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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

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
DIME BANK FOUNDATION INC

A Employer identification number
06-1507800

Number and street (or P O box number if mail is not delivered to street address)
290 SALEM TURNPIKE

Room/suite

B Telephone number (see instructions)
(860) 859-4300

City or town, state or province, country, and ZIP or foreign postal code
NORWICH, CT 06360

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)* ▶$ 4,896,353

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)	1,000			
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	132	132		
	4 Dividends and interest from securities	109,577	109,577		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	105,432			
	b Gross sales price for all assets on line 6a 243,092				
	7 Capital gain net income (from Part IV, line 2)		105,432		
	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)	-14	0		
	12 **Total.** Add lines 1 through 11	216,127	215,141		
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)	1,000	0		1,000
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	4,785	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 **Total operating and administrative expenses.** Add lines 13 through 23	5,785	0		1,000
	25 Contributions, gifts, grants paid	221,357			221,357
	26 **Total expenses and disbursements.** Add lines 24 and 25	227,142	0		222,357
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-11,015			
	b **Net investment income** (if negative, enter -0-)		215,141		
	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	2,743	1,886	1,886
	2 Savings and temporary cash investments	20,374	24,839	24,839
	3 Accounts receivable ▶ 5,071			
	Less allowance for doubtful accounts ▶	5,091	5,071	5,071
	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)	3,659,552	4,356,805	4,356,805
	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)	396,220	507,676	507,676
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	0	76	76
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	4,083,980	4,896,353	4,896,353
Liabilities	17 Accounts payable and accrued expenses	2,139		
	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)	2,139	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	4,081,841	4,896,353	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg , and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	4,081,841	4,896,353	
	30 **Total liabilities and net assets/fund balances** (see instructions)	4,083,980	4,896,353	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	4,081,841
2	Enter amount from Part I, line 27a	2	-11,015
3	Other increases not included in line 2 (itemize) ▶	3	825,527
4	Add lines 1, 2, and 3	4	4,896,353
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 29	6	4,896,353

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)
1a	See Additional Data Table			
b				
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	See Additional Data Table			
b				
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	See Additional Data Table			
b				
c				
d				
e				

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	105,432
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))
2018	208,598	4,518,653	0 046164
2017	197,645	4,220,359	0 046831
2016	180,583	3,729,655	0 048418
2015	183,514	3,770,266	0 048674
2014	163,071	3,778,759	0 043155

2	**Total** of line 1, column (d)	2	0 233242
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 046648
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	4,525,250
5	Multiply line 4 by line 3	5	211,094
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,151
7	Add lines 5 and 6	7	213,245
8	Enter qualifying distributions from Part XII, line 4	8	222,357

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	2,151
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	2,151
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	2,151
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 4,379		
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	4,379
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	2,228
11	Enter the amount of line 10 to be **Credited to 2020 estimated tax** ▶ 2,228 **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		No
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) ▶ CT			
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 2019 or the taxable year beginning in 2019? 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 ▶ WWW DIME-BANK COM

14 The books are in care of ▶ DAVID STANLAND Telephone no ▶ (860) 859-4300

Located at ▶ 290 SALEM TURNPIKE NORWICH CT ZIP+4 ▶ 06360

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 2019, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶	16		No

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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? If "Yes," list the years ▶ 20____, 20____, 20____, 20____	☐ Yes ☑ No		
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 2019 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 2019).*	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 2019?	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	
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	4,543,260
b	Average of monthly cash balances		1b	45,821
c	Fair market value of all other assets (see instructions)		1c	5,081
d	**Total** (add lines 1a, b, and c)		1d	4,594,162
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	4,594,162
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	68,912
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	4,525,250
6	**Minimum investment return.** Enter 5% of line 5		6	226,263

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	226,263
2a	Tax on investment income for 2019 from Part VI, line 5	2a 2,151		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	2,151
3	Distributable amount before adjustments Subtract line 2c from line 1		3	224,112
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	224,112
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	224,112

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	222,357
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	222,357
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	2,151
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	220,206

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				224,112
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			21,004	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 222,357				
a Applied to 2018, but not more than line 2a			21,004	
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 2019 distributable amount.				201,353
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019	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	0			
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 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				22,759
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 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	0			
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. . . .				

