DLN: 93491130005010

OMB No 1545-0052

2019

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	019 , a	nd ending 12-31-	2019			
		indation CK COUNTY SAVINGS BANK FDTN		A Employer ıd	entification numbe	r		
				04-3370159				
		l street (or P O box number if mail is not delivered to street address) H MAIN STREET) Room/suite	B Telephone nu	mber (see instructio	ns)		
				(603) 223-2707	(603) 223-2707			
		ı, state or province, country, and ZIP or foreign postal code NH 03301		C If exemption	application is pendin	g, check here		
G Ch	eck al	l that apply \Box Initial return \Box Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere ⊾ 🗍		
		Final return Amended return			ganizations meeting k here and attach co			
		Address change Name change			ındatıon status was i	· -		
		pe of organization Section 501(c)(3) exempt private			n 507(b)(1)(A), chec			
		4947(a)(1) nonexempt charitable trust Other taxable trust Other ta	le private foundation Cash	F If the found	ation is in a 60-mont	h tamanatian —		
of '	year (f	rom Part II, col (c), ▶\$ 997,201 Cher (specify)			n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	<u> </u>	I		(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes		
		equal the amounts in column (a) (see instructions))	books			(cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)						
	2	Check ▶ ☑ If the foundation is not required to attach						
		Sch B						
	3	Interest on savings and temporary cash investments Dividends and interest from securities	11,000	<u>'</u>				
	4 5a	Gross rents	14,033	14,033				
	ь	Net rental income or (loss)						
ne	6a	Net gain or (loss) from sale of assets not on line 10	-9,104					
Revenue	ь	Gross sales price for all assets on line 6a 408,319	9					
Re	7	Capital gain net income (from Part IV, line 2)						
	8	Net short-term capital gain						
	9	Income modifications						
	10a b	Gross sales less returns and allowances Less Cost of goods sold	<u> </u>					
	c	Gross profit or (loss) (attach schedule)	<u>, </u>					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	15,951	23,301				
	13	Compensation of officers, directors, trustees, etc						
	14	Other employee salaries and wages						
es	15	Pension plans, employee benefits						
en s	16a	Legal fees (attach schedule)						
ă X	Ь	Accounting fees (attach schedule)	1,500	750		750		
/e E	С	Other professional fees (attach schedule)	11,387	11,387				
rati	17	Interest						
Operating and Administrative Expenses	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
Ad	21	Travel, conferences, and meetings						
pue	22	Printing and publications						
bu	23	Other expenses (attach schedule)	9 75			75		
atı	24	Total operating and administrative expenses.						
<u>pe</u>		Add lines 13 through 23	12,962			825		
ں	25	Contributions, gifts, grants paid	56,900			56,900		
	26	Total expenses and disbursements. Add lines 24 and 25	69,862	12,137		57,725		
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	-53,911					
	ь	Net investment income (If negative, enter -0-)		11,164				
	С	Adjusted net income (If negative, enter -0-)						
or	Paper	work Reduction Act Notice, see instructions.		Cat No 11289>	For	m 990-PF (2019)		

693,786

113,810

1,010,754

1.010.754

1,010,754

1.010.754

647,713

144,223

957.773

957,773

957,773

957,773

1

2

3

4

5

6

1,010,754

-53,911

957,773

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930

693,016

139,064

997,201

Investments—corporate bonds (attach schedule)

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule) ▶

Investments—other (attach schedule)

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Net assets with donor restrictions

