

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 09-01-2018 , and ending 08-31-2019

| | | |
|--|--|---|
| Name of foundation COMMUNITY BANK NA FOUNDATION OF NEW ENGLAND INC | | 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 (see instructions) (802) 865-1627 |
| City or town, state or province, country, and ZIP or foreign postal code SOUTH BURLINGTON, VT 05403 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>1,923,443</u> | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i> | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i> | | (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) | | | | |
| | 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | 11,280 | 11,280 | | |
| | 4 Dividends and interest from securities | 34,810 | 34,810 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 40,233 | | | |
| | b Gross sales price for all assets on line 6a <u>59,466</u> | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 40,233 | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | | | | | |
| 12 Total. Add lines 1 through 11 | 86,323 | 86,323 | | | |
| 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) | 3,300 | 1,650 | | 0 |
| | c Other professional fees (attach schedule) | 11,572 | 11,572 | | 0 |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | 309 | 309 | | 0 |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 50 | 0 | | 0 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 15,231 | 13,531 | | 0 |
| | 25 Contributions, gifts, grants paid | 99,800 | | | 99,800 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 115,031 | 13,531 | | 99,800 | |
| 27 Subtract line 26 from line 12 | | | | | |
| a Excess of revenue over expenses and disbursements | -28,708 | | | | |
| b Net investment income (if negative, enter -0-) | | 72,792 | | | |
| 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 Savings and temporary cash investments | 532,790 | 107,784 | 107,784 |
| | 3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U S and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | 696,292 | 695,966 | 844,058 |
| | c Investments—corporate bonds (attach schedule) | 551,108 | 947,732 | 971,601 |
| | 11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 1,780,190 | 1,751,482 | 1,923,443 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ _____) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0 | 0 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | 1,800,090 | 1,771,382 | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | 0 | 0 | |
| 29 Retained earnings, accumulated income, endowment, or other funds | -19,900 | -19,900 | | |
| 30 Total net assets or fund balances (see instructions) | 1,780,190 | 1,751,482 | | |
| 31 Total liabilities and net assets/fund balances (see instructions) . | 1,780,190 | 1,751,482 | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | | |
|---|--|----------|-----------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | | 1 | 1,780,190 |
| 2 Enter amount from Part I, line 27a | | 2 | -28,708 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | | 3 | 0 |
| 4 Add lines 1, 2, and 3 | | 4 | 1,751,482 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | | 5 | 0 |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | | 6 | 1,751,482 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day , yr) | (d) Date sold (mo , day , yr) |
|---|---|--|--------------------------------------|
| 1 a PUBLICLY TRADED SECURITIES | | | |
| b CAPITAL GAINS DIVIDENDS | P | | |
| c | | | |
| d | | | |
| e | | | |

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

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

| | | |
|---|---|--------|
| 2 Capital gain net income or (net capital loss) | 2 | 40,233 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | 3 | |

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

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

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

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

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

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|--|--|--|---|
| 2017 | 99,758 | 1,867,618 | 0 053415 |
| 2016 | 45,000 | 1,452,607 | 0 030979 |
| 2015 | 44,500 | 1,382,146 | 0 032196 |
| 2014 | 44,500 | 1,488,379 | 0 029898 |
| 2013 | 42,700 | 1,490,378 | 0 028650 |

| | | |
|---|---|-----------|
| 2 Total of line 1, column (d) | 2 | 0 175138 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0 035028 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | 4 | 1,895,985 |
| 5 Multiply line 4 by line 3 | 5 | 66,413 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 728 |
| 7 Add lines 5 and 6 | 7 | 67,141 |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 99,800 |

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

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

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and tax due. Total tax due is 248.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distribution to donor advised funds, public inspection requirements, and books in care of.

