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OMB No 1545-0052
2017
Open to Public Inspection

Form **990-PF**

Return of Private Foundation

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

Department of the Treasury
Internal Revenue Service

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.

For calendar year 2017 or tax year beginning **SEP 1, 2017**, and ending **AUG 31, 2018**

Name of foundation
COMMUNITY BANK N.A. FOUNDATION OF NEW ENGLAND, INC.

AERC

A Employer identification number
03-6016628

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

Room/suite

B Telephone number
(802) 865-1627

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

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

C If exemption application is pending, check here
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)
\$ 1,978,901.

J Accounting method:
 Cash
 Accrual
 Other (specify)

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).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	500,000.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	5,350.	5,350.		STATEMENT 1
4 Dividends and interest from securities	35,954.	35,954.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	15,528.			
b Gross sales price for all assets on line 6a	141,790.			
7 Capital gain net income (from Part IV, line 2)		15,528.		
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)				
11 Other income				
12 Total Add lines 1 through 11	556,832.	56,832.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees STMT 3	670.	0.		0.
b Accounting fees STMT 4	2,639.	1,320.		0.
c Other professional fees STMT 5	11,097.	11,097.		0.
17 Interest				
18 Taxes				
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses STMT 6	192.	192.		0.
24 Total operating and administrative expenses. Add lines 13 through 23	14,598.	12,609.		0.
25 Contributions, gifts, grants paid	100,200.			100,200.
26 Total expenses and disbursements. Add lines 24 and 25	114,798.	12,609.		100,200.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	442,034.			
b Net investment income (if negative, enter -0-)		44,223.		
c Adjusted net income (if negative, enter -0-)			N/A	

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	46,802.	532,790.	532,790.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	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			
	b Investments - corporate stock STMT 7	0.	696,292.	900,748.
	c Investments - corporate bonds STMT 8	0.	551,108.	545,363.
	11 Investments - land, buildings, and equipment basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other	1,291,354.	0.	0.	
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	1,338,156.	1,780,190.	1,978,901.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ _____)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	1,358,056.	1,800,090.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds	-19,900.	-19,900.		
30 Total net assets or fund balances	1,338,156.	1,780,190.		
31 Total liabilities and net assets/fund balances	1,338,156.	1,780,190.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1,338,156.
2 Enter amount from Part I, line 27a	442,034.
3 Other increases not included in line 2 (itemize) ▶ _____	0.
4 Add lines 1, 2, and 3	1,780,190.
5 Decreases not included in line 2 (itemize) ▶ _____	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	1,780,190.

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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 654.000 SHS VANGUARD INTL EQUITY INDEX	P	04/27/15	08/07/18
b 3.000 SHS VANGUARD INTL EQUITY INDEX F	P	10/06/15	08/07/18
c 2.000 SHS VANGUARD INTL EQUITY INDEX F	P	12/28/15	08/07/18
d 2,188.552 SHS AQR MANAGED FUTURES STRATEGY HV I	P	08/27/15	12/19/17
e 464.684 SHS AQR MANAGED FUTURES STRATEGY HV I	P	08/23/16	12/19/17
f 2,402.958 SHS NATIXIS ASG MANAGED FUTURES STRATEG	P	08/27/15	12/19/17
g 210.816 SHS NATIXIS ASG MANAGED FUTURES STRATEGY	P	08/23/16	12/19/17
h 2,576.809 SHS PIMCO TRENDS MANAGED FUTURES STRAT	P	08/27/15	12/19/17
i 336.049 SHS PIMCO TRENDS MANAGED FUTURES STRAT IN	P	08/23/16	12/19/17
j CAPITAL GAINS DIVIDENDS			
k			
l			
m			
n			
o			

(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 37,530.		37,408.	122.
b 172.		153.	19.
c 115.		101.	14.
d 19,850.		26,000.	-6,150.
e 4,215.		5,000.	-785.
f 25,063.		26,000.	-937.
g 2,199.		2,300.	-101.
h 25,124.		26,000.	-876.
i 3,276.		3,300.	-24.
j 24,246.			24,246.
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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			122.
b			19.
c			14.
d			-6,150.
e			-785.
f			-937.
g			-101.
h			-876.
i			-24.
j			24,246.
k			
l			
m			
n			
o			

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	15,528.
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). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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			
b SEE ATTACHED STATEMENTS			
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			
b			
c			
d			
e 141,790.		126,262.	15,528.