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
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

DIME BANK FOUNDATION INC DEIRDRE SU
290 SALEM TURNPIKE
NORWICH, CT 06360
(860) 859-4300
DSULLIVAN@DIME-BANK COM

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

WRITTEN GRANT APPLICATION

c Any submission deadlines

SEE APPLICATION DEADLINE ON OUR WEBSITE

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

GEOGRAPHIC AREA SERVED BY THE DIME BANK

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**				221,357
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

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	132	
4 Dividends and interest from securities. . . .			14	109,577	
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	105,432	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a CASH IN LIEU			18	-14	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		215,127	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	215,127

(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

******	2020-04-14	******
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
CHARLES J FRAGO CPA		2020-04-14		P01215587

Firm's name ▶ WOLF & COMPANY PC	Firm's EIN ▶04-2689883
Firm's address ▶ 99 HIGH STREET 21ST FLOOR BOSTON, MA 02110	Phone no (617) 439-9700

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
ABBOTT LABS	P	2016-12-14	2019-11-07
APPLE, INC	P	2009-10-23	2019-04-04
APPLE, INC	P	2009-10-23	2019-11-07
DTE ENERGY CO	P	2007-05-03	2019-04-04
HALLIBURTON CO	P	2006-10-03	2019-08-09
HALLIBURTON CO	P	2009-01-12	2019-08-09
NESTLE SA SPONSORED ADR	P	2006-01-30	2019-11-07
NEXTERA ENERGY	P	2009-07-17	2019-11-25
ORACLE CORP	P	2015-05-01	2019-01-10
ORACLE CORP	P	2015-08-14	2019-01-10

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
8,124		3,970	4,154
9,597		1,223	8,374
12,777		1,224	11,553
12,271		5,098	7,173
19,184		29,094	-9,910
9,592		10,379	-787
10,335		2,961	7,374
23,299		5,548	17,751
19,072		17,967	1,105
4,768		4,008	760

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			4,154
			8,374
			11,553
			7,173
			-9,910
			-787
			7,374
			17,751
			1,105
			760

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
PFIZER, INC	P	2008-01-22	2019-01-10
STRYKER CORP	P	2006-01-30	2019-11-07
TIFFANY & CO	P	2015-05-01	2019-08-09
TIFFANY & CO	P	2019-01-10	2019-08-09
VISA, INC	P	2009-10-23	2019-11-07
VISA, INC	P	2009-10-23	2019-11-25
VISA, INC	P	2009-10-23	2019-11-27
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
25,912		14,251	11,661
19,985		4,420	15,565
17,467		17,396	71
17,467		17,274	193
8,713		949	7,764
3,564		380	3,184
14,324		1,518	12,806
6,641			6,641

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			11,661
			15,565
			71
			193
			7,764
			3,184
			12,806
			6,641

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
NICHOLAS CAPLANSON 290 SALEM TURNPIKE NORWICH, CT 06360	PRESIDENT/DIRECTOR 1 00	0	0	0
DAVID STANLAND 290 SALEM TURNPIKE NORWICH, CT 06360	VP/TREASURER 1 00	0	0	0
CHERYL CALDERADO 290 SALEM TURNPIKE NORWICH, CT 06360	VICE PRESIDENT 1 00	0	0	0
DEIRDRE SULLIVAN 290 SALEM TURNPIKE NORWICH, CT 06360	SECRETARY 1 00	0	0	0
ROLAND J HARRIS 290 SALEM TURNPIKE NORWICH, CT 06360	DIRECTOR 1 00	0	0	0
ATT LINDA L MARIANI 290 SALEM TURNPIKE NORWICH, CT 06360	DIRECTOR 1 00	0	0	0
ROBERT A STALEY 290 SALEM TURNPIKE NORWICH, CT 06360	DIRECTOR 1 00	0	0	0
DR MARK E TRAMONTOZZI 290 SALEM TURNPIKE NORWICH, CT 06360	DIRECTOR 1 00	0	0	0
LEE-ANN GOMES 290 SALEM TURNPIKE NORWICH, CT 06360	DIRECTOR 1 00	0	0	0
STEVEN L BOKOFF 290 SALEM TURNPIKE NORWICH, CT 06360	DIRECTOR 1 00	0	0	0
PETER MANERI 290 SALEM TURNPIKE NORWICH, CT 06360	DIRECTOR 1 00	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*				
AMERICAN RED CROSS 1 PLYMOUTH PLACE MILFORD, CT 06460	NOT RELATED	PC	EXEMPT PURPOSE	1,000
CATHOLIC CHARITIES DIOCESE OF NORWICH 331 E MAIN STREET NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	4,000
CHANNEL 3 KIDS CAMP 73 TIMES FARM ROAD ANDOVER, CT 06238	NOT RELATED	PC	EXEMPT PURPOSE	3,000
Total . . . . . ▶ **3a**				221,357

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*				
CRIS RADIO315 WINDSOR AVE WINDSOR, CT 06095	NOT RELATED	PC	EXEMPT PURPOSE	2,000
EASTERN CONNECTICUT COMMUNITY GARDENS ASSOCIATION INC 300 STATE STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	1,600
EASTERN CT WORKFORCE INVESTMENT BOARD 108 NEW PARK AVE NORTH FRANKLIN, CT 06254	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				221,357

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*				
FLOCK THEATER10 PROSPECT STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	500
HIGHER EDGE35 REDDEN AVE NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	3,000
HORSES HEALING HUMANS INC 340 NEW LONDON TURNPIKE STONINGTON, CT 06378	NOT RELATED	PC	EXEMPT PURPOSE	1,800
Total . . . . . ▶ **3a**				221,357

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*				
MUTUAL HOUSING ASSOCIATION OF SOUTH CENTRAL CONNECTICUT DBA NEIGHBORWORKS 235 GRAND AVE NEW HAVEN, CT 06513	NOT RELATED	PC	EXEMPT PURPOSE	3,500
NEW ENGLAND SCIENCE & SAILING FOUNDATION INC 72 WATER STREET STONINGTON, CT 06378	NOT RELATED	PC	EXEMPT PURPOSE	2,500
NEW LIFE MINISTRY 60 CONNOLY PARKWAY 1 HAMDEN, CT 06514	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total . . . . . ▶ **3a**				221,357

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*				
NEW LONDON COMMUNITY MEAL CENTER INC 12 MONTAUK AVE NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	4,000
NORWICH COMMUNITY BACKPACK PROGRAM 305 BROADWAY NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	1,500
NORWICH COMMUNITY CARE TEAM 283 STODDARDS WHARF ROAD GALES FERRY, CT 06335	NOT RELATED	PC	EXEMPT PURPOSE	3,000
Total . . . . . ▶ **3a**				221,357

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*				
NORWICH HOUSING AUTHORITY 10 WESTWOOD PARK NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	1,500
NORWICH YOUTH AND FAMILY SERVICES 75 MOHEGAN ROAD NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	2,500
NUTMEG BIG BROTHERS BIG SISTERS 30 LAUREL STREET 3 HARTFORD, CT 06106	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total . . . . . ▶ **3a**				221,357

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*				
STEPSPO BOX 1907 GROTON, CT 06340	NOT RELATED	PC	EXEMPT PURPOSE	2,000
SAFE FUTURES16 JAY STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	3,000
SALT MARSH OPERA COMPANY 65 CUTLER STREET STONINGTON, CT 06378	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total . . . . . ▶ **3a**				221,357

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*				
SHORELINE SOUP KITCHENS 336 MAIN STREET OLD SAYBROOK, CT 06475	NOT RELATED	PC	EXEMPT PURPOSE	2,500
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION 1 SYLVANDALE ROAD JEWETT CITY, CT 06351	NOT RELATED	PC	EXEMPT PURPOSE	2,500
THE RIVERFRONT CHILDREN'S CENTER 476 THAMES STREET GROTON, CT 06340	NOT RELATED	PC	EXEMPT PURPOSE	3,000
Total . . . . . ▶ **3a**				221,357

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*				
VISITING NURSES ASSOCIATION OF SE CT 403 NORTH FONTAGE ROAD WATERFORD, CT 06385	NOT RELATED	PC	EXEMPT PURPOSE	1,000
WARM CENTER INC56 SPRUCE STREET WESTERLY, RI 02891	NOT RELATED	PC	EXEMPT PURPOSE	5,000
ALWAYS HOME119 HIGH STREET MYSTIC, CT 06355	NOT RELATED	PC	EXEMPT PURPOSE	4,000
Total . . . . . ▶ **3a**				221,357

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*				
COLLABORATIVE FOR COLCHESTER'S CHILDREN 315 HALLS HILL ROAD COLCHESTER, CT 06415	NOT RELATED	PC	EXEMPT PURPOSE	1,855
COVENANT TO CARE FOR CHILDREN 1477 PARK STREET 2A HARTFORD, CT 06106	NOT RELATED	PC	EXEMPT PURPOSE	2,000
EASTERN CT BALLET 433 BOSTON POST ROAD EAST LYME, CT 06333	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total . . . . . ▶ **3a**				221,357