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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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

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

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

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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 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 (see instructions)

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

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

| | | | |
|-----------|--|-----------|--------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 94,799 |
| 2a | Tax on investment income for 2018 from Part VI, line 5. | 2a | 728 |
| b | Income tax for 2018 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | 728 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 94,071 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 94,071 |
| 6 | Deduction from distributable amount (see instructions). | 6 | 0 |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 94,071 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|--------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 99,800 |
| b | Program-related investments—total from Part IX-B. | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. | 4 | 99,800 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | 5 | 728 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 99,072 |

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

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 94,071 |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only. | | | 0 | |
| b Total for prior years 20___, 20___, 20___ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2018 | | | | |
| a From 2013. | | | | |
| b From 2014. | | | | |
| c From 2015. | | | | |
| d From 2016. | | | | |
| e From 2017. | | | | 7,261 |
| f Total of lines 3a through e. | 7,261 | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>99,800</u> | | | | |
| a Applied to 2017, but not more than line 2a | | | 0 | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | 0 | | |
| c Treated as distributions out of corpus (Election required—see instructions). | 0 | | | |
| d Applied to 2018 distributable amount. | | | | 94,071 |
| e Remaining amount distributed out of corpus | 5,729 | | | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0 | | | 0 |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 12,990 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0 | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. | | 0 | | |
| d Subtract line 6c from line 6b Taxable amount—see instructions | | 0 | | |
| e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions | | | 0 | |
| f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). | 0 | | | |
| 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). | 0 | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | 12,990 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2014. | | | | |
| b Excess from 2015. | | | | |
| c Excess from 2016. | | | | |
| d Excess from 2017. | | | | 7,261 |
| e Excess from 2018. | | | | 5,729 |

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

| | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶ | | | | | |
| b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5) | | | | | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year | Prior 3 years | | | (e) Total |
| | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a "Assets" alternative test—enter | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . | | | | | |
| c "Support" alternative test—enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

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

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

c Any submission deadlines

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

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

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

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

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

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

| | | | |
|---|--------------|------------|-----------|
| 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? | | Yes | No |
| 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 |
|-------------|---------------------|---|--|
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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 |
|--------------------------|--------------------------|---------------------------------|
| | | |
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| | | |
| | | |

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.

| | | | |
|------------------|---------------------------------|------------|-------|
| Sign Here | ***** | 2019-11-06 | ***** |
| | Signature of officer or trustee | Date | Title |

| |
|--|
| May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

| | | | | | |
|-------------------------------|--|----------------------|------|---|--------------------------------|
| Paid Preparer Use Only | Print/Type preparer's name TODD J BURGESS CPA | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00178928 |
| | Firm's name ▶ AM PEISCH & COMPANY LLP | | | | Firm's EIN ▶ 03-0210880 |
| | Firm's address ▶ 401 WATER TOWER CIRCLE STE 302 COLCHESTER, VT 054461914 | | | | Phone no (802) 654-7255 |

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

| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---|--|---|---|---------------------------------------|
| MARTHA DAVIS 275 KENNEDY DRIVE S BURLINGTON, VT 05403 | PRESIDENT/CHAIRMAN 2 00 | 0 | 0 | 0 |
| KELLY KIMBALL 275 KENNEDY DRIVE S BURLINGTON, VT 05403 | VICE PRESIDENT 2 00 | 0 | 0 | 0 |
| ELISA BLODGETT 275 KENNEDY DRIVE S BURLINGTON, VT 05403 | SECRETARY 1 00 | 0 | 0 | 0 |
| BARRY FAUTEUX 275 KENNEDY DRIVE S BURLINGTON, VT 05403 | TREASURER 2 00 | 0 | 0 | 0 |
| JONATHAN RODDY 275 KENNEDY DRIVE S BURLINGTON, VT 05403 | TRUSTEE 1 00 | 0 | 0 | 0 |
| BETTE SMITH 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 |
| GILBERT NIEVES 275 KENNEDY DRIVE S BURLINGTON, VT 05403 | TRUSTEE 1 00 | 0 | 0 | 0 |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| ADDISON COUNTY BENEFIT PULL PO BOX 126 VERGENNES, VT 05491 | NOT RELATED | | OPERATIONS | 1,000 |
| ADDISON RUTLAND SU 33 MECHANIC STREET FAIR HAVEN, VT 05743 | NOT RELATED | | OPERATIONS | 500 |
| AMERICAN CANCER SOCIETY 55 DAY LANE WILLISTON, VT 05495 | NOT RELATED | | OPERATIONS | 750 |
| Total ▶ 3a | | | | 99,800 |

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

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|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| <i>a Paid during the year</i> | | | | |
| BALLET WOLCOTT INC4176 VT RTE 15 WOLCOTT, VT 05680 | NOT RELATED | | OPERATIONS | 250 |
| BBBS OF HAMPDEN COUNTY 83 MAPLE ST SUITE 201 SPRINGFIELD, MA 01105 | NOT RELATED | | OPERATIONS | 2,500 |
| BENNINGTON COALITION FOR THE HOMELESS PO BOX 4736 BENNINGTON, VT 05201 | NOT RELATED | | OPERATIONS | 1,000 |
| Total ▶ 3a | | | | 99,800 |

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

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|---|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| BOYS & GIRLS CLUB OF RUTLAND COUNTY PO BOX 636 RUTLAND, VT 05702 | NOT RELATED | | OPERATIONS | 500 |
| CANCER PATIENT SUPPORT FOUNDATION PO BOX 1804 WILLISTON, VT 05495 | NOT RELATED | | OPERATIONS | 2,500 |
| CHAMPLAIN ADAPTIVE MOUNTING PROGRAM 57 EAST SHORE RD SOUTH HERO, VT 05486 | NOT RELATED | | OPERATIONS | 100 |
| Total ▶ 3a | | | | 99,800 |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| CHRIST THE KING SCHOOL 136 LOCUST ST BURLINGTON, VT 05401 | NOT RELATED | | OPERATIONS | 1,000 |
| COMMUNITY CAPITAL OF VERMONT PO BOX 342 BARRE, VT 05641 | NOT RELATED | | OPERATIONS | 500 |
| COMPOSTING ASSOCIATION OF VERMONT PO BOX 643 HINESBURG, VT 05461 | NOT RELATED | | OPERATIONS | 500 |
| Total ▶ 3a | | | | 99,800 |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| CVOEO-WARMTH PROGRAM 255 S CHAMPLAIN STREET BURLINGTON, VT 05401 | NOT RELATED | | OPERATIONS | 17,500 |
| DOWNSTREET HOUSING & COMMUNITY DEVELOPMENT 22 KEITH AVE SUITE 100 BARRE, VT 05641 | NOT RELATED | | OPERATIONS | 500 |
| ENOSBURG FALLS LIONS CLUB PO BOX 565 ENOSBURG FALLS, VT 05450 | NOT RELATED | | OPERATIONS | 500 |
| Total ▶ 3a | | | | 99,800 |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| FOLSOM SCHOOL AND COMMUNITY CENTER DRAMA 75 SOUTH ST SOUTH HERO, VT 05486 | NOT RELATED | | OPERATIONS | 500 |
| GBICS (BENNINGTON CARES) 121 DEPOT STREET BENNINGTON, VT 05201 | NOT RELATED | | OPERATIONS | 5,000 |
| GIVE PEACE A TRI LTD335 RIVER ST SPRINGFIELD, VT 05156 | NOT RELATED | | OPERATIONS | 500 |
| Total | | | | 99,800 |

▶ **3a**

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| GRACE (GRASS ROOTS ART & COMMUNITY EFFORT) 59 MILL STREET PO BOX 960 HARDWICK, VT 05843 | NOT RELATED | | OPERATIONS | 250 |
| GREATER NORTHFIELD SENIOR CITIZENS INC 168 WALL STREET NORTHFIELD, VT 05663 | NOT RELATED | | OPERATIONS | 500 |
| HABITAT FOR HUMANITY OF RUTLAND COUNTY 67 MERCHANTS ROW BOX 5 RUTLAND, VT 05701 | NOT RELATED | | OPERATIONS | 3,000 |
| Total ▶ 3a | | | | 99,800 |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| ISLAND ARTS21 SUNSET VIEW RD SOUTH HERO, VT 05486 | NOT RELATED | | OPERATIONS | 500 |
| JERICHO UNDERHILL ECUMENICAL MINISTRY PO BOX 65 JERICHO, VT 05465 | NOT RELATED | | OPERATIONS | 500 |
| JOHNSON FIREFIGHTERS ASSOCIATION INC PO BOX 447 JOHNSON, VT 05656 | NOT RELATED | | OPERATIONS | 750 |
| Total ▶ 3a | | | | 99,800 |