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			15,528.

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 15,528.

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).
If (loss), enter -0- in Part I, line 8 } { 3 N/A

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2016	45,000.	1,452,607.	.030979
2015	44,500.	1,382,146.	.032196
2014	44,500.	1,488,379.	.029898
2013	42,700.	1,490,378.	.028650
2012	36,586.	1,401,819.	.026099

2 Total of line 1, column (d) 2 .147822

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 .029564

4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 1,867,618.

5 Multiply line 4 by line 3 5 55,214.

6 Enter 1% of net investment income (1% of Part I, line 27b) 6 442.

7 Add lines 5 and 6 7 55,656.

8 Enter qualifying distributions from Part XII, line 4 8 100,200.

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.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	442.
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	442.
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	442.
6 Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	613.
b	Exempt foreign organizations - tax withheld at source	6b	0.
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	613.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	171.
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax <input checked="" type="checkbox"/> 171. Refunded <input checked="" type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
d		
e		
2		X
3	X	
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10	X	

N/A

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Part VII-A Statements Regarding Activities *(continued)*

		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14 The books are in care of ► <u>BARRY FAUTEUX</u> Telephone no. ► <u>802-865-1627</u> Located at ► <u>275 KENNEDY DRIVE, SOUTH BURLINGTON, VT</u> ZIP+4 ► <u>05403</u>			
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 ► <u>15</u> <u>N/A</u>			
16 At any time during calendar year 2017, 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		X

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

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

		Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Organizations relying on a current notice regarding disaster assistance, check here ► <u>N/A</u>	1b		
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 2017?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <u>N/A</u>	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If "Yes," did it have excess business holdings in 2017 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 2017.) <u>N/A</u>	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 2017?	4b		X

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

<p>5a During the year, did the foundation pay or incur any amount to:</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Yes</p> <p>No</p>
<p>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 Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> N/A</p>		<p>5b</p>
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945-5(d). N/A</p>		
<p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870.</p>		<p>6b</p> <p style="text-align: right;">X</p>
<p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A</p>		<p>7b</p>

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

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

(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 STATEMENT 10		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) 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 COMMUNITY BANK N.A. OF NEW ENGLAND FOUNDATION, INC. PROVIDES GRANTS TO IRC SECTION 501(C)(3) ORGANIZATIONS FOR ACCOMPLISHMENT OF VARIOUS CHARITABLE PURPOSES.	0.
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	0.
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3 ▶	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,458,666.
b	Average of monthly cash balances	1b	437,393.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,896,059.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,896,059.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,441.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,867,618.
6	Minimum investment return. Enter 5% of line 5	6	93,381.

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	93,381.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	442.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	442.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	92,939.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	92,939.
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	92,939.

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	100,200.
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	100,200.
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	5	442.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	99,758.

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.

COMMUNITY BANK N.A. FOUNDATION OF NEW ENGLAND, INC.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				92,939.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ <u>100,200.</u>				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				92,939.
e Remaining amount distributed out of corpus	7,261.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	7,261.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	7,261.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017	7,261.			

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

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶
- b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2 a 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).)
- NONE**
- 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.
- NONE**

- 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.
- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

- SEE STATEMENT 11**
- b** The form in which applications should be submitted and information and materials they should include:
- c** Any submission deadlines:
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

COMMUNITY BANK N.A. FOUNDATION OF NEW
ENGLAND, INC.

03-6016628

Part XV. Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
BBBS OF HAMPDEN COUNTY 83 MAPLE ST SUITE 201 SPRINGFIELD, MA 01105	NOT RELATED		OPERATIONS	2,500.
BROC COMMUNITY ACTION 72 WALES ST RUTLAND, VT 05701	NOT RELATED		OPERATIONS	5,000.
CABOT COMMUNITY ASSOCIATION P.O. BOX 245 CABOT, VT 05647	NOT RELATED		OPERATIONS	1,000.
CASTLETON CARES INC. 504 MAIN STREET CASTLETON, VT 05735	NOT RELATED		OPERATIONS	400.
CENTER FOR COMMUNICATION IN MEDICINE 160 BENMONT AVENUE, HOLDEN-LEONARD MILL P.O. BOX 197 BENNINGTON, VT 05201	NOT RELATED		OPERATIONS	5,000.
CHRIST THE KING ST ANTHONY CHARITABLE TRUST 136 LOCUST ST BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	500.
COMMON ROOTS 1100 DORSET STREET SOUTH BURLINGTON, VT 05403	NOT RELATED		OPERATIONS	3,000.
DREAM ON CURLS RIDING CENTER 153 KIRK MEADOW RD SPRINGFIELD, VT 05156	NOT RELATED		OPERATIONS	500.
ETD MEMORIAL FUND 52 CILLEY HILL ROAD JERICHO, VT 05465	NOT RELATED		OPERATIONS	1,000.
FOLSOM SCHOOL AND COMMUNITY CENTER DRAMA 75 SOUTH ST SOUTH HERO, VT 05486	NOT RELATED		OPERATIONS	500.
Total from continuation sheets				87,850.