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*				
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106	NOT RELATED	PC	EXEMPT PURPOSE	3,000
GREATER STONINGTON REALTY CORPORATION 45 SISK DRIVE PAWCATUCK, CT 06379	NOT RELATED	PC	EXEMPT PURPOSE	2,500
HEALTH EDUCATION CENTER 55 MAIN STREET SUITE 270 NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total . . . . . ▶ **3a**				221,357

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*				
HYGIENIC ART79 BANK STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	2,000
LEDYARD YOUTH & SOCIAL SERVICES 741 COLONEAL LEDYARD HIGHWAY LEDYARD, CT 06339	NOT RELATED	PC	EXEMPT PURPOSE	1,500
LIGHTHOUSE VOC-ED CENTER INC 125 SHAW STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				221,357

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*				
NEW LONDON YOUTH AFFAIRS 111 UNION STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	4,000
NORWICH WORKS50 CLINTON AVE NORWICH, CT 06260	NOT RELATED	PC	EXEMPT PURPOSE	4,000
OPERATION WARM 6 DICKINSON DRIVE SUITE 314 CHADDS FORD, PA 19317	NOT RELATED	PC	EXEMPT PURPOSE	4,500
Total . . . . . ▶ **3a**				221,357

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*				
SAVE THE BAY212 NORTHERN AVE 304 BOSTON, MA 02210	NOT RELATED	PC	EXEMPT PURPOSE	2,950
SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM ENDOWMENT 100 KENYON AVE WAKEFIELD, RI 02879	NOT RELATED	PC	EXEMPT PURPOSE	2,500
SOUTHERN RHODE ISLAND VOLUNTEERS 25 ST DOMINIC ROAD WAKEFIELD, RI 02879	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total . . . . . ▶ **3a**				221,357

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 SALVATION ARMY74 CENTRAL AVE WATERBURY, CT 06702	NOT RELATED	PC	EXEMPT PURPOSE	5,000
A REASON TO RIDE INCPO BOX 767 JEWETT CITY, CT 06351	NOT RELATED	PC	EXEMPT PURPOSE	2,500
ARTS FOR LEARNING CONNECTICUT INC 1 EVERGREEN AVE UNIT 33 HAMDEN, CT 06518	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total . . . . . ▶ **3a**				221,357

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*				
CATHOLIC CHARITIES DIOCESE OF NORWICH 331 EAST MAIN STREET NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	4,000
CHILD AND FAMILY AGENCY OF SOUTHEASTERN CT 190 WESTBROOK ROAD ESSEX, CT 06426	NOT RELATED	PC	EXEMPT PURPOSE	4,500
CHILDREN FIRST GROTON 255 HEMPSTEAD STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total . . . . . ▶ **3a**				221,357

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*				
CHILDREN'S MUSEUM 950 TROUT BROOK DRIVE WEST HARTFORD, CT 06119	NOT RELATED	PC	EXEMPT PURPOSE	2,500
CHILDREN'S MUSEUM OF SOUTHEASTERN CT 409 MAIN STREET NIANTIC, CT 06357	NOT RELATED	PC	EXEMPT PURPOSE	3,328
COLUMBUS HOUSE INC 586 ELLA T GRASSO BLVD NEW HAVEN, CT 06519	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total . . . . . ▶ **3a**				221,357

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*				
CONNECTICUT COLLEGE CHILD DEVELOPMENT LAB SCHOOL 75 NAMEAUG AVENUE NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	3,000
CONNECTICUT STORYTELLING CENTER 270 MOHEGAN AVENUE NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	1,500
CONNECTICUT VETERANS LEGAL CENTER 114 BOSTON POST ROAD WEST HAVEN, CT 06516	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total . . . . . ▶ **3a**				221,357

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*				
EASTERN CT HOUSING OPPORTUNITIES INC 165 STATE STREET SUITE 405 NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	4,000
FRANK OLEAN CENTER 93 AIRPORT ROAD WESTERLY, RI 02891	NOT RELATED	PC	EXEMPT PURPOSE	3,500
FURNITURE BANKPO BOX 124 GALES FERRY, CT 06335	NOT RELATED	PC	EXEMPT PURPOSE	7,500
Total . . . . . ▶ **3a**				221,357