Other assets (describe > _

Other liabilities (describe -_

Grants payable

b

C

11

12

13

14

15

16

17 18

19 20

21

22 23

24 25

28

30

Part III

2

3

Liabilities

Balances

Fund

ŏ 26

Assets 27

Net 29

Page **3**

. ,	the kınd(s) of property sold (e g , ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a BROKERAGE ACCOUNT S	HORT TERM GAINS		Р	2019-01-01	2019-11-15
b BROKERAGE ACCOUNT LO	Р	2012-02-08	2019-11-12		
С					
d					
e					
(-)	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
<u> </u>	(or allowable)	plus exp	ense of sale	(e) plus (f) mınus (g)
	,433		45,908		-475
b 361	,440		371,515		-10,075
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
	(j)		(k)	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis	I	of col (ı)		less than -0-) or
	as of 12/31/69	over col	(j), if any	Losses (III	om col (h))
a					-475
b					-10,075
С					
d					
e					
	or (net capital loss) ain or (loss) as defined in sections : I, line 8, column (c) (see instructi	ons) If (loss), enter -0		3	-9,104
Part V Qualification U	nder Section 4940(e) for Re	educed Tax on Net	Investment Inc	ome	
<u> </u>	<u>`</u>				
(For optional use by domestic pri	ivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	e)	
If "Yes," the foundation does not	section 4942 tax on the distributa qualify under section 4940(e) Do	not complete this part	·		es 🗹 No
	ount in each column for each year,	see instructions before	making any entries	(d)	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		Distribution rat (col (b) divided by c	ol (c))
2018	54,941		1,135,827		0 048371
2017	53,900		1,149,553		0 046888
2016	57,303		1,077,222		0 053195
2015	49,732		1,136,671		0 043752
2014	55,400		1,154,551		0 047984
2 Total of line 1, column (d))		2		0 240190
number of years the found	for the 5-year base period—divide lation has been in existence if less charitable-use assets for 2019 fron	than 5 years	0, or by the 3		0 048038 1,105,320
		· ·	5		53,097
	nt income (1% of Part I, line 27b)		6		112
					53,209
	ns from Part XII, line 4 ,				57,725
	ns from Part XII, line 4 ,			l g a 1% tax rate Se	

Page **6**

Pal	LT ATT-B	Statements Regard	ııng	Activities for Which	Form 4720 May Be	: Requirea (C	ontinue	ea)				
5a	During the	year did the foundation p	oay o	r incur any amount to							Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	Г	Yes	V	No			
	(2) Influe	nce the outcome of any sp	ecifi	c public election (see sect	ion 4955), or to carry	-	c3	ت	110			
	on, dır	ectly or indirectly, any vo	ter re	egistration drive?		[Yes	✓	No			
	(3) Provid	e a grant to an individual	for t	ravel, study, or other sım	ılar purposes?	Ť	Yes		No			
		e a grant to an organizati ion 4945(d)(4)(A)? See ir		•	, -	d		_	140			
	(5) Provid	e for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	· · L	☐ Yes					
		ional purposes, or for the		,			_ ∣Yes	✓	No			
Ь		wer is "Yes" to 5a(1)-(5),					bed in					
	-	s section 53 4945 or in a						٠		5b		
	-	ons relying on a current n										
С		ver is "Yes" to question 5										
		se it maintained expenditu ttach the statement requi					Yes		No			
6a	Did the for	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on						
	a personal	benefit contract?				. [Yes		No			
b		undation, during the year, 6b, file Form 8870	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	res		NO	6b		No
7a		e during the tax year, wa	s the	foundation a party to a r	rohibited tax shelter tra	nsaction? [_	□				
b		d the foundation receive				L	Yes	✓	No	7b		
8		idation subject to the sect		•				•				
Ū		achute payment during th				III remanerado						
	· · · · · · · · · · · · · · · · · · ·					• •	_ Yes	_	110			
Pai		Information About (and Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	anagers, Hig	niy Pai	Ia Ei	mpio	yees,	,	
1	List all off	icers, directors, truste	es, fo	oundation managers ar	d their compensation	. See instructi	ons					
	(a) Na	me and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contril employee bend deferred cor	efit plan:	s and			nse acco	
See /	Additional D	ata Table			- /				T			
			1									
									1			
			1									
									+			
			1									
						-			+			
			-									
		ation of five highest-pa						T.C	<u> </u>		NONE	"
	Compensa	ition of five nignest-pa	ıa en	npioyees (other than ti	nose included on line .				ne, e	nter	NUNE.	
(a)		ddress of each employee ore than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contri employed plans and comper	benefit deferre	:			se acco	
NON						comper						
11011	<u> </u>			1								
					+	1						
				1								
						-						
				-								
Tota	I number of	other employees paid ov	er \$5	0,000		<u> </u>	<u> </u>					
									For	m 99	0-PF (2019)

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	1	
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation do 1 N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2019)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

3h

4

5

57.725

57.613

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55,154

4,540

50.614

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			,-	_	_	_	_	
X	Ī	ı	1			ι	J	n

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Part XIII	Undistributed Income (see instructions)

b Total for prior years 3 Excess distributions carryover, if any, to 2019

(a)

Corpus

(b)

Years prior to 2018

(c)

2018

53,185

53,185

- a From 2014. **b** From 2015. . . . c From 2016. . .
- d From 2017.

