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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

PRAXIIS FOUNDATION

26-6696679

26-6696798

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 foundation

Check 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 502(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h, or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

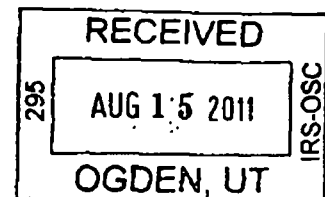
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notices see the Instructions for Form 990. Those instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

JVA 08 990B1 TWP 20082 Copyright Forms (Software Only) - 2008 TW



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Schedule B (Form 990, 990-EZ, or 990-PF) (2008) PRAXIIS FOUNDATION 26-6696679 Page 1 of 1 of Part I

Name of organization
PRAXIIS FOUNDATION

Employer identification number
26-6696679 26-6696798

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES W CORNELL 13166 BIG TREE ROAD EAST AURORA NY 14052	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

500 1450

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0425876270
Dec. 10, 2010 LTR 2697C 0 R
26-6696798 200911 44
00020267

PRAXJIS FOUNDATION
5266 SENECA ST
WEST SENECA NY 14224



020175

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

Date

12/28/10

Title

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INFORMATION REGARDING FOUNDATION MANAGERS

Attachment 6: page 1 - 990-PF Page 10, Part XV, line 1a

Open to Public Inspection	For calendar year 2008, or tax period beginning	12-28-2008, and ending	11-30-2009.
Name of Organization	PRAXIIS FOUNDATION		Employer Identification Number 26-6696679 26-6696798
Contributing Manager			
JAMES W CORNELL			

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INFORMATION REGARDING FOUNDATION MANAGERS

Attachment 7: page 1 - 990-PF Page 10, Part XV, line 1b

Open to Public Inspection	For calendar year 2008, or tax period beginning	12-28-2008, and ending	11-30-2009.
Name of Organization	Employer Identification		
PRAXIIS FOUNDATION	26-6696679		26-6696798
NONE	Shareholder Manager		

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GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Attachment 8: page 1 990-PF Page 11, Part XV Line 3a

Open to Public Inspection For calendar year 2008, or tax period beginning 12-28-2008, and ending 11-30-2009.

Name of Organization PRAXIIS FOUNDATION Employer Identification Number 26-6696798

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
CRADLE BEACH 8038 LAKESHORE ROAD ANGOLA NY 14006	NONE	501 C 3	SUPPORT FOR SPECIAL NEEDS CHARIT CHILDREN	3,326
COMPUTERS FOR CHILDREN 2558 DELAWARE AVE BUFFALO NY 14215	NONE	501 C 3	PROVIDE KIDS ADVANCED LEARNING CHARIT OPPORTUNITIES	4,000
				7,326

26-6696798