COMMUNITY BANK N.A. FOUNDATION OF NEW
ENGLAND, INC.

03-6016628

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
FRANKLIN COUNTY ANIMAL RESCUE 30 SUNSET MEADOWS SAINT ALBANS, VT 05478	NOT RELATED		OPERATIONS	2,000.
FRANKLIN COUNTY BPW 549 MAQUAM SHORE RD SWANTON, VT 05488	NOT RELATED		OPERATIONS	500.
FRANKLIN COUNTY HOME HEALTH 3 HOME HEALTH CIRCLE #1 ST ALBANS CITY, VT 05478	NOT RELATED		OPERATIONS	500.
GALLOP TO SUCCESS, INC. 1214 CROSS HILL RD BENNINGTON, VT 05257	NOT RELATED		OPERATIONS	500.
GREATER NORTHFIELD SENIOR CITIZENS, INC. 168 WALL STREET NORTHFIELD, VT 05663	NOT RELATED		OPERATIONS	500.
HOME SHARE NOW 105 NORTH MAIN ST SUITE 103 BARRE, VT 05641	NOT RELATED		OPERATIONS	500.
JOHNSON PUBLIC LIBRARY 7 LIBRARY DRIVE JOHNSON, VT 05656	NOT RELATED		OPERATIONS	500.
LAKE CHAMPLAIN ISLANDS FARMERS MARKET P.O. BOX 65 SOUTH HERO, VT 05486	NOT RELATED		OPERATIONS	500.
LKW MEMORIAL FUND P.O. BOX 65176 BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	10,000.
LUC GATES FOUNDATION 2245 SAMSONVILLE RD ENOSBURG FALLS, VT 05450	NOT RELATED		OPERATIONS	500.
Total from continuation sheets				

COMMUNITY BANK N.A. FOUNDATION OF NEW
ENGLAND, INC.

03-6016628

Part XV: Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
LEUKEMIA & LYMPHOMA SOCIETY INC. 1 MARCUS BLVD SUITE 104 ALBANY, NY 12205	NOT RELATED		OPERATIONS	2,500.
MENTORING PROJECT OF THE UPPER VALLEY P.O. BOX 237 BRADFORD, VT 05033	NOT RELATED		OPERATIONS	1,000.
MONKTON VOLUNTEER FIRE DEPARTMENT 3747 STATES PRISON HOLLOW ROAD BRISTOL, VT 05443	NOT RELATED		OPERATIONS	1,000.
MOWLC 24 UPPER MAIN ST MORRISVILLE, VT 05663	NOT RELATED		OPERATIONS	1,200.
NEW ENGLAND HELPS GREEK STRAYS 1927 VT RTE 17E VERGENNES, VT 05491	NOT RELATED		OPERATIONS	1,000.
NORTHEAST ORGANIC FARMING ASSOCIATION OF VERMONT P.O. BOX 697 RICHMOND, VT 05477	NOT RELATED		OPERATIONS	1,000.
OLD SCHOOL ENRICHMENT COUNCIL 1 SCHOOL STREET WILMINGTON, VT 05363	NOT RELATED		OPERATIONS	500.
ORANGE COUNTY SPECIAL INVESTIGATIONS/CHILD ADVOCACY P.O. BOX 254 CHELSEA, VT 05038	NOT RELATED		OPERATIONS	500.
OUTRIGHT VERMONT 241 NORTH WINOOSKI AVE BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	5,000.
PEDAL THRU YOUTH, INC. P.O. BOX 926 AGAWAM, MA 01001	NOT RELATED		OPERATIONS	5,000.
Total from continuation sheets				

COMMUNITY BANK N.A. FOUNDATION OF NEW
ENGLAND, INC.

03-6016628

Part XV. Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
PINE HILL PARTNERSHIP 2 OAK STREET EXT RUTLAND, VT 05701	NOT RELATED		OPERATIONS	1,000.
REVITALIZING WATERBURY 46 SOUTH MAIN STREET 2ND FLOOR WATERBURY, VT 05676	NOT RELATED		OPERATIONS	1,000.
ROCK POINT SCHOOL 1 ROCK POINT ROAD BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	500.
RUTLAND COUNTY HUMANE SOCIETY 765 STEVENS ROAD PITTSFORD, VT 05763	NOT RELATED		OPERATIONS	400.
RUTLAND COUNTY HUMANE SOCIETY 765 STEVENS ROAD PITTSFORD, VT 05763	NOT RELATED		OPERATIONS	350.
RUTLAND OPEN DOOR MISSION 31 PARK STREET RUTLAND, VT 05701	NOT RELATED		OPERATIONS	5,000.
ST. JOHNSBURY ATHENAEUM 1171 MAIN STREET SAINT JOHNSBURY, VT 05819	NOT RELATED		OPERATIONS	2,500.
SPECIAL OLYMPICS OF VERMONT 16 GREGORY DR SUITE 2 SOUTH BURLINGTON, VT 05403	NOT RELATED		OPERATIONS	1,000.
TOWN OF ENOSBURG RECREATION COMMITTEE 239 MAIN ST ENOSBURG FALLS, VT 05450	NOT RELATED		OPERATIONS	500.
UNITED WAY OF LAMOILLE COUNTY 20 MORRISVILLE PLAZA SUITE B MORRISVILLE, VT 05661	NOT RELATED		OPERATIONS	10,000.
Total from continuation sheets				

COMMUNITY BANK N.A. FOUNDATION OF NEW
ENGLAND, INC.

03-6016628

Part XV. Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
VAST/LVRT 26 VAST LANE BARRE, VT 05641	NOT RELATED		OPERATIONS	5,000.
VERMONT AGENCY FOUNDATION 126 COLLEGE ST SUITE 410 BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	1,000.
VERMONT AGENCY FOUNDATION 126 COLLEGE ST SUITE 410 BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	500.
VERMONT CARES 187 SAINT PAUL STREET BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	2,000.
VERMONT NATIONAL GUARD CHARITABLE FOUNDATION 789 VT NATIONAL GUARD ROAD COLCHESTER, VT 05446	NOT RELATED		OPERATIONS	500.
VERMONT POLICE ASSOCIATION P.O. BOX 467 HARDWICK, VT 05843	NOT RELATED		OPERATIONS	500.
VERMONT SAFE KIDS COALITION 199 MAIN STREET BURLINGTON, VT 05401	NOT RELATED		OPERATIONS	1,000.
VERMONT STUDIO CENTER 80 PEARL STREET JOHNSON, VT 05656	NOT RELATED		OPERATIONS	500.
THE VETERANS PLACE, INC. 220 VINE ST NORTHFIELD, VT 05663	NOT RELATED		OPERATIONS	500.
Total from continuation sheets				

COMMUNITY BANK N.A. FOUNDATION OF NEW
ENGLAND, INC.

Form 990-PF (2017)

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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 ADDISON COUNTY BENEFIT PULL P.O. BOX 126 VERGENNES, VT 05491	NOT RELATED		OPERATIONS	1,000.
ADDISON COUNTY COMMUNITY ACTION 282 BOARDMAN ST MIDDLEBURY, VT 05753	NOT RELATED		OPERATIONS	5,000.
AMERICAN CANCER SOCIETY 734 US ROUTE 4E RUTLAND, VT 05701	NOT RELATED		OPERATIONS	350.
AUNT DOT'S PLACE 51 CENTER ROAD ESSEX, VT 05451	NOT RELATED		OPERATIONS	5,000.
BACK ROADS READINGS 1114 ROY MT. RD. EAST RYEGATE, VT 05042	NOT RELATED		OPERATIONS	1,000.
Total SEE CONTINUATION SHEET(S)				3a 100,200.
b Approved for future payment NONE				
Total				3b 0.

Form 990-PF (2017)

COMMUNITY BANK N.A. FOUNDATION OF NEW ENGLAND, INC.

Part XVII: Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- | <p>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?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>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.</p> | <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1a(1)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1a(2)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(1)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(2)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(3)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(4)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(5)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(6)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1c</td> <td></td> <td align="center">X</td> </tr> </tbody> </table> | | Yes | No | 1a(1) | | X | 1a(2) | | X | 1b(1) | | X | 1b(2) | | X | 1b(3) | | X | 1b(4) | | X | 1b(5) | | X | 1b(6) | | X | 1c | | X |
|--|---|----|-----|----|--------------|--|---|--------------|--|---|--------------|--|---|--------------|--|---|--------------|--|---|--------------|--|---|--------------|--|---|--------------|--|---|-----------|--|---|
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a(1) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a(2) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(1) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(2) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(3) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(4) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(5) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(6) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1c | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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
N/A		

Sign Here	Under penalty 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.	<table border="1"> <tr> <td>May the IRS discuss this return with the preparer shown below? See instr.</td> </tr> <tr> <td align="center"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	May the IRS discuss this return with the preparer shown below? See instr.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
May the IRS discuss this return with the preparer shown below? See instr.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Signature of officer or trustee: <i>[Signature]</i> Date: <i>11/15/19</i> Title: TREASURER			
Paid Preparer Use Only	Print/Type preparer's name: TODD J. BURGESS, CPA Preparer's signature: <i>[Signature]</i> Date: <i>1/3/2017</i>	Check <input type="checkbox"/> if self-employed PTIN: P00178928		
	Firm's name: A.M. PEISCH & COMPANY, LLP Firm's EIN: 03-0210880			
	Firm's address: 401 WATER TOWER CIRCLE STE 302 COLCHESTER, VT 05446-1914	Phone no.: 802-654-7255		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2017

Name of the organization

COMMUNITY BANK N.A. FOUNDATION OF NEW
ENGLAND, INC.

Employer identification number

03-6016628

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
COMMUNITY BANK N.A. FOUNDATION OF NEW ENGLAND, INC.

Employer identification number
03-6016628

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY BANK N.A. 5790 WIDEWATERS PARKWAY DEWITT, NY 13214-1883	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY BANK N.A. FOUNDATION OF NEW ENGLAND, INC.	Employer identification number 03-6016628
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Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization COMMUNITY BANK N.A. FOUNDATION OF NEW ENGLAND, INC.	Employer identification number 03-6016628
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
COMMUNITY BANK N.A. ACCT 1553486	13.	13.	
COMMUNITY BANK N.A. ACCT 2668 MM	5,209.	5,209.	
COMMUNITY BANK N.A. ACCT 5671 MM	128.	128.	
TOTAL TO PART I, LINE 3	5,350.	5,350.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
COMMUNITY BANK N.A. ACCT 2668	16,097.	0.	16,097.	16,097.	
COMMUNITY BANK N.A. ACCT 5671 L/T CAP GAIN DIVIDENDS -	19,857.	0.	19,857.	19,857.	
COMMUNITY BANK	24,246.	24,246.	0.	0.	
TO PART I, LINE 4	60,200.	24,246.	35,954.	35,954.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	670.	0.		0.
TO FM 990-PF, PG 1, LN 16A	670.	0.		0.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	2,639.	1,320.		0.
TO FORM 990-PF, PG 1, LN 16B	2,639.	1,320.		0.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FINANCIAL ADVISOR FEES	11,097.	11,097.		0.
TO FORM 990-PF, PG 1, LN 16C	11,097.	11,097.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEE	25.	25.		0.
CHECKS	167.	167.		0.
TO FORM 990-PF, PG 1, LN 23	192.	192.		0.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MERCHANTS TRUST COMPANY - EQUITIES	696,292.	900,748.
TOTAL TO FORM 990-PF, PART II, LINE 10B	696,292.	900,748.

JACKALYN GUENETTE 275 KENNEDY DRIVE S BURLINGTON, VT 05403	TRUSTEE 1.00	0.	0.	0.
ANITA BOURGEOIS 275 KENNEDY DRIVE S BURLINGTON, VT 05403	TRUSTEE 1.00	0.	0.	0.
GEORGE ARASKIEWICZ 275 KENNEDY DRIVE S BURLINGTON, VT 05403	TRUSTEE 1.00	0.	0.	0.
STEPHANIE MACASKILL 275 KENNEDY DRIVE S BURLINGTON, VT 05403	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

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

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BARRY FAUTEUX, COMMUNITY BANK N.A.
275 KENNEDY DRIVE
SOUTH BURLINGTON, VT 05403

TELEPHONE NUMBER

802-865-1627

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED SCHEDULE

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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