TEAM 101 PERLEY GORDON RD SPRINGFIELD, VT 05156	NONE	501(C)	EVENT TO CONNECT PEOPLE TO WILD SPACES & WATER RESOURCES	850
CARING ANIMAL PARTNERS PO BOX 1304 NEW LONDON, NH 03257	NONE	501(C)	OUTREACH TO INCREASE NUMBER OF VISITING TEAMS	900
CHARLESTOWN CHILDREN'S FUND 88 CROWN POINT DRIVE CHARLESTOWN, NH 03603	NONE	501(C)	PURCHASING OF NEEDED EMERGENCY CLOTHING AND SUPPLIES	700
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTOWN SENIOR CENTER PO BOX 1333 CHARLESTOWN, NH 03603	NONE	501(C)	PURCHASE & INSTALL HANDICAP DOOR	500
CLAREMONT COOL CATS SPECIAL OLYMPICS 519 JARVIS HILL RD CLAREMONT, NH 03743	NONE	501(C)	TRAINING FOR COACHES	2,500
CLAREMONT FIRE DEPARTMENT 100 BROAD STREET CLAREMONT, NH 03743	NONE	501(C)	PUCHASE SMOKE & CARBON MONOXIDE ALARMS FOR RESIDENTIAL HOMES	2,200
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAREMONT HISTORICAL SOCIETY 26 MULBERRY ST PO BOX 973 CLAREMONT, NH 03743	NONE	501(C)	REPAIRS TO ROOF, PORCH DECK, SCREENS, & BUILD RAMP	4,250
CLAREMONT LEARNING PARTNERSHIP 169 MAIN STREET CLAREMONT, NH 03743	NONE	501(C)	TO SUPPORT CLAREMONT TRANSITIONAL HOUSING PROJECT FOR HOMELESS TEENS	3,500
CLAREMONT OPERA HOUSEPO BOX 664 CLAREMONT, NH 03743	NONE	501(C)	PURCHASE DISPLAY MONITORS	1,000
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAREMONT SENIOR CENTER INC 5 ACER HEIGHTS RD CLAREMONT, NH 03743	NONE	501(C)	PURCHASE EQUIPMENT FOR MEALS PROGRAM	2,500
CLAREMONT SOUP KITCHEN INC PO BOX 957 CLAREMONT, NH 03743	NONE	501(C)	PURCHASE FOOD AND SUPPLIES FOR THE SOUP KITCHEN	1,000
COMMUNITY ACCESS TELEVISION INC 85 N MAIN ST SUITE 142 WHITE RIVER JCT, VT 05001	NONE	501(C)	EXPAND DIGITAL EDUCATION PROGRAM	1,000
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY DENTAL CARE 1 TREMONT ST CLAREMONT, NH 05743	NONE	501(C)	PREVENTIVE ON-SITE DENTAL CARE FOR CHILDREN	3,000
CONNECTICUT RIVER SPECIAL OLYMPICS NEW HAMPSHIRE 213 NORTH STREET CLAREMONT, NH 03743	NONE	501(C)	COST FOR SUMMER GAMES	500
COUNCIL ON AGING FOR SOUTHEASTERN VT 38 PLEASANT ST SPRINGFIELD, VT 05156	NONE	501(C)	TO ENHANCE AND EXPAND THE VOLUNTEER OUTREACH TO ELDERS PROGRAM	900
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRESCENT LAKE REGIONAL SNO-RIDERS INC PO BOX 992 CLAREMONT, NH 05743	NONE	501(C)	REPAIR OF GATES ON TRAILS	300
DANIEL WEBSTER COUNCIL BSA 571 HOLT AVENUE MANCHESTER, NH 03109	NONE	501(C)	GROW OUTREACH SCOUTING PROGRAM	1,500
EDGAR MAY HEALTH & RECREATION CENTER 140 CLINTON ST SPRINGFIELD, VT 05156	NONE	501(C)	EXERCISE PROGRAMS FOR YOUNG PEOPLE	900
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FALL MOUNTAIN FRIENDLY MEALS 122 NH RT 12A LANGDON, NH 03602	NONE	501(C)	SUPPORT MEALS ON WHEELS PROGRAM	1,500
FOOD FOR KIDS BACKPACK PROGRAM-CHARLESTOWN PO BOX 325 CHARLESTOWN, NH 03603	NONE	501(C)	WEEKEND BACKPACKS FOR CHILDREN IN NEED	2,000
FRIENDS OF THE FISKE FREE LIBRARY 108 BROAD ST CLAREMONT, NH 03743	NONE	501(C)	SUPOPRT PROGRAMS OF LOCAL & CURRENT INTEREST	900