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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| KENNETH MYERS MEMORIAL POOL FOUNDATION INC 1 MARKETPLACE UNIT 1 ESSEX JUNCTION, VT 05452 | NOT RELATED | | OPERATIONS | 1,000 |
| LIVING WELL GROUP (DBA ETHAN ALLEN RESIDENCE) 1200 NORTH AVENUE BURLINGTON, VT 05408 | NOT RELATED | | OPERATIONS | 2,000 |
| MENTOR VERMONT 19 MARBLE AVE SUITE 4 BURLINGTON, VT 05401 | NOT RELATED | | OPERATIONS | 1,000 |
| Total ▶ 3a | | | | 99,800 |

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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MEALS ON WHEELS OF LAMOILLE COUNTY PO BOX 1427 MORRISVILLE, VT 05661 | NOT RELATED | | OPERATIONS | 200 |
| NEW ENGLAND HELPS GREEK STRAYS 1927 VT RTE 17E VERGENNES, VT 05491 | NOT RELATED | | OPERATIONS | 1,000 |
| NEW ENGLAND YOUTH THEATRE INC 100 FLAT STREET BRATTLEBORO, VT 05301 | NOT RELATED | | OPERATIONS | 1,000 |
| Total ▶ 3a | | | | 99,800 |

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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| NORTHEASTERN VERMONT REGIONAL HOSPITAL (NVRH) 1313 HOSPITAL DRIVE ST JOHNSBURY, VT 05819 | NOT RELATED | | OPERATIONS | 1,000 |
| PARAN RECREATIONSPO BOX 393 N BENNINGTON, VT 05257 | NOT RELATED | | OPERATIONS | 1,500 |
| PROJECT HOEPPNER 193 THISTLE HILL ROAD HINESBURG, VT 05461 | NOT RELATED | | OPERATIONS | 3,000 |
| Total ▶ 3a | | | | 99,800 |

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

▶ 3a

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

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

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

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|---|---|--------------------------------|----------------------------------|---------------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| THE DREAM PROGRAM 87 ELM ST PO BOX 361 WINOOSKI, VT 05404 | NOT RELATED | | OPERATIONS | 15,000 |
| THE VETERANS PLACE INC 220 VINE ST NORTHFIELD, VT 05663 | NOT RELATED | | OPERATIONS | 500 |
| THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET SUITE 700 BOSTON, MA 02111 | NOT RELATED | | OPERATIONS | 500 |
| Total | | | | 99,800 |

▶ 3a

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

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|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| TOWN OF RICHFORD 94 MAIN ST RICHFORD, VT 05476 | NOT RELATED | | OPERATIONS | 500 |
| UNDERHILL JERICHO FIRE DEPT 420 VERMONT RTE 15 JERICHO, VT 05462 | NOT RELATED | | OPERATIONS | 500 |
| VERMONT CHILD DEVELOPMENT INC PO BOX 988 DORSET, VT 05251 | NOT RELATED | | OPERATIONS | 500 |
| Total ▶ 3a | | | | 99,800 |

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

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

TY 2018 Accounting Fees Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

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

TY 2018 Investments Corporate Bonds Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Investments Corporate Bonds Schedule

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

TY 2018 Investments Corporate Stock Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Investments Corporation Stock Schedule

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

TY 2018 Other Expenses Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

Other Expenses Schedule

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

TY 2018 Other Professional Fees Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

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

TY 2018 Taxes Schedule

Name: COMMUNITY BANK NA FOUNDATION OF NEW
ENGLAND INC

EIN: 03-6016628

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