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*				
HIGH HOPES THERAPEUTIC RIDING INC 36 TOWN WOODS ROAD OLD LYME, CT 06371	NOT RELATED	PC	EXEMPT PURPOSE	2,000
HISTORICALLY BLACK COLLEGE ALUMNI 6021 UNIVERSITY BLVD SUITE 160 ELLICOT CITY, MD 21043	NOT RELATED	PC	EXEMPT PURPOSE	1,000
HORIZONS INC 127 BABCOCK HILL ROAD SOUTH WINDHAM, CT 06266	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total . . . . . ▶ **3a**				221,357

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*				
JONNYCAKE CENTER OF WESTERLY 23 INDUSTRIAL DRIVE WESTERLY, RI 02891	NOT RELATED	PC	EXEMPT PURPOSE	3,500
LIFEFAQSORG INC 29 WASHINGTON STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	4,000
MADONNA PLACE240 MAIN STREET NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	3,500
Total . . . . . ▶ **3a**				221,357

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*				
MARTIN HOUSE INC 401 WEST THAMES STREET 700 NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	3,500
NEW LONDON AREA FOOD COALITION 106 TRUMAN STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	5,050
NEW LONDON HOMELESS HOSPITALITY CENTER 730 STATE PIER ROAD NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	4,000
Total . . . . . ▶ **3a**				221,357

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*				
NEW LONDON PUBLIC LIBRARY 63 HUNTINGTON STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	3,199
NORWICH HUMAN SERVICES SAFETY NET TEAM 100 BROADWAY NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	3,000
OIC OF NEW LONDON COUNTY INC 106 TRUMAN STREET NEW LONDON, CT 06320	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total . . . . . ▶ **3a**				221,357

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*				
OPERATION FUEL 75 CHARTER OAK AVE 2-240 HARTFORD, CT 06106	NOT RELATED	PC	EXEMPT PURPOSE	3,000
PRESTON PUBLIC LIBRARY389 CT-2 PRESTON, CT 06365	NOT RELATED	PC	EXEMPT PURPOSE	1,693
READ TO GROW 53 SCHOOL GROUND ROAD 3 BRANFORD, CT 06405	NOT RELATED	PC	EXEMPT PURPOSE	500
Total . . . . . ▶ **3a**				221,357

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*				
RELIANCE HEALTH INC40 BROADWAY NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	3,129
ST VINCENT DE PAUL PLACE 120 CLIFF STREET NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	5,000
THAMES RIVER COMMUNITY SERVICE 1 THAMES RIVER PLACE NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	3,500
Total . . . . . ▶ **3a**				221,357

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 ARC EASTERN CT 125 SACHEM STREET NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	1,003
UNITED COMMUNITY FAMILY SERVICES 77 EAST TOWN STREET NORWICH, CT 06360	NOT RELATED	PC	EXEMPT PURPOSE	2,250
UNITED WAY OF SOUTHEASTERN CT 283 STODDARDS WHARF ROAD GALES FERRY, CT 06335	NOT RELATED	PC	EXEMPT PURPOSE	3,500
Total . . . . . ▶ **3a**				221,357

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*				
WESTERLY EDUCATION CENTER 23 FRIENDSHIP STREET 1528 WESTERLY, RI 02891	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total . . . . . ▶ **3a**				221,357

TY 2019 Accounting Fees Schedule

Name: DIME BANK FOUNDATION INC

EIN: 06-1507800

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEES	1,000	0		1,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491105003180

TY 2019 Investments Corporate Stock Schedule

Name: DIME BANK FOUNDATION INC

EIN: 06-1507800

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES - COMMON STOCK	4,356,805	4,356,805

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491105003180

TY 2019 Investments - Other Schedule

Name: DIME BANK FOUNDATION INC

EIN: 06-1507800

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EQUITIES - MUTUAL FUNDS	FMV	507,676	507,676

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491105003180

TY 2019 Other Assets Schedule

Name: DIME BANK FOUNDATION INC

EIN: 06-1507800

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED EXCISE TAX		76	76

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491105003180

TY 2019 Other Income Schedule

Name: DIME BANK FOUNDATION INC

EIN: 06-1507800

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CASH IN LIEU	-14		-14

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491105003180

TY 2019 Other Increases Schedule

Name: DIME BANK FOUNDATION INC

EIN: 06-1507800

Description	Amount
UNREALIZED GAINS ON INVESTMENT	825,527

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491105003180

TY 2019 Taxes Schedule

Name: DIME BANK FOUNDATION INC

EIN: 06-1507800

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	4,785	0		0