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALLERY AT THE VAULT 68 MAIN STREET SPRINGFIELD, VT 05156	NONE	501(C)	TO EXTEND LOCAL, REGIONAL, STATEWIDE, AND ONLINE MARKETING	500
GOT LUNCH NEWPORT (GLN) 20 CHURCH ST NEWPORT, NH 03773	NONE	501(C)	WEEKLY HOME DELIVERY OF GROCERIES FOR NUTRITIOUS LUNCHES	400
HARBOR HOMES INC 77 NORTHEASTERN BLVD NASHUA, NH 03062	NONE	501(C)	EXPANSION OF SUPPORTIVE HOUSING PROJECT TO SERVE MORE HOMELESS VETERANS AND FAMILIES	900
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEADREST141 MASCOMA ST LEBANON, NH 03756	NONE	501(C)	TOOLS FOR OPPORTUNITIES FOR WORK PROGRAM	400
HICHCV RESOURCE CENTER 2 BLACKSMITH ST LEBANON, NH 03756	NONE	501(C)	EXPAND CAPACITY	500
LAKE SUNAPEE REGION VNA & HOSPICE 107 NEWPORT RD NEW LONDON, NH 03257	NONE	501(C)	SUPPORT LOW INCOME AND ELDERLY CLIENTS WITH ACTIVITES OF DAILY LIVING	500
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBRARY ARTS CENTR (RICHARDS FREE LIBRARY) 58 NORTH MAIN ST NEWPORT, NH 03773	NONE	501(C)	SUPPORT COMMUNITY ARTS PROGRAMS	500
MAIN STREET ARTS35 MAIN STREET SAXTONS RIVER, VT 05154	NONE	501(C)	MENTORSHIP FOR YOUNG & DEVELOPING SOUND TECHNICIANS	500
MEETING WATERS YMCA 49 THE SQUARE BELLOWS FALLS, VT 05101	NONE	501(C)	SUPPORT OF AFTERSCHOOL ENRICHMENT PROGRAM FOR CHILDREN	900
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUCKROSS DAY CAMP 100 MINERAL ST STE 304 SPRINGFIELD, VT 05156	NONE	501(C)	OUTDOOR EDUCATION & RECREATION FOR YOUNG PEOPLE	500
NEW ENGLAND HEALING SPORTS ASSN PO BOX 2135 NEWBURY, NH 03255	NONE	501(C)	SUPPORT ADAPTIVE WATER SPORTS PROGRAM	500
NEW ENGLAND KURN HATTIN HOMES 708 KURN HATTIN ROAD WESTMINSTER, VT 05158	NONE	501(C)	EXTEND STEAM BASED LEARNING INITIATIVE	900
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWPORT AREA ASSOCIATION OF CHURCHES - FOOD PANTRY PO BOX 672 NEWPORT, NH 03773	NONE	501(C)	"BACK PACK" PROGRAM TO SUPPORT FOOD DISTRIBUTION TO CHILDREN IN SCHOOLS	2,040
NEWPORT OPERA HOUSE ASSN PO BOX 351 NEWPORT, NH 03773	NONE	501(C)	REPLACE THEATRICAL LIGHTING SYSTEM	500
REMIX COFFE BAR & SOCIAL CLUB 1 PLEASANT ST STE 102 CLAREMONT, NH 03743	NONE	501(C)	PURCHASE ICEMAKER	1,000
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER THEATER COMPANYPO BOX 47 CHARLESTOWN, NH 03603	NONE	501(C)	MATERIALS TO CONSTRUCT MOVEABLE AUDIENCE RISER TIERS	1,500
RIVER VALLEY COMMUNITY COLLEGE 1 COLLEGE PLACE CLAREMONT, NH 03743	NONE	501(C)	WASHERS AND DRYERS	900
RIVERSIDE MIDDLE SCHOOL 19 ORCHARD ST SPRINGFIELD, VT 05156	NONE	501(C)	AUTHOR VISIT TO LITERACY CLASSES	560
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT GAUDENS MEMORIAL 139 ST GAUDENS RD CORNISH, NH 03745	NONE	501(C)	CONCERT SERIES	750
SILSBY FREE PUBLIC LIBRARY PO BOX 307 CHARLESTOWN, NH 03603	NONE	501(C)	BEGINNER COOKING CLASS FOR CHILDREN	500
SPRINGFIELD ART & HISTORICAL SOCIETY PO BOX 336 NORTH SPRINGFIELD, VT 05150	NONE	501(C)	HISTORY PRESENTATIONS	500
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD COMMUNITY PLAYERS PO BOX 113 SPRINGFIELD, VT 05156	NONE	501(C)	INSTALL HANDICAP ACCESS RAMP	5,000
SPRINGFIELD FAMILY CENTER 365 SUMMER STREET SPRINGFIELD, VT 05156	NONE	501(C)	FOOD SHELF, DAILY MEALS, SHOWER AND LAUNDRY FACILITIES FOR NEEDY	2,000
SPRINGFIELD HUMANE SOCIETY 401 SKITCHEWAUG TRAIL SPRINGFIELD, VT 05156	NONE	501(C)	CONSTRUCTION OF SEPARATE FACILITY FOR SICK FELINES	500
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD ON THE MOVE 96-A MAIN ST SPRINGFIELD, VT 05156	NONE	501(C)	PURCHASE OF PERENNIAL VEGETATION FOR RAIN GARDEN IN PARK	2,500
SPRINGFIELD SUPPORTED HOUSING PROGRAM PO BOX 178 SPRINGFIELD, VT 05156	NONE	501(C)	REFURBISH TRANSITIONAL HOUSING UNITS FOR HOMELESS	3,000
SULLIVAN COUNTY 4-H LEADERS ASSN 24 MAIN ST NEWPORT, NH 03773	NONE	501(C)	WORKFORCE DEVELOPMENT EXPERIENCE	2,000
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SULLIVAN COUNTY HUMANE SOCIETY PO BOX 111 CLAREMONT, NH 03743	NONE	501(C)	EXPAND SPAY/NEUTER CLINICS FOR LOW INCOME FAMILIES	2,000
SULLIVAN COUNTY NUTRITION SERVICES PO BOX 387 NEWPORT, NH 03773	NONE	501(C)	MEALS ON WHEELS MEAL TRAYS	1,000
SULLIVAN COUNTY SHERIFF'S OFFICE PO BOX 27 NEWPORT, NH 03773	NONE	501(C)	UNMANNED AERIAL SYSTEMS PROGRAM	900
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FORT AT NO 4PO BOX 1336 CHARLESTOWN, NH 03603	NONE	501(C)	IMPROVEMENTS TO INTERPRETIVE AREAS	4,200
TLC FAMILY RESOURCE CENTER PO BOX 1098 CLAREMONT, NH 03743	NONE	501(C)	EMERGENCY SUPPLIES	600
TRINITY EPISCOPAL CHURCHPRINCE OF PEACE LUTHERAN CHURCH 120 BROAD STREET CLAREMONT, NH 03743	NONE	501(C)	WEEKEND BACKPACKS OF NUTRITIOUS FOODS FOR CHILDREN IN NEED	1,000
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINT RECOVERY CENTER OF SPRINGFIELD VT INC 7 MORGAN STREET SPRINGFIELD, VT 05156	NONE	501(C)	EMBED SPECIALLY TRAINED RECOVERY COACHES IN 2 LOCAL EMERGENCY ROOMS	2,000
TURNING POINTS NETWORK 11 SCHOOL STREET CLAREMONT, NH 03743	NONE	501(C)	EMERGENCY SHELTER PREVENTION EDUCATION PROGRAMS	1,600
TWINSTATE MAKERSPACES INC PO BOX 100 LEBANON, NH 03756	NONE	501(C)	CLAREMONT MAKER SPACE	1,600
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION CHURCH (FICAL AGENT WEST CLAREMONT CENTER FOR MUSIC AND THE ARTS) PO BOX 902 CLAREMONT, NH 03743	NONE	501(C)	SUPPORT FOR ART THERAPY PROGRAMS	1,000
VALLEY REGIONAL HOSPITAL 243 ELM ST CLAREMONT, NH 03743	NONE	501(C)	MEDICAL EQUIPMENT FOR URGENT CARE CENTER	1,000
VETERANS EDUCATION & RESEARCH ASSN OF NORTHERN NEW ENGLAND PO BOX 4655 WHITE RIVER JCT, VT 05001	NONE	501(C)	ADAPTIVE KAYAKING PROGRAM	1,000
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS IN ACTIONPO BOX 707 WINDSOR, VT 05089	NONE	501(C)	RECRUIT & TRAIN VOLUNTEERS	1,500
WEST CENTRAL BEHAVIORAL HEALTH 9 HANOVER ST SUITE 2 LEBANON, NH 03766	NONE	501(C)	REMEDIATE SAFETY ISSUES AT RESIDENTIAL FACILITY	1,000
WISE38 BANK ST LEBANON, NH 03756	NONE	501(C)	PREVENTION & EDUCATION PROGRAM	900
Total . . . . . ▶ **3a**				90,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD UNDER WONDER PLAYHOUSE 5755 ROUTE 5 ASCUTNEY, VT 05030	NONE	501(C)	PARKING LOT IMPROVEMENTS	700
Total . . . . . ▶ **3a**				90,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491273005099

TY 2018 Investments Corporate Stock Schedule

Name: CLAREMONT SAVINGS BANK FOUNDATION

EIN: 33-1014741

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALTRIA GROUP	34,350	56,820
AT & T	83,678	93,828
GENERAL ELECTRIC	31,253	13,650
KINDER MORGAN DELAWARE	69,418	35,496
ABBVIE INC	151,284	101,808
MICROSOFT	262,784	271,269

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491273005099

TY 2018 Other Expenses Schedule

Name: CLAREMONT SAVINGS BANK FOUNDATION

EIN: 33-1014741

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP	835	0		0
WIRE TRANSFER FEES	25	0		0
CHANGE IN COST BASIS	1,149	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491273005099

TY 2018 Taxes Schedule

Name: CLAREMONT SAVINGS BANK FOUNDATION

EIN: 33-1014741

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FEE	75	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491273005099

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

Name of the organization
CLAREMONT SAVINGS BANK FOUNDATION

Employer identification number
33-1014741

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	☑ 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

☑ 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 other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

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, line 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, 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-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
CLAREMONT SAVINGS BANK FOUNDATION	33-1014741

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLAREMONT SAVINGS BANK PO BOX 1600 CLAREMONT, NH 05743	$ 279,654	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
CLAREMONT SAVINGS BANK FOUNDATION	33-1014741

Part II Noncash Property

(See instructions) Use duplicate copies of Part II 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
1	2,155 SHS MICROSOFT STOCK	$ 279 654	2019-04-29
		$	
		$	
		$	
		$	
		$	

Name of organization
CLAREMONT SAVINGS BANK FOUNDATION

Employer identification number
33-1014741

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee