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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 2009 , and ending	C FUTURE FOR ONEONTA FOUNDATION 245 MAIN STREET ONEONTA, NY 13820	D Employer identification number 22-2414507 E Telephone number 607-432-1700 F Group Exemption Number	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► FOFONEONTANY.ORG J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527 K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) REVENUE 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ 50) of contributions reported on line 1 b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		1 97,203. 2 3 4 10,799. SEE STATEMENT 1 5a 64,860. 5b 64,581. 5c 279. 6a 6b 6c 7a 7b 7c 8 9 108,281. SEE STATEMENT 2 10 24,548. 11 12 10,204. 13 615. 14 15 3,538. 16 4,268. 17 43,173. 18 65,108. ASSETS 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II)		(A) Beginning of year (B) End of year
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 4) 25 Total assets 26 Total liabilities (describe ►) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		293,381. 22 358,489. 23 5,046. 24 5,046. 298,427. 25 363,535. 0. 26 0. 298,427. 27 363,535.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SUPPORT OF COMM. OF ONEONTA

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SUPPORT OF LOCAL CHARITIES, PROJECTS AND COLLEGES

28a 24,550.

23

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(b) Title and average hours (c) Compensation (If (d) Contributions to (e) Expense account

(a) Name and address	(b) Number of hours worked per week devoted to position	(c) Compensation not paid, enter -0-.)	Employee benefit plans and deferred compensation	and other allowances
SEE STATEMENT 5		8,819.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 6

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	40a	0.
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.	40d	0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► <u>NONE</u>		
42a The organization's books are in care of ► <u>BENJAMIN NESBITT</u> Located at ► <u>245 MAIN STREET, ONEONTA, NY</u>	42a	Telephone no ► 607-432-1700 ZIP + 4 ► 13820
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

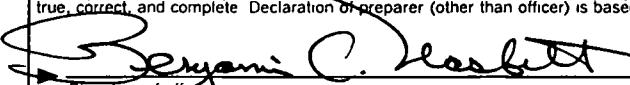
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<u>NONE</u>		

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
		5/12/10	Date
	► BENJAMIN C NESBITT		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ►  STEPHEN C. GRUBER	Date 5/05/10	Check if self-employed ► <input type="checkbox"/> Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed, address, and ZIP + 4) ► GRUVER, ZWEIFEL & SCOTT, LLP	EIN	► N/A
	► 4 ASSOCIATE DR		
	ONEONTA, NY 13820	Phone no	► (607) 432-8700

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

BAA

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

FUTURE FOR ONEONTA FOUNDATION

Employer identification number

22-2414507

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III – Functionally integrated d Type III – Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► 17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants').	37,446.	37,643.	68,043.	65,255.	97,203.	305,590.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose				1,263.		1,263.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	37,446.	37,643.	68,043.	66,518.	97,203.	306,853.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						306,853.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	37,446.	37,643.	68,043.	66,518.	97,203.	306,853.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,634.	11,128.	11,384.	9,988.	10,799.	52,933.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	9,634.	11,128.	11,384.	9,988.	10,799.	52,933.
c Add lines 10a and 10b	9,634.	11,128.	11,384.	9,988.	10,799.	52,933.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV				3.	279.	282.
13 Total support. (add lines 9, 10c, 11, and 12)						360,068.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	85.2 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	82.8 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	14.7 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	17.2 %
19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

FUTURE FOR ONEONTA FOUNDATION

22-2414507

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
TOTAL	\$ 0.				

2009

FEDERAL STATEMENTS

PAGE 1

FUTURE FOR ONEONTA FOUNDATION

22-2414507

**STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES****PUBLICLY TRADED SECURITIES**

GROSS SALES PRICE: 64,860.
COST OR OTHER BASIS: 64,581.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 279.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 279.

**STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	MAIN ST FLOWERS	
DONEE'S NAME:	ONEONTA FED. GARDEN CLUB	
DONEE'S ADDRESS:	ELAINE NEHMAN 144 HERRICK HILL	
RELATIONSHIP OF DONEE:	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:	NONE	\$ 500.
CLASS OF ACTIVITY:	READING IS FUNDAMENTAL	
DONEE'S NAME:	ONEONTA RIFF	
DONEE'S ADDRESS:	ONEONTA, NY 13820	
RELATIONSHIP OF DONEE:	NONE	\$ 500.
CASH AMOUNT GIVEN:		
CLASS OF ACTIVITY:	5 CONCERTS	
DONEE'S NAME:	ONEONTA CONCERT ASSOCIATION	
DONEE'S ADDRESS:	PO BOX 224	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.
CLASS OF ACTIVITY:	SPONSOR 1/3 PG AD	
DONEE'S NAME:	ONEONTA'S MAYOR CUP	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.
CLASS OF ACTIVITY:	AWARDS NIGHT @ MIDDLE SCH	
DONEE'S NAME:	ONEONTA CITY SCHOOL DISTRICT	
DONEE'S ADDRESS:	189 MAIN ST	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 250.
CLASS OF ACTIVITY:	SUPPORT	
DONEE'S NAME:	ONEONTA FAMILY YMCA	
DONEE'S ADDRESS:	20-26 FORD AVE	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 1,100.

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	HELPING HAND PROGRAM	
DONEE'S NAME:	FAMILY SERVICE ASSN	
DONEE'S ADDRESS:	277 CHESTNUT ST	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 1,500.
CLASS OF ACTIVITY:	PARTRON SUPPORT	
DONEE'S NAME:	AO FOX HOSPITAL	
DONEE'S ADDRESS:	1 NORTON AVE	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.
CLASS OF ACTIVITY:	ONEONTA PROJECTS	
DONEE'S NAME:	EXECUTIVE SERVICE CORP	
DONEE'S ADDRESS:	250 MAIN ST	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 2,000.
CLASS OF ACTIVITY:	SEASONAL PROGRAM AD	
DONEE'S NAME:	ORPHEUS THEATER	
DONEE'S ADDRESS:	31 MAPLE ST	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.
CLASS OF ACTIVITY:	GRAND & GLORIOUS CONCERT	
DONEE'S NAME:	ONEONTA COMMUNITY CONCERT	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	ONEONTA DOLLARS FOR SCHOLARS	
DONEE'S ADDRESS:	PO BOX 1083	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 1,000.
CLASS OF ACTIVITY:	GENERAL SUPPORT	
DONEE'S NAME:	SATURDAYS BREAD	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 1,000.
CLASS OF ACTIVITY:	GENERAL SUPPORT	
DONEE'S NAME:	UCCA	
DONEE'S ADDRESS:	11 FORD AVE	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 1,000.
CLASS OF ACTIVITY:	LOCAL SUPPORT	
DONEE'S NAME:	THE SALVATION ARMY	
DONEE'S ADDRESS:	RIVERSTREET	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	PROJECTS	
DONEE'S NAME:	VARIOUS PROJECTS	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 1,943.
CLASS OF ACTIVITY:	CLOCK MAINTNENACE 2006	
DONEE'S NAME:	WILLIAM R SCHAFER	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 150.
CLASS OF ACTIVITY:	SCHOLARSHIPS	
DONEE'S NAME:	ONEONTA SOCCER CLUB	
DONEE'S ADDRESS:	PO BOX 303	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 250.
CLASS OF ACTIVITY:	SCHOLARSHIPS AND AWARDS	
DONEE'S NAME:	HARTWICK COLLEGE	
DONEE'S ADDRESS:	ONE HARTWICK DRIVE	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	PROGRAM AD	
DONEE'S NAME:	CATSKILL CHORAL SOCIETY	
DONEE'S ADDRESS:	PO BOX 135	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 255.
CLASS OF ACTIVITY:	CAMP SCHOLARSHIPS	
DONEE'S NAME:	CATSKILL AREA HOSPICE	
DONEE'S ADDRESS:	542 MAIN ST	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	PROGRAM	
DONEE'S NAME:	LEADERSHIP OTSEGO	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	PROGRAM AD	
DONEE'S NAME:	CATSKILL SYMPHONY ORCHESTRA	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	CHARLOTTE'S CIRCLE	
DONEE'S NAME:	CHARLOTTE'S CIRCLE	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 2,250.
CLASS OF ACTIVITY:	PRESTON DIST. CENTENNIAL	
DONEE'S NAME:	CITY OF ONEONTA	
	ONEONTA, NY 13820	
CASH AMOUNT GIVEN:		\$ 100.

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**STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	GENERAL SUPPORT	
DONEE'S NAME:	FOKINE BALLET COMPANY	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 250.
CLASS OF ACTIVITY:	SCHOLARSHIPS AND AWARDS	
DONEE'S NAME:	COLLEGE OF ONEONTA FOUNDATION	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIPS AND AWARDS	
DONEE'S NAME:	JESSE MATUS	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.
CLASS OF ACTIVITY:	SCHOLARSHIPS AND AWARDS	
DONEE'S NAME:	LUCAS MANCUSO	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.
CLASS OF ACTIVITY:	SUPPORT	
DONEE'S NAME:	FRIENDS OF ONEONTA COMM HEALTH CENTER	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 1,500.
CLASS OF ACTIVITY:	PROGRAM	
DONEE'S NAME:	LITTLE DELAWARE YOUTH ENSEMBLE	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 500.
CLASS OF ACTIVITY:	SUPPORT	
DONEE'S NAME:	ST. JAMES EPISCOPAL CHURCH	
CASH AMOUNT GIVEN:	ONEONTA, NY 13820	\$ 1,000.

**STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

FILING FEES	...	\$ 110.
INSURANCE		2,080.
LUNCHENON		1,164.
OFFICE EXPENSES		191.
OTHER EXPENSES		205.
TELEPHONE		518.
		TOTAL \$ 4,268.

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STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 5,046.	\$ 5,046.
TOTAL	\$ 5,046.	\$ 5,046.

STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DOUGLAS B WILLIES PO BOX 134 ONEONTA, NY 13820	VICE CHAIR 1.00	0. \$	0. \$	0.
WILLIAM PIRONE PO BOX 134 ONEONTA, NY 13820	SECRETARY 1.00	0.	0.	0.
BENJAMIN C NESBITT PO BOX 134 ONEONTA, NY 13820	TREASURER 1.00	0.	0.	0.
DIANE AARONSON PO BOX 134 ONEONTA, NY 13820	DIRECTOR 1.00	0.	0.	0.
CAROL MAHON PO BOX 134 ONEONTA, NY 13820	EXEC MANAGER 10.00	8,819.	0.	0.
DR. DIANE GEORGESON PO BOX 134 ONEONTA, NY 13820	DIRECTOR 1.00	0.	0.	0.
MAGGIE BARNES PO BOX 134 ONEONTA, NY 13820	CHAIRMAN 1.00	0.	0.	0.
RACHEL LUTZ-JESSUP PO BOX 134 ONEONTA, NY 13820	DIRECTOR 1.00	0.	0.	0.
DICK MILLER PO BOX 134 ONEONTA, NY 13820	DIRECTOR 1.00	0.	0.	0.
EMERITI BAKER PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.

STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LLOYD BAKER PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0. \$	0. \$	0.
ROBERT BENSON PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
WILLIAM DAVIS PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
DAVID BRENNER PO BOX 134 ONEONTA, NY 13820	DIRECTOR 1.00	0.	0.	0.
KIM MULLER PO BOX 134 ONEONTA, NY 13820	DIRECTOR 1.00	0.	0.	0.
SARAH PATTERSON PO BOX 134 ONEONTA, NY 13820	DIRECTOR 1.00	0.	0.	0.
JAMES GEORGESON PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
VINCE FOTI PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
GEOFFREY A. SMITH PO BOX 134 ONEONTA, NY 13820	DIRECTOR 1.00	0.	0.	0.
MICHAEL GETMAN PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
SUSAN HUGHSON PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
SIDNEY LEVINE PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.

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STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
WILLIAM LEWIS PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0. \$	0. \$	0.
JOAN MOYER PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
ALBERT NADER PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
JIM PISCITELLI PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
GORDON ROBERTS PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
STEVEN ZIMNIEWICZ PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
MARK SIMONSON PO BOX 134 ONEONTA, NY 13820	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 8,819.	\$ 0.	\$ 0.

STATEMENT 6
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
 (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
 INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO