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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ 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 09-01-2018

, and ending 08-31-2019

Name of foundation
COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

Number and street (or P O box number if mail is not delivered to street address) Room/suite
275 KENNEDY DRIVE

City or town, state or province, country, and ZIP or foreign postal code
SOUTH BURLINGTON, VT 05403

A Employer identification number
03-6016628

B Telephone number (see instructions)
(802) 865-1627

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

D 2. Foreign organizations meeting the 85% ☐

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

Website address ▶ N/A

14 The books are in care of ▶ BARRY FAUTEUX Telephone no ▶ (802) 865-1627

Located at ▶ 275 KENNEDY DRIVE SOUTH BURLINGTON VT ZIP+4 ▶ 05403

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
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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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	532,790	107,784	107,784
	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)	696,292	695,966	844,058
	c	Investments—corporate bonds (attach schedule)	551,108	947,732	971,601
	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)	1,780,190	1,751,482	1,923,443	
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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	1,800,090	1,771,382	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	-19,900	-19,900	
	30	Total net assets or fund balances (see instructions)	1,780,190	1,751,482	
31	Total liabilities and net assets/fund balances (see instructions) .	1,780,190	1,751,482		

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	1,780,190
2	Enter amount from Part I, line 27a	2	-28,708
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	1,751,482
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,751,482

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 PUBLICLY TRADED SECURITIES			
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 19,078		19,233	-155
b 40,388			40,388
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-155
b			40,388
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	40,233
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	99,758	1,867,618	0 053415
2016	45,000	1,452,607	0 030979
2015	44,500	1,382,146	0 032196
2014	44,500	1,488,379	0 029898
2013	42,700	1,490,378	0 028650

2 Total of line 1, column (d)	2	0 175138
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 035028
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	1,895,985
5 Multiply line 4 by line 3	5	66,413
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	728
7 Add lines 5 and 6	7	67,141
8 Enter qualifying distributions from Part XII, line 4	8	99,800

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	728
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	728
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	728
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	480
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	480
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	248
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

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). <i>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</i>	1b	No
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 <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	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? <i>If "Yes," attach the statement required by General Instruction T</i>	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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> VT		
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? <i>If "No," attach explanation</i> .	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. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	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 powers? If "Yes," attach statement. See instructions.	12		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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input type="checkbox"/>	
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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,

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	1,698,240
b	Average of monthly cash balances.	1b	226,618
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,924,858
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	1,924,858
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	28,873
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,895,985
6	Minimum investment return. Enter 5% of line 5.	6	94,799

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	94,799
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	728
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	728
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	94,071
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	94,071
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	94,071

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	99,800
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	99,800
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	728
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	99,072

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				94,071
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.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				7,261
f Total of lines 3a through e.	7,261			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 99,800				
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.				94,071
e Remaining amount distributed out of corpus	5,729			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,990			
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).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	12,990			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				7,261
e Excess from 2018.				5,729

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 <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
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

BARRY FAUTEUX COMMUNITY BANK NA
275 KENNEDY DRIVE
SOUTH BURLINGTON, VT 05403
(802) 865-1627

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

GRANT REQUESTS SHOULD BE SUBMITTED ON A SPONSORSHIP/DONATION APPLICATION FORM WHICH INCLUDES THE ORGANIZATION'S MISSION, CONFIRMATION OF 501(C)(3) STATUS, AND THE PROGRAM OR EVENT FOR WHICH FUNDING IS SOUGHT. A COMPLETED FORM W-9 MUST BE ATTACHED TO THE APPLICATION.

c Any submission deadlines

APPLICATIONS MUST BE RECEIVED BY THE 1ST OF THE MONTH IN WHICH THE TRUSTEES ARE MEETING

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

GRANTS ARE LIMITED TO 501(C)(3) ORGANIZATIONS

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2018)

Part XVII

		Yes	No
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1a(1)	No
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1a(2)	No
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1b(1)	No
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1b(2)		No
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1b(3)		No
--------------	--	-----------

1b(4)		No
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1b(5)		No
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1b(6)		No
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1c		No
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value
ue


[illegible]

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 	*****	2019-11-06	*****	<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	TODD J BURGESS CPA			
	Firm's name ▶ AM PEISCH & COMPANY LLP			
	Firm's EIN ▶ 03-0210880			
	Firm's address ▶ 401 WATER TOWER CIRCLE STE 302 COLCHESTER, VT 054461914			
	Phone no (802) 654-7255			

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
MARTHA DAVIS	PRESIDENT/CHAIRMAN 2 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				
KELLY KIMBALL	VICE PRESIDENT 2 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				
ELISA BLODGETT	SECRETARY 1 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				
BARRY FAUTEUX	TREASURER 2 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				
JONATHAN RODDY	TRUSTEE 1 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				
BETTE SMITH	TRUSTEE 1 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				
ANITA BOURGEOIS	TRUSTEE 1 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				
GEORGE ARASKIEWICZ	TRUSTEE 1 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				
GILBERT NIEVES	TRUSTEE 1 00	0	0	0
275 KENNEDY DRIVE S BURLINGTON, VT 05403				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ADDISON COUNTY BENEFIT PULL PO BOX 126 VERGENNES, VT 05491	NOT RELATED		OPERATIONS	1,000
ADDISON RUTLAND SU 33 MECHANIC STREET FAIR HAVEN, VT 05743	NOT RELATED		OPERATIONS	500
AMERICAN CANCER SOCIETY 55 DAY LANE WILLISTON, VT 05495	NOT RELATED		OPERATIONS	750
Total ▶ 3a				99,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BALLET WOLCOTT INC4176 VT RTE 15 WOLCOTT, VT 05680	NOT RELATED		OPERATIONS	250
BBBS OF HAMPDEN COUNTY 83 MAPLE ST SUITE 201 SPRINGFIELD, MA 01105	NOT RELATED		OPERATIONS	2,500
BENNINGTON COALITION FOR THE HOMELESS PO BOX 4736 BENNINGTON, VT 05201	NOT RELATED		OPERATIONS	1,000
Total ▶ 3a				99,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF RUTLAND COUNTY PO BOX 636 RUTLAND, VT 05702	NOT RELATED		OPERATIONS	500
CANCER PATIENT SUPPORT FOUNDATION PO BOX 1804 WILLISTON, VT 05495	NOT RELATED		OPERATIONS	2,500
CHAMPLAIN ADAPTIVE MOUNTING PROGRAM 57 EAST SHORE RD SOUTH HERO, VT 05486	NOT RELATED		OPERATIONS	100
Total ▶ 3a				99,800

