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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning , and ending

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

Name of foundation
Bonide Foundation Inc

A Employer identification number
27-0951890

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
6301 Sutliff Road

B Telephone number (see page 10 of the instructions)
(315) 736-8231

City or town, state, and ZIP code
Oriskany NY 13424

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 ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $ 793,489

J Accounting method. ☒ Cash ☐ Accrual ☐ Other (specify) _____ *(Part I, column (d) must be on cash basis)*

Part I Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	300,000			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	207	207		
	4 Dividends and interest from securities	7,926	7,926		
	5 a Gross rents				
	b Net rental income or (loss)				
	6 a Net gain or (loss) from sale of assets not on line 10	2,185			
	b Gross sales price for all assets on line 6a 16,901				
	7 Capital gain net income (from Part IV, line 2)		2,185		
	8 Net short-term capital gain				
	9 Income modifications				
	10 a 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	310,318	10,318		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16 a Legal fees (attach schedule)	4,928			4,928
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	9,438			9,438
	24 **Total operating and administrative expenses.** Add lines 13 through 23	14,366	0		14,366
	25 Contributions, gifts, grants paid	159,850			159,850
	26 **Total expenses and disbursements.** Add lines 24 and 25	174,216	0		174,216
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	136,102			
	b **Net investment income** (if negative, enter -0-)		10,318		
	c **Adjusted net income** (if negative, enter -0-)				

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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	650,023	185,982	185,982
	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 page 15 of the 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			
	10 a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)		600,143	607,507
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	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)	650,023	786,125	793,489
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 ▶ ☐ 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 ▶ ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	650,023	786,125	
	30 **Total net assets or fund balances** (see page 17 of the instructions)	650,023	786,125	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	650,023	786,125	

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	650,023
2	Enter amount from Part I, line 27a	2	136,102
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	786,125
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	786,125

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	Publicly-traded Securities			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	16,901		14,716	2,185
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				2,185
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	2,185
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 pages 13 and 17 of the 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 page 18 of 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))
2009	0	533,553	0 000000
2008			0 000000
2007			0 000000
2006			0 000000
2005			0.000000

2	**Total** of line 1, column (d)	2	0 000000
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 000000
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	653,455
5	Multiply line 4 by line 3	5	0
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	103
7	Add lines 5 and 6	7	103
8	Enter qualifying distributions from Part XII, line 4	8	174,216

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 on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1 a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b	1	103
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	103
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on Investment Income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	103
6	Credits/Payments		
a	2010 estimated tax payments and 2009 overpayment credited to 2010 — 6a: 0		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 103		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	103
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	0
11	Enter the amount of line 10 to be **Credited to 2011 estimated tax** ▶ 0 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4 a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶

14 The books are in care of ▶ James J Wurz Jr Telephone no ▶ (315) 736-8231

Located at ▶ 6301 Sutliff Road, Oriskany NY ZIP+4 ▶ 13424

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2010, 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?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20_____, 20_____, 20_____, 20_____			
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 page 22 of the instructions)	2b	N/A	
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20_____, 20_____, 20_____, 20_____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2010 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 2010.)*	3b	N/A	
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 2010?	4b		X

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? .	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) .	☒ Yes ☐ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . .	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? . . Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ ☐		5b	X	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . ☐ Yes ☒ No *If "Yes," attach the statement required by Regulations section 53 4945–5(d)*				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . ☐ Yes ☒ No				
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . *If "Yes" to 6b, file Form 8870*		6b		X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . ☐ Yes ☒ No				
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	N/A	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHMENT				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over $50,000 . . . . . ▶				

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 page 23 of the 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 ▶		

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions 3	
Total. Add lines 1 through 3 ▶	0 0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	509,384
b	Average of monthly cash balances	1b	154,022
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	663,406
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	663,406
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	9,951
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	653,455
6	**Minimum investment return.** Enter 5% of line 5	6	32,673

Part XI Distributable Amount (see page 25 of the 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	32,673
2a	Tax on investment income for 2010 from Part VI, line 5	2a	103		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	0		
c	Add lines 2a and 2b			2c	103
3	Distributable amount before adjustments Subtract line 2c from line 1			3	32,570
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	32,570
6	Deduction from distributable amount (see page 25 of the instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	32,570

Part XII Qualifying Distributions (see page 25 of the 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	174,216
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	0
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	0
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	174,216
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 page 26 of the instructions)	5	103
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	174,113

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 page 26 of the instructions)

		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI, line 7				32,570
2	Undistributed income, if any, as of the end of 2010:				
a	Enter amount for 2009 only			7,821	
b	Total for prior years 20____, 20____, 20____		0		
3	Excess distributions carryover, if any, to 2010				
a	From 2005 0				
b	From 2006 0				
c	From 2007 0				
d	From 2008 0				
e	From 2009 0				
f	**Total** of lines 3a through e	0			
4	Qualifying distributions for 2010 from Part XII, line 4 ▶ $ 174,216				
a	Applied to 2009, but not more than line 2a			7,821	
b	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c	Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d	Applied to 2010 distributable amount				32,570
e	Remaining amount distributed out of corpus	133,825			
5	Excess distributions carryover applied to 2010	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	**Enter the net total of each column as indicated below:**				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	133,825			
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				
d	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
e	Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions			0	
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	0			
9	**Excess distributions carryover to 2011.** Subtract lines 7 and 8 from line 6a	133,825			
10	Analysis of line 9				
a	Excess from 2006 0				
b	Excess from 2007 0				
c	Excess from 2008 0				
d	Excess from 2009 0				
e	Excess from 2010 133,825				

Part XIV Private Operating Foundations (see page 27 of the 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 2010, 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	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
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	0				0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	0				0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test—enter (1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0
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)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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 page 28 of the 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 (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

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

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*				
AIDS COMMUNITY RESOURCES 401 COLUMBIA ST UTICA NY 13502	N/A	509(a)(1)	To Service the Utica, NY Area	1,000
ALLIANCE DEFENSE FUND INC 15100 N 90TH ST SCOTTSDALE AZ 85260	N/A	509(a)(1)	General & Unrestricted	2,000
ALS OF UTICA 9169 STATE RTE 49 MARCY NY 13403	N/A	509(a)(1)	General & Unrestricted	500
AMERICAN CENTER FOR LAW AND JUSTICE -DC INC 201 MARYLAND AVE NE WASHINGTON DC 20002	N/A	509(a)(1)	General & Unrestricted	2,500
AMERICAN DIABETES ASSOCIATION 110 LOMOND COURT, LOMOND OFC PARK UTICA NY 13502	N/A	509(a)(1)	General & Unrestricted	500
AMERICAN LIFE LEAGUE PO BOX 1350 STAFFORD VA 22555	N/A	509(a)(1)	General & Unrestricted	2,000
AMERICAN RED CROSS OF THE MOHAWK VALLEY CHAPTER, 1415 GENESEE ST UTICA NY 13501	N/A	509(a)(1)	To Service the Utica, NY Area	1,000
AMERICAN YOUTH SOCCER ORGANIZATION WHITESTOWN AYSO REGION 327, 4 WHITE ST WHITESBORO NY 13492	N/A	509(a)(2)	General & Unrestricted	2,000
BISHOP GASSIS SUDAN RELIEF FUND INC 9502 NELSON LN MANASSAS VA 20110	N/A	509(a)(1)	General & Unrestricted	300
BOYS & GIRLS CLUB OF UTICA INC 755 LANSING ST UTICA NY 13501	N/A	509(a)(1)	General & Unrestricted	250
BOYS TOWN NATIONAL ALUMNI ASSOC SCHOLARSHIP PO BOX 762 BOYS TOWN NE 68010	N/A	509(a)(2)	General & Unrestricted	1,000
Total . See Attached Statement			▶ **3a**	159,850
b *Approved for future payment*				
Total			▶ **3b**	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	207	
4 Dividends and interest from securities			14	7,926	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	2,185	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		10,318	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	10,318

(See worksheet in line 13 instructions on page 29 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)	X	
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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
1a(1)	500	Knights of Columbus	Grant

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Signature of officer or trustee | Date: 8-10-11 | Title: President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jeffrey D Haskell	Jeffrey D. Haskell	8/3/2011		

Firm's name ▶ FOUNDATION SOURCE | Firm's EIN ▶

Firm's address ▶ 55 WALLS DRIVE, FAIRFIELD, CT 06824 | Phone no (800) 839-1754

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, or 990-PF.

OMB No 1545-0047

2010

Name of the organization

Bonide Foundation Inc

Employer identification number

27-0951890

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
Bonide Foundation Inc	27-0951890

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Bonide Products Inc c/o Finance Department, 6301 Sutliff Rd Oriskany NY 13424 Foreign State or Province Foreign Country	$ 300,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2	Foreign State or Province Foreign Country.	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
3	Foreign State or Province Foreign Country	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
4	Foreign State or Province Foreign Country	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
5	Foreign State or Province: Foreign Country	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
6	Foreign State or Province: Foreign Country	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: Bonide Foundation Inc

Employer identification number: 27-0951890

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$ 0	
		$ 0	
		$ 0	
		$ 0	
		$ 0	
		$ 0	

Name of organization	Employer identification number
Bonide Foundation Inc	27-0951890

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** 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 information once See instructions) ▶ $ 0

(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
----------	----------
For Prov Country	

(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
----------	----------
For Prov Country	

(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
----------	----------
For. Prov. Country	

(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
----------	----------
For. Prov Country	

Form 990-PF, Part I, Line 16a - Legal Fees

		(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purpose
	TOTAL:	4,928	0	0	4,928
1	General governance matters and counseling	4,928	0		4,928
2					
3					
4					
5					
6					
7					
8					
9					
10					

Form 990-PF, Part I, Line 23 - Other Expenses

	TOTAL:	9,438	0	0	9,438
		(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purpose
1	Administrative Fees	6,688	0	0	6,688
2	Administrative Set-Up Fee	2,750	0		2,750
3					
4					
5					
6					
7					
8					
9					
10					

Form 990-PF, Part II, Line 10b - Investments: Corporate Stock

			TOTAL: 600,143	607,507
	Description/Symbol/CUSIP Number	Shares	(b) Book Value	(c) Fair Market Value
1	FIDELITY SPARTAN SHORT TERM TREASURY BOND INDEX (FSBAX)	57,858	600,143	607,507
2				
3				
4				
5				
6				
7				
8				
9				
10				

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

								0 Comp	0 Benefits	0 Expense Account
	Name	Street	City	State	Zip Code	Title	Avg Hrs	Comp	Benefits	Expense Account
1	Donald Stevenson	6301 Sutliff Road	Oriskany	NY	13424	Director	1	0	0	0
2	Gregory P Wurz	6301 Sutliff Road	Oriskany	NY	13424	Director	1	0	0	0
3	Michael J Wurz	6301 Sutliff Road	Oriskany	NY	13424	Secretary / Director	1	0	0	0
4	James J Wurz Jr	6301 Sutliff Road	Oriskany	NY	13424	President / Director	1	0	0	0
5	Edward T Wurz Sr	6301 Sutliff Road	Oriskany	NY	13424	Director	1	0	0	0
6	James H Wurz Sr	6301 Sutliff Road	Oriskany	NY	13424	Director	1	0	0	0
7										
8										
9										
10										

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
CARENET
Street
44180 RIVERSIDE PKWY, STE 200

City	State	Zip Code	Foreign Country
LANSDOWNE	VA	20176	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	200

Name
CARRIAGE TOWN MINISTRIES
Street
605 GARLAND ST

City	State	Zip Code	Foreign Country
FLINT	MI	48503	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	1,000

Name
CATHOLIC BISHOP OF NORTHERN ALASKA
Street
1316 PEGER RD

City	State	Zip Code	Foreign Country
FAIRBANKS	AK	99709	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	500

Name
CATHOLIC CHARITIES OF ONEIDA
Street
1408 GENESEE ST

City	State	Zip Code	Foreign Country
UTICA	NY	13502	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
Child and Family Development Adoption Program	25,000

Name
CATHOLIC MEDICAL MISSION BOARD INC
Street
10 W 17TH ST

City	State	Zip Code	Foreign Country
NEW YORK	NY	10011	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	500

Name
CATHOLIC RELIEF SERVICES INC
Street
228 W. LEXINGTON ST

City	State	Zip Code	Foreign Country
BALTIMORE	MD	21201	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
Haiti Relief Efforts	35,000

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
CENTRAL ONEIDA COUNTY VOLUNTEER AMBULANCE CORPS
Street
PO BOX 399

City	State	Zip Code	Foreign Country
CLARK MILLS	NY	13321	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(1)	General & Unrestricted	500

Name
CHILDRENS MUSEUM OF NATURAL HISTORY
Street
311 MAIN ST

City	State	Zip Code	Foreign Country
UTICA	NY	13501	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(2)	General & Unrestricted	500

Name
CHRISTIAN APPALACHIAN PROJECT INC
Street
6550 S KY RTE 321

City	State	Zip Code	Foreign Country
HAGERHILL	KY	41222	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(2)	General & Unrestricted	250

Name
CITIZENS UNITED FOUNDATION
Street
1006 PENNSYLVANIA AVE SE

City	State	Zip Code	Foreign Country
WASHINGTON	DC	20003	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(1)	General & Unrestricted	100

Name
CIVIL AIR PATROL
Street
592 HANGAR RD # 302

City	State	Zip Code	Foreign Country
ROME	NY	13441	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(2)	General & Unrestricted	250

Name
COMFORT HOUSE INC
Street
1203 KEMBLE ST

City	State	Zip Code	Foreign Country
UTICA	NY	13501	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(1)	General & Unrestricted	1,000

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name				
CORAL RIDGE MINISTRIES MEDIA INC				
Street				
2831 W CYPRESS CREEK RD				
City		**State**	**Zip Code**	**Foreign Country**
FORT LAUDERDALE		FL	33309	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				500

Name				
CORRIE TEN BOOM - JERUSALEM PRAYER TEAM				
Street				
P O BOX 30000				
City		**State**	**Zip Code**	**Foreign Country**
PHOENIX		AZ	85046	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				100

Name				
CROSS INTERNATIONAL CATHOLIC OUTREACH INC				
Street				
PO BOX 273908				
City		**State**	**Zip Code**	**Foreign Country**
BOCA RATON		FL	33427	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				1,500

Name				
DUNHAM PUBLIC LIBRARY				
Street				
76 MAIN ST				
City		**State**	**Zip Code**	**Foreign Country**
WHITESBORO		NY	13492	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				250

Name				
FAMILY NURTURING CENTER OF CENTRAL NEW YORK INC				
Street				
209 ELIZABETH ST PAUL BLDG 4TH FL				
City		**State**	**Zip Code**	**Foreign Country**
UTICA		NY	13501	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				2,000

Name				
FOCUS ON THE FAMILY				
Street				
8605 EXPLORER DR				
City		**State**	**Zip Code**	**Foreign Country**
COLORADO SPRINGS		CO	80920	
Relationship	**Foundation Status**			
N/A	509(a)(2)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				500

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name				
FOOD FOR THE POOR INC				
Street				
6401 LYONS RD				
City		**State**	**Zip Code**	**Foreign Country**
COCONUT CREEK		FL	33097	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				500

Name				
FRIENDS OF THE ARC FOUNDATION INC				
Street				
245 GENESEE ST				
City		**State**	**Zip Code**	**Foreign Country**
UTICA		NY	13501	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				1,000

Name				
HELP HOSPITALIZED VETERANS				
Street				
36585 PENFIELD LN				
City		**State**	**Zip Code**	**Foreign Country**
WINCHESTER		CA	92596	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
To Service the Utica, NY Area				500

Name				
HERITAGE FOUNDATION				
Street				
214 MASSACHUSETTS AVE NE				
City		**State**	**Zip Code**	**Foreign Country**
WASHINGTON		DC	20002	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				2,000

Name				
HOLY CROSS ACADEMY				
Street				
4020 BARRINGTON RD				
City		**State**	**Zip Code**	**Foreign Country**
ONEIDA		NY	13421	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				100

Name				
HOSPICE & PALLIATIVE CARE INC				
Street				
4277 MIDDLE SETTLEMENT RD				
City		**State**	**Zip Code**	**Foreign Country**
NEW HARTFORD		NY	13413	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				1,000

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
HOUSE OF THE GOOD SHEPHERD
Street
1550 CHAMPLIN AVE

City	State	Zip Code	Foreign Country
UTICA	NY	13502	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	500

Name
HUMAN LIFE INTERNATIONAL
Street
4 FAMILY LIFE LN

City	State	Zip Code	Foreign Country
FRONT ROYAL	VA	22630	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	1,000

Name
INSIGHT HOUSE CHEMICAL DEPENDENCY SERVICES INCORPORATED
Street
500 WHITESBORO ST

City	State	Zip Code	Foreign Country
UTICA	NY	13502	

Relationship	Foundation Status
N/A	509(a)(2)

Purpose of grant/contribution	Amount
General & Unrestricted	500

Name
INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS
Street
30 N LASALLE ST STE 2600

City	State	Zip Code	Foreign Country
CHICAGO	IL	60602	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	350

Name
KNIGHTS OF COLUMBUS
Street
201 MAIN ST

City	State	Zip Code	Foreign Country
NEW YORK MILLS	NY	13417	

Relationship	Foundation Status
N/A	501(c)(8)

Purpose of grant/contribution	Amount
General & Unrestricted	500

Name
KUYAHOORA VOLUNTEER AMBULANCE CORPS INC
Street
PO BOX 282

City	State	Zip Code	Foreign Country
POLAND	NY	13431	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	2,000

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
MARYKNOLL FATHERS AND BROTHERS
Street
77 RYDER AVE

City	State	Zip Code	Foreign Country
OSSINING	NY	10562	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	500

Name
MISSIONARY SISTERS OF MARY IMMACULATE
Street
330 FRONT ST

City	State	Zip Code	Foreign Country
ELMER	NJ	08318	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	400

Name
MOHAWK VALLEY COUNCIL ON ALCOHOLISM
Street
502 COURT ST STE 401

City	State	Zip Code	Foreign Country
UTICA	NY	13502	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	500

Name
MONT MARIE HEALTH CARE CENTER INC
Street
36 LOWER WESTFIELD RD

City	State	Zip Code	Foreign Country
HOLYOKE	MA	01040	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	200

Name
MUSCULAR DYSTROPHY ASSOCIATION
Street
1140 AVE OF THE AMERICAS STE1801

City	State	Zip Code	Foreign Country
NEW YORK	NY	10036	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
To Service the Utica, NY Area	500

Name
NATIONAL FFA FOUNDATION INC
Street
PO BOX 68960

City	State	Zip Code	Foreign Country
INDIANAPOLIS	IN	46268	

Relationship	Foundation Status
N/A	509(a)(2)

Purpose of grant/contribution	Amount
General & Unrestricted	1,000

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name	NEIGHBORHOOD CENTER INC			
Street	293 GENESEE ST			
City	UTICA	**State** NY	**Zip Code** 13501	**Foreign Country**
Relationship	N/A	**Foundation Status**	509(a)(1)	
Purpose of grant/contribution	General & Unrestricted			**Amount** 500

Name	PLAYERS OF UTICA INC			
Street	PO BOX 29			
City	NEW HARTFORD	**State** NY	**Zip Code** 13413	**Foreign Country**
Relationship	N/A	**Foundation Status**	509(a)(2)	
Purpose of grant/contribution	Building Fund			**Amount** 1,000

Name	PRIESTS FOR LIFE			
Street	20 EBBITTS ST			
City	STATEN ISLAND	**State** NY	**Zip Code** 10306	**Foreign Country**
Relationship	N/A	**Foundation Status**	509(a)(2)	
Purpose of grant/contribution	General & Unrestricted			**Amount** 2,000

Name	REMSEN VOLUNTEER FIRE COMPANY, INC			
Street	9623 MAIN ST			
City	REMSEN	**State** NY	**Zip Code** 13438	**Foreign Country**
Relationship	N/A	**Foundation Status**	509(a)(1)	
Purpose of grant/contribution	General & Unrestricted			**Amount** 1,000

Name	RENEWING AMERICAN LEADERSHIP			
Street	1015 15TH ST NW STE 1100			
City	WASHINGTON	**State** DC	**Zip Code** 20005	**Foreign Country**
Relationship	N/A	**Foundation Status**	509(a)(1)	
Purpose of grant/contribution	General & Unrestricted			**Amount** 1,000

Name	RISING STARS SOCCER CLUB OF CENTRAL NY INC			
Street	PO BOX 353			
City	WESTMORELAND	**State** NY	**Zip Code** 13490	**Foreign Country**
Relationship	N/A	**Foundation Status**	509(a)(1)	
Purpose of grant/contribution	General & Unrestricted			**Amount** 10,000

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
ROME MEMORIAL HOSPITAL INC
Street
1500 N JAMES ST

City	State	Zip Code	Foreign Country
ROME	NY	13440	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
Nursing Home Dept	3,000

Name
SAINT PETER'S CATHOLIC CHURCH
Street
5457 SHADY AVE

City	State	Zip Code	Foreign Country
LOWVILLE	NY	13367	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	1,000

Name
SCHOLARSHIP AMERICA INC
Street
1 SCHOLARSHIP WAY

City	State	Zip Code	Foreign Country
ST PETER	MN	56082	

Relationship	Foundation Status
N/A	509(a)(2)

Purpose of grant/contribution	Amount
Dollars for Scholars to be used in Utica, NY	1,000

Name
SOCIETY OF MANUFACTURING ENGINEERS
Street
326 RANSOM AVE

City	State	Zip Code	Foreign Country
SHERRILL	NY	13461	

Relationship	Foundation Status
N/A	509(a)(2)

Purpose of grant/contribution	Amount
General & Unrestricted	250

Name
ST JOHN FISHER COLLEGE
Street
3690 EAST AVE

City	State	Zip Code	Foreign Country
ROCHESTER	NY	14618	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	1,200

Name
STEVENS-SWAN-HUMANE-SOCIETY
Street
5664 HORATIO ST

City	State	Zip Code	Foreign Country
UTICA	NY	13502	

Relationship	Foundation Status
N/A	509(a)(1)

Purpose of grant/contribution	Amount
General & Unrestricted	500

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name				
STITTVILLE FIRE DEPARTMENT				
Street				
9069 MAIN ST				
City		**State**	**Zip Code**	**Foreign Country**
STITTVILLE		NY	13469	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				2,000

Name				
THE JOHNSON GRADUATE SCHOOL OF MANAGEMENT AT CORNELL UNIVERSITY				
Street				
ALUMNI RELATIONS, 130 E SENECA ST, STE 40				
City		**State**	**Zip Code**	**Foreign Country**
ITHACA		NY	14850	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				150

Name				
THE SALVATION ARMY				
Street				
440 W NYACK RD				
City		**State**	**Zip Code**	**Foreign Country**
WEST NYACK		NY	10994	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
To Service the Utica, NY Area				25,000

Name				
THEA BOWMAN HOUSE INC				
Street				
731 LAFAYETTE ST				
City		**State**	**Zip Code**	**Foreign Country**
UTICA		NY	13502	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				250

Name				
TOWN OF DEERFIELD				
Street				
6329 WALKER RD				
City		**State**	**Zip Code**	**Foreign Country**
DEERFIELD		NY	13502	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				1,000

Name				
TRADITIONAL VALUES COALITION EDUCATION AND LEGAL INSTITUTE INC				
Street				
100 S ANAHEIM BLVD STE 350				
City		**State**	**Zip Code**	**Foreign Country**
ANAHEIM		CA	92805	
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				2,500

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
UNITED CEREBRAL PALSY AND HANDICAP PERSONS ASSOCIATION OF THE UTICA
Street
1020 MARY ST

City	State	Zip Code	Foreign Country
UTICA	NY	13501	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(1)	General & Unrestricted	500

Name
UNITED SERVICE ORGANIZATIONS INC
Street
2111 WILSON BLVD

City	State	Zip Code	Foreign Country
ARLINGTON	VA	22201	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(1)	General & Unrestricted	500

Name
UTICA MAENNERCHOR
Street
PO BOX 441

City	State	Zip Code	Foreign Country
MARCY	NY	13403	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(2)	General & Unrestricted	500

Name
UTICA MARSH COUNCIL INC
Street
PO BOX 73

City	State	Zip Code	Foreign Country
UTICA	NY	13503	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(1)	General & Unrestricted	250

Name
UTICA RESCUE MISSION
Street
212 RUTGER ST

City	State	Zip Code	Foreign Country
UTICA	NY	13501	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(1)	General & Unrestricted	2,000

Name
UTICA ZOOLOGICAL SOCIETY
Street
99 STEELE HILL RD

City	State	Zip Code	Foreign Country
UTICA	NY	13501	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
N/A	509(a)(1)	General & Unrestricted	500

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name				
WHITESBORO FIRE DEPARTMENT INC				
Street				
171 ORISKANY BLVD				
City	**State**	**Zip Code**	**Foreign Country**	
WHITESBORO	NY	13492		
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				1,000

Name				
Y W C A OF THE MOHAWK VALLEY				
Street				
1000 CORNELIA ST				
City	**State**	**Zip Code**	**Foreign Country**	
UTICA	NY	13502		
Relationship	**Foundation Status**			
N/A	509(a)(2)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				500

Name				
YOUNG MENS CHRISTIAN ASSOC & WOMANS COMMUNITY CENTER OF ROME NEW YORK				
Street				
301 W BLOOMFIELD ST				
City	**State**	**Zip Code**	**Foreign Country**	
ROME	NY	13440		
Relationship	**Foundation Status**			
N/A	509(a)(1)			
Purpose of grant/contribution				**Amount**
General & Unrestricted				5,000

Name				
Street				
City	**State**	**Zip Code**	**Foreign Country**	
Relationship	**Foundation Status**			
Purpose of grant/contribution				**Amount**
				0

Name				
Street				
City	**State**	**Zip Code**	**Foreign Country**	
Relationship	**Foundation Status**			
Purpose of grant/contribution				**Amount**
				0

Name				
Street				
City	**State**	**Zip Code**	**Foreign Country**	
Relationship	**Foundation Status**			
Purpose of grant/contribution				**Amount**
				0