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019

a Enter amount for 2018 only.

- e From 2018. f Total of lines 3a through e.
- 4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$
- a Applied to 2018, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions).
- c Treated as distributions out of corpus (Election

same amount must be shown in column (a))

required—see instructions).

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

6 Enter the net total of each column as

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) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9

a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

indicated below:

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	Part XIV Private Operating Found	•				
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20			erating >		
b	Check box to indicate whether the organization	on is a private oper	atıng foundatıon de	scribed in section \Box	4942(j)(3) or 🛭] 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	Tax year (a) 2019	(b) 2018	Prior 3 years (c) 2017	(d) 2016	(e) Total
ь	year listed					
	Qualifying distributions from Part XII,					
d	line 4 for each year listed Amounts included in line 2c not used directly for active conduct of exempt					
e	activities 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					
а	"Assets" alternative test—enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
Ь	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"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 Supplementary Information	(Complete this	nart only if the	foundation had (t = 000 or more	<u> </u>
Pa	assets at any time during th			Touridation nad .	\$3,000 or more	•••
1 a	Information Regarding Foundation Mana- List any managers of the foundation who have before the close of any tax year (but only if	e contributed more				n
b	List any managers of the foundation who own ownership of a partnership or other entity) of			, , ,	arge portion of the	
2	Information Regarding Contribution, Gr					
	Check here ▶ ☐ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ants, etc to individu			
	The name, address, and telephone number of CHRISTINE SCHEINER 89 NORTH MAIN STREET CONCORD, NH 03301 (603) 223-2707 CSCHEINER@NHMUTUAL COM				be addressed	
Ь	The form in which applications should be sult in order to assure fairness, consist requests will be accepted on a commequest will not normally be considiately application form 2 one to three paggrant 3 an explanation of the gover and board of trustees 4 the amount funding sources (if any) should be nuclearly grant request not be granted 5 a coorganization currently qualifies as	ENCY AND AS MUCHON BASIS FIVE (5) ERED BY THE TRUST E DESCRIPTION OF ENANCE STRUCTURE REQUESTED ORGA OTED, AS WELL AS A DPY OF THE ORGANI	OBJECTIVITY AS P COPIES OF THE EN FEES UNLESS IT ING THE APPLYING ORG E OF THE ORGANIZA NIZATIONS ARE RE AN EXPLANATION O ZATION'S 501(C)(3	OSSIBLE IN THE GRATIRE APPLICATION POSITION POSITION POSITION AND THE ATION, INCLUDING TO QUIRED TO SUBMIT OF HOW THE FUNDS WEET TO SUBMIT OF THE PUNDS WEET TO SUBMIT OF	ACKAGE ARE REQUI UM 1 THE GRANT E PROGRAM(S) TO E HE ORGANIZATION' A PROJECT/PROGRA VILL BE USED SHOL	RED A GRANT REQUEST E FUNDED BY THE S EXECUTIVE STAFF M BUDGET OTHER ILD THE FULL
С	Any submission deadlines APPLICATIONS ARE ACCEPTED BEGINNING	SEPTEMBER 1ST TO	OCTOBER 1ST IN T	THE GRANT YEAR		
d	Any restrictions or limitations on awards, su factors	ch as by geographic	al areas, charitable	fields, kinds of institu	itions, or other	
	THE FOUNDATION DOES NOT FUND REQUES FRATERNAL, VETERANS ORGANIZATIONS, N FROM NOT-FOR-PROFIT, CIVIC, ARTS, ENVI 501(C)(3) STATUS ALL APPLICATIONS FOR COMMUNITIES THAT THE BANK SERVICES STATEWIDE ORGANIZATIONS MAY BE CONSPROGRAMS TO BENEFIT THE COMMUNITIES CONSIDER THE SEVERITY OF NEED, THE LE WILL BRING ABOUT THE DESIRED OUTCOM	IOR ORGANIZATION RONMENTAL, SOCIA GRANTS MUST BE I THE SERVICE AREA SIDERED, BUT THE I WITHIN THE FOUN VEL OF FUNDING AN	IS WHOSE MAIN FU AL SERVICE, HEALT IN WRITING THE F WILL BE DEFINED F DECISION PROCESS DATION'S GEOGRAF /AILABLE FROM OTI	NCTION IS LOBBYING HAND AFFORDABLE OUNDATION'S GEOGIF AS THE BANK'S ASSE WILL CENTER AROUPHIC FOCUS IN ITS IN HER SOURCES AND T	G GRANT REQUEST: HOUSING ORGANIZ RAPHIC FOCUS WILL SSMENT AREAS RE ND THE USE OF A G DELIBERATIONS, TH	S ARE ENCOURAGED ATIONS THAT HAVE . BE THOSE QUESTS FROM RANT TO FUND IE TRUSTEES WILL

ter gross amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exempt function income
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
a					
•					
<u> </u>					
<u> </u>					
F					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash			1.4	11 000	
Dividends and interest from securities			14	11,000 14,055	
Net rental income or (loss) from real estate				11,000	
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			40	0.404	
Net income or (loss) from special events			18	-9,104	
Gross profit or (loss) from sales of inventory					
Other revenue a					
b					
с					
d					
e					
e				15,951	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			13	15,951 3	
e	lations)			· · · · · · · · · · · · · · · · · · ·	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated and the columns of the columns of the columns.) Explain below bow each activities to the columns.	lations) ne Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	15,95
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) ne Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	15,95
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the second sec	lations) ne Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	15,95
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the second sec	lations) ne Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	15,95
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the founda	lations) ne Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	15,95
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the founda	lations) ne Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	15,95
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Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the founda	lations) ne Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	15,95
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the founda	lations) ne Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	15,95
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	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Lair VATI	Exempt Organi	zations							
	ganization directly or in than section 501(c)(3)						ion 501	Yes	No
a Transfers	from the reporting foun								
(1) Cash			. 1a(1	.)	No				
(2) Othe	r assets						1a(2)	No
b Other tran	nsactions								
(1) Sales	s of assets to a nonchar	table exempt org	anızatıon.				1b(1	.)	No
	nases of assets from a r						1b(2	:)	No
	al of facilities, equipmer						1b(3	-	No
	bursement arrangemen						. 1b(4	_	No
` ,	s or loan guarantees.						. 1b(5	-	No
` '	mance of services or m	· ·	-				1b(6)	No
-	f facilities, equipment, n	-	-				1 <u>c</u>		No
of the goo	wer to any of the above ds, other assets, or ser nsaction or sharing arra (b) Amount involved	vices given by the	e reporting n column (d	foundation If the d) the value of the	foundation received goods, other as:	ved less than fair ma	rket value Ived	rangemen	nts
	ndation directly or indire					_			
	ın section 501(c) (other		L(c)(3)) or	ın section 527? .		⊔۱	′es 🗹 No		
b If "Yes," c	omplete the following s		1 4		1	() 5			
	(a) Name of organization	on	(1	b) Type of organization	on	(c) Descriptio	n of relationship		
of m whice	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, correc							
Sign Here	*****			2020-05-05	*****		May the IRS return with the prep		
	Signature of officer or t	rustee		Date	Title		below (see instr)	✓ Yes □	□No
	Print/Type preparer's	name Pre	parer's Sıgı	nature	Date	Check if self-	PTIN P005	39290	
Paid	POLLYANNA KING MST	СРА			2020-05-05	employed ▶ Ш	. 555.	.	
Preparer	THE THAT	ON & RICH PA					Firm's EIN ▶0	2-03651	196
Jse Only		RICENTENNIAL C	<u> </u>						
		BICENTENNIAL SO DNCORD, NH 033	•				Phone no (60	3) 224-	2000
	1								

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation LINDA LORDEN TREASURER 0 10 89 NORTH MAIN STREET CONCORD, NH 03301 PETER BLOOMFIELD TRUSTEE 0 0

8 SHERWOOD DRIVE HOLLIS, NH 03049	0 10			
JEFFREY KIPPERMAN	TRUSTEE	0	0	0
SIX BICENTENNIEL SQUARE CONCORD, NH 03301	0 10			

'				
JEFFREY KIPPERMAN	TRUSTEE	0	0	C
SIX BICENTENNIEL SQUARE CONCORD, NH 03301	0 10			
CHRISTINE RATH	TRUSTEE	0	0	

SIX BICENTENNIEL SQUARE CONCORD, NH 03301	0 10			
CHRISTINE RATH	TRUSTEE	0	0	0
120 FRANKLIN STREET CONCORD, NH 03301	0 10			

CHRISTINE RATH	TRUSTEE	0	0	0
120 FRANKLIN STREET CONCORD, NH 03301	0 10			
JONATHAN RUGGLES	TRUSTEE	0	0	0

120 FRANKLIN STREET CONCORD, NH 03301				
JONATHAN RUGGLES	TRUSTEE	0	0	
	1 0 10			

CONCORD, NIT 05501				
JONATHAN RUGGLES	TRUSTEE	0	0	
4 ROCKINGHAM STREET	0 10			

CONCORD, NH 03301

ROCESS As File	d Data -	D	LN: 93491130005010			
TY 2019 Accounting Fees Schedule						
Name: MERRI	MACK COUNTY SAVI	NGS BANK FDTN				
EIN: 04-33/0139						
Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
	es Schedule Name: MERRI EIN: 04-33	Name: MERRIMACK COUNTY SAVIETN: 04-3370159 Amount Net Investment	Name: MERRIMACK COUNTY SAVINGS BANK FDTN EIN: 04-3370159 Amount Net Investment Adjusted Net			

1,500

TAX RETURN PREPARATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491130005010					
TY 2019 Investments Corporate Bonds Schedule							
Name . M	AEDDIMACK COLIN	NITY CANTINGS DANIK EDITAL					

139,064

144,223

Name: MERRIMACK COUNTY SAVINGS BANK FOLN **EIN:** 04-3370159

CORPORATE BONDS

Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book	End of Year Fair
	Value	Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491130005010				
TY 2019 Investments Corporate Stock Schedule						
Name: N	MERRIMACK COU	NTY SAVINGS BANK FDTN				

Name of Stock	End of Year Book	End of Year F
Investments Corporation Stock Schedule		
EIN: 04-3370159		

EQUITY SECURITIES

Value

647,713

Market Value

693,016

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491130005010
TY 2019 Investments Governments	nent Obligat	tions Schedule	
Name:	MERRIMACK (COUNTY SAVINGS BANK FDTN	
EIN:	04-3370159		
US Government Securities - End of Year Book Value:		75,489	
US Government Securities - End of Year Fair Market Value:		75,521	
State & Local Government Securities - End of Year Book Value:		52,017	
State & Local Government Securities - End of Year Fair Market Value:		51,269	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491130005010		
TY 2019 Other Expenses Schedule						
Name:	MERRIMACK CO	DUNTY SAVINGS I	BANK FDTN			
EIN: 04-3370159						
Other Expenses Schedule		4	,			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						

Description	Revenue and	Net Investment	Adjusted
	Expenses per	Income	Incom
	Books		

STATE OF NH ANNUAL CHARITABLE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349113000	05010				
TY 2019 Other Increases Schedule								
Name:	MERRIMACK C	COUNTY SAVINGS BANK FDTN						
EIN:	04-3370159							
De	Amount							
TIMING OF DIVIDENDS RECEIVED				930				

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491130005010					
TY 2019 Other Professional Fees Schedule									
Name: MERRIMACK COUNTY SAVINGS BANK FDTN EIN: 04-3370159									
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					

11,387

11,387

INVESTMENT ADVISOR FEE - MCSB

Name of Charity	Address		Relationship		Purpose of Donation	An	nount
Court Appointed Special Advocates (CASA) of NH. Inc	PO Box 1327, Manchester, NH 03105	NH	None	Public	Funds to be utilized to recruit, train and supervise additional volunteers	\$	2,000
Concord Dental Sealant Coalition	PO Box 1062, Concord, NH 03302	NH	None	Public	Funds support oral health education, comprehensive oral disease prevention and care coordination to improve health among the Concord area school children who lack access to regular dental care	\$	4.000
Concord Family YMCA	15 North State Street, Concord, NH 03301	NH	None	Public	Support the Concord Family YMCA's Kydstop Afterschool Scholarship Fund which helps make high quality childcare affordable for low and moderate income families, which averages up to 42% of the families enrolled in the program	\$	3,200
Concord Hospital	250 Pleasant Street, Concord, NH 03301	NH	None	Public	Provide pediatric patients with a new backpack filled with items tey may need after a stay at the hospital when going to a foster home, facility or other living situation	\$	2.200
Family Promise of Greater Concord	176 Loudon Road, Suite 2, Concord, NH 03301	NH	None	Public	Provide funding for the pathway towards independence program which is designed to provide stable housing for 56 individuals over the next year	\$	3,000
The Friendly Kitchen	PO Box 373, 2 South Commercial Street, Concord, NH 03302-0373	NH	None	Public	Provide funds to assist with the purchase of an upgraded security system and cameras for the building	\$	5,000
The Friends Program	202 N State Street, Concord, NH 03301	NH	None	Public	Funds will be used to support shelter for homeless families with critical, temporary emergency housing, support, education, training and skills that position them to access critical resources and obtain and maintain permanent housing	\$	4.000
Front Door Agency	7 Concord Street, Nashua, NH 03064	NH	None	Public	Provide homeless single mothers and children with affordable housing, case management, higher education opportunities and supportive services in order to enable families to break the cycle of poverty and have hope for a better future		2.500
Harbor Homes, Inc	45 High Street, Nashua, NH 03060	NH	None	Public	Funding will support the operation of permanent housing units for homeless parents, children and veterans in the Greater Nashua area	\$	3,000
Hooksett Scouts BSA Troop 292	19 Andrea Avenue, Hooksett, NH 03106	NH	None	Public	Funds will be used to offset the cost for scouts to attend a week of summer camp by offering camperships to all scouts who are interested	\$	2,000

Name of Charity	Address	Relationship		Purpose of Donation		nount	
Marguerite's Place	87 Palm Street, Nashua, NH 03060	NH	None	Public	Funds will be used to enhance the emergency fund for residents that will enable them to overcome common barriers to participation in the workforce or education programs such as books, fees, license fees, prep courses needed to gain certification, uniforms, bus vouchers or child care	\$	2.000
May hew Program. Inc	PO Box 120, 293 West Shore Road, Bristol, NH 03222	NH	None	Public	Support tuition for boys located in Merrimack County so that they can participate in Mayhew's school year mentoring program and residential summer camp program	\$	3,000
Merrimack Valley Day Care Service	19 North Fruit Street, Concord, NH 03301	NH	None	Public	Funds will be utilized to install a security system to limit access to the buildings	\$	2,000
Nashua Police Athletic League (PAL)	52 Ash Street, Nashua, NH 03060	NH	None	Public	Funds will be utilized to support the building on hope project, which offers improvements to non profit facilities	\$	2.000
Nashua Soup Kitchen and Shelter	2 Quincy Street, Nashua, NH 03060	NH	None	Public	Funds will be used for the purchase of food to be served in the soup kitchen and to be given out in the food pantry to homeless and low-income individuals and families in the Greater Nashua area	\$	2.500
NH Technical Institute Community College	31 College Drive, Concord, NH 03301	NH	None	Public	Funds to be used to replace dental equipment for the portable clinic at Merrimack Valley High School and to allow for the expansion of services to additional patients	\$	2.500
The Pittsfield Youth Workshop	5 Park Street, PO Box 206, Pittsfield, NH 03263	NH	None	Public	Provide quality and effective year round programming to over 200 youth in grades six through twelve from Pittsfield, NH and the surrounding towns	۱	2,500
Riverbend Community Mental Health	PO Box 2032, Concord, NH 03302-2032	NH	None	Public	Support the choices adolescent treatment services, one of the only outpatient programs in NH specifically designed for youth		2,500
St Joseph's Community Services	PO Box 910, 395 Daniel Webster Highway, Merrimack, NH 03054	NH	None	Public	Funds to be used to reduce hunger and isolation among low-income and homebound older and disabled adults	\$	3,000

Merrimack County Savings Bank Foundation TIN 04-3370159 2019 Form 990-PF, Part XV

Name of Charity	Address		Relations	nıp	Purpose of Donation	Amount
YMCA of Greater Nashua	10 Cotton Road, Suite 1, Nashua, NH 03063	NH	None	Public	Support the Y's Power Scholars Academy program to help 400 low-income Nashua youth who are behind grade level in reading and/or math make academic and social-emotional gains over the summer instead of experiencing summer learning loss	\$ 4.000

\$56,900