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Name and address (home or business)				
a Paid during the year				
CHRIST THE KING SCHOOL 136 LOCUST ST BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	1,000
COMMUNITY CAPITAL OF VERMONT PO BOX 342 BARRE, VT 05641	NOT RELATED		OPERATIONS	500
COMPOSTING ASSOCIATION OF VERMONT PO BOX 643 HINESBURG, VT 05461	NOT RELATED		OPERATIONS	500
Total ▶ 3a				99,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CVOEO-WARMTH PROGRAM 255 S CHAMPLAIN STREET BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	17,500
DOWNSTREET HOUSING & COMMUNITY DEVELOPMENT 22 KEITH AVE SUITE 100 BARRE, VT 05641	NOT RELATED		OPERATIONS	500
ENOSBURG FALLS LIONS CLUB PO BOX 565 ENOSBURG FALLS, VT 05450	NOT RELATED		OPERATIONS	500
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a Paid during the year				
FOLSOM SCHOOL AND COMMUNITY CENTER DRAMA 75 SOUTH ST SOUTH HERO, VT 05486	NOT RELATED		OPERATIONS	500
GBICS (BENNINGTON CARES) 121 DEPOT STREET BENNINGTON, VT 05201	NOT RELATED		OPERATIONS	5,000
GIVE PEACE A TRI LTD335 RIVER ST SPRINGFIELD, VT 05156	NOT RELATED		OPERATIONS	500
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
GRACE (GRASS ROOTS ART & COMMUNITY EFFORT) 59 MILL STREET PO BOX 960 HARDWICK, VT 05843	NOT RELATED		OPERATIONS	250
GREATER NORTHFIELD SENIOR CITIZENS INC 168 WALL STREET NORTHFIELD, VT 05663	NOT RELATED		OPERATIONS	500
HABITAT FOR HUMANITY OF RUTLAND COUNTY 67 MERCHANTS ROW BOX 5 RUTLAND, VT 05701	NOT RELATED		OPERATIONS	3,000
Total ▶ 3a				99,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ISLAND ARTS21 SUNSET VIEW RD SOUTH HERO, VT 05486	NOT RELATED		OPERATIONS	500
JERICO UNDERHILL ECUMENICAL MINISTRY PO BOX 65 JERICO, VT 05465	NOT RELATED		OPERATIONS	500
JOHNSON FIREFIGHTERS ASSOCIATION INC PO BOX 447 JOHNSON, VT 05656	NOT RELATED		OPERATIONS	750
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
KENNETH MYERS MEMORIAL POOL FOUNDATION INC 1 MARKETPLACE UNIT 1 ESSEX JUNCTION, VT 05452	NOT RELATED		OPERATIONS	1,000
LIVING WELL GROUP (DBA ETHAN ALLEN RESIDENCE) 1200 NORTH AVENUE BURLINGTON, VT 05408	NOT RELATED		OPERATIONS	2,000
MENTOR VERMONT 19 MARBLE AVE SUITE 4 BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	1,000
Total ▶ 3a				99,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
MEALS ON WHEELS OF LAMOILLE COUNTY PO BOX 1427 MORRISVILLE, VT 05661	NOT RELATED		OPERATIONS	200
NEW ENGLAND HELPS GREEK STRAYS 1927 VT RTE 17E VERGENNES, VT 05491	NOT RELATED		OPERATIONS	1,000
NEW ENGLAND YOUTH THEATRE INC 100 FLAT STREET BRATTLEBORO, VT 05301	NOT RELATED		OPERATIONS	1,000
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a Paid during the year				
NORTHEASTERN VERMONT REGIONAL HOSPITAL (NVRH) 1313 HOSPITAL DRIVE ST JOHNSBURY, VT 05819	NOT RELATED		OPERATIONS	1,000
PARAN RECREATIONSPO BOX 393 N BENNINGTON, VT 05257	NOT RELATED		OPERATIONS	1,500
PROJECT HOEPPNER 193 THISTLE HILL ROAD HINESBURG, VT 05461	NOT RELATED		OPERATIONS	3,000
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
RHYTHM OF THE REIN386 US ROUTE 2 MARSHFIELD, VT 05658	NOT RELATED		OPERATIONS	2,500
SALISBURY VOLUNTEER FIRE DEPT PO BOX 658 EAST MIDDLEBURY, VT 05740	NOT RELATED		OPERATIONS	1,000
SALVATION FARMS 20 MORRISVILLE PLAZA SUITE B MORRISVILLE, VT 05661	NOT RELATED		OPERATIONS	1,000
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SCOTT THOMAS MEMORIAL GOLF TOURNAMENT 13 UPPER RD MANCHESTER CENTER, VT 05255	NOT RELATED		OPERATIONS	1,000
SECOND CHANCE ANIMAL SHELTER 6779 VT RTE 7A SHAFTSBURY, VT 05262	NOT RELATED		OPERATIONS	3,000
SECOND GROWTH INCPO BOX 206 HANOVER, NH 03755	NOT RELATED		OPERATIONS	2,000
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHWESTERN VT COUNCIL ON AGING 143 MAPLE STREET RUTLAND, VT 05701	NOT RELATED		OPERATIONS	1,000
SOVT GOALS FOR GOOD 16 GREGORY DR SUITE 2 SOUTH BURLINGTON, VT 05403	NOT RELATED		OPERATIONS	10,000
SPRINGFIELD ON THE MOVE 96A MAIN STREET SPRINGFIELD, VT 05156	NOT RELATED		OPERATIONS	500
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SPRINGFIELD RESCUE MISSION 10 MILL STREET PO BOX 9045 SPRINGFIELD, MA 01102	NOT RELATED		OPERATIONS	5,000
TECH FOUNDRY INC 1391 MAIN ST 9TH FLOOR SPRINGFIELD, MA 01103	NOT RELATED		OPERATIONS	500
TEEN CHALLENGE VERMONT 1296 COLLINS HILL RD JOHNSON, VT 05656	NOT RELATED		OPERATIONS	1,000
Total ▶ 3a				99,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE DREAM PROGRAM 87 ELM ST PO BOX 361 WINOOSKI, VT 05404	NOT RELATED		OPERATIONS	15,000
THE VETERANS PLACE INC220 VINE ST NORTHFIELD, VT 05663	NOT RELATED		OPERATIONS	500
THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET SUITE 700 BOSTON, MA 02111	NOT RELATED		OPERATIONS	500
Total ▶ 3a				99,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
a <i>Paid during the year</i>				
TOWN OF RICHFORD94 MAIN ST RICHFORD, VT 05476	NOT RELATED		OPERATIONS	500
UNDERHILL JERICHO FIRE DEPT 420 VERMONT RTE 15 JERICHO, VT 05462	NOT RELATED		OPERATIONS	500
VERMONT CHILD DEVELOPMENT INC PO BOX 988 DORSET, VT 05251	NOT RELATED		OPERATIONS	500
Total ▶ 3a				99,800

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Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
VNAHOSPICE OF THE SOUTHWEST REGION 7 ALBERT CREE DR RUTLAND, VT 05701	NOT RELATED		OPERATIONS	1,000
Total ▶ 3a				99,800

TY 2018 Accounting Fees Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,300	1,650		0

TY 2018 Investments Corporate Bonds Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MERCHANTS TRUST COMPANY - FIXED INCOME	947,732	971,601

TY 2018 Investments Corporate Stock Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MERCHANTS TRUST COMPANY - EQUITIES	695,966	844,058

TY 2018 Other Expenses Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEE	50	0		0

TY 2018 Other Professional Fees Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FINANCIAL ADVISOR FEES	11,572	11,572		0

TY 2018 Taxes Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2018 FEDERAL ESTIMATED TAX PAYMENT	309	309		0