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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No. 1545-1150

2011

Open to Public Inspection

A F	or the 2	011 calendar	year, or tax	k year beginn	IngJULY	01	, 201	1, and end	ling J	UNE 3	0	, 20 12
В	Theck if ipplicable		C Name o	f organization								ntification number
57	Address change Go Philanthropic Charitable Fund							•	27-4939698			
П								hone nun	nber			
П	nitial return											
П	erminated		350 Wo	olston	Rd.			1			(58	5)746-5700
\prod_{ℓ}	mended re	tum	City or towi	n, state or cou	intry, and Z	IP+4				F Grou	o Exempti	on
Πá	opplication ending		Pittsf	ord NY	14534					Numb	oer ▶	
G /	Accountin	ng Method:	Cash	X Accrual	Other (s	pecify)▶			HC	heck ▶ X	if the org	anization is not
1.	Vebsit	e:▶ N/A	_	_	•				1	equired to		
JI	Tax-exer	npt status (ch	eck only one) –	X 501(c)(3)	501(c)() ◀ (insert no)	4947(a)(1) or 527	(Form 990,	990-EZ, d	or 990-PF).
K	Check ▶	If the organ	nization is no	t a section 50	9(a)(3) sup	porting organiza	ation or a	section 527				s receipts are normally
												d (see instructions).
						a complete retu						
L.	Add lines	s 5b, 6c, and 7	b, to line 9 to	o determine g	ross receip	ts. If gross recei	pts are \$2	200,000 or	more, c	or if total as	ssets (Par	t II,
	line 25, d	column (B) bel	ow) are \$50	0,000 or more	, file Form !	990 instead of F	orm 990-	EZ		. 	▶ \$	174,974
P	art I					Net Assets						
		Check if the	organizatioi	n used Sched	ule O to res	pond to any que	estion in t	his Part I .				
	1					eceived					1	163,035
	2	Program serv	vice revenue	ncluding gov	emment fe	es and contract	s				2	
	3	Membership	dues and as	ssessments							3	
	4	Investment in	ncome								4	772
	5a	Gross amour	nt from sale	of assets othe	r than inver	ntory		5a				
	b	Less: cost or	other basis	and sales exp	enses			5b			7	
R	c	Gain or (loss)) from sale o	of assets other	than inven	tory (Subtract li	ne 5b fror	n line 5a) .			5c	
E	6	Gaming and	fundraising (events								
REVENU	a	Gross income	e from gamiı	ng (attach Sch	nedule G if	greater than						
Ü		\$15,000)						6a				
Ě	Ь	Gross income	e from fundr	aising events	(not includi	ng \$	7,9	81 of co	ontributi	ons	7 (
	- [from fundrais	sing events r	reported on lin	e 1) (attach	Schedule G if t	the					
		sum of such	gross incom	e and contribu	utions exce	eds \$15,000)		6b		11,167	_	
	c	Less: direct e	expenses fro	om gaming and	d fundraisin	g events		6c		3,724		
	d	Net income of	or (loss) from	n gaming and i	fundraising	events (add line	es 6a and	l 6b and sul	otract		1	
		line 6c)									6d	7,443
	7a	Gross sales	of inventory,	less returns a	and allowan	ces		7a				
			•					7b			」	
	c					ract line 7b from					7c	
	8										8	
	9					d8					9	171,250
	10					O)					10	141,797
E	11										11	
P	12	Salaries, other	er compens	arion rand eme	oloyee bene	efits	• • • • • •				12	
EXPERSES	13					dent contractors					13	1,105
S	14	Occupancy,	eet utilities	, and maintena	ance S		• • • • • • •				14	
S		Printing, pub	lications po	štagė, ahdėshi	pping Q.	• • • • • • • • • • • • • • • • • • • •					15	<u></u>
	16	Other expen	ses (<u>descnb</u>	e in Schedule	O) . W		• • • • • • •				16	8,440
	17										17	151,342
	A 18					om line 9)				• • • • •	18	19,908
NET!	19					from line 27, co	,					
Ŧ į	Ĭ										19	
	20					olain in Schedul	-				20	
	21	Net assets or	r tund baland	ces at end of v	ear. Comb	ine lines 18 thro	ugh 20 .			▶	21	19,908

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Go Philanthripic Charitabl 27-4939698 Form 990-EZ (2011) Page 2 Part II Balance Sheets. (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 19,908 22 22 Cash, savings, and investments Land and buildings . . . 0 23 23 0 24 O Other assets (describe in Schedule O) 24 Total assets ... 0 25 19,908 25 0 26 Total liabilities (describe in Schedule O) O 26 Net assets or fund balances (line 27 of column (B) mustagree with line 21) 0 27 19,908 27 Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? See attachment #1 organizations and section Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 4947(a)(1) trusts, optional for others) See attachment 28a 141,797 141, 797) If this amount includes foreign grants, check here 29) If this amount includes foreign grants, check here (Grants \$ 29a 30) If this amount includes foreign grants, check here (Grants \$ 30a Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) 141,797 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instr for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable compensation Form W-2/1099 MISC) (d) Health benefits, Contributions to employee benefit plans & (b) Title and Average hours per week (e)Estimated amount of (a) Name and address other compensation (if not paid, enter -0-) devoted to position deferred compensation See attachment #3

JVA

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If ``Yes," provide a		[!	
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			١,,
	change on Schedule O (see instructions)	34		X
35 a		250		_v
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		X
b	If ``Yes," to line 35a, has the organization filed a Form 990-T for the year? If ``No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		
С	reporting, and proxy tax requirements during the year? If ``Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	-300		
-	during the year? If ``Yes," complete applicable parts of Schedule N	36		Х
37a				
	Did the organization file Form 1120-POL for this year?	37b		Х
38a				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If ``Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
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 ▶, section 4912 ▶, section 4955 ▶	_		
þ				,
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			,,
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		4	٠.
	organization managers or disqualified persons during the year under sections 4912,		-	,
	4955, and 4958	, ,	-	٠.
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		-	,
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	,	,	٠, ١
·	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NY	ر	I	
42a	The organization's books are in care of ▶ See attachment #4 Telephone no ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Χ
	If ``Yes," enter the name of the foreign country		,	-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			-
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	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		V	Ma
		-	Yes	NO
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	440		v
	completed instead of Form 990-EZ	44a		<u>X</u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1445		v
_	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services duning the year?	44b 44c		X
d	If ``Yes" to line 44c, has the organization filed a Form 720 to report these payments? If ``No," provide an			- 1
u	explanation in Schedule O N/A	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If ``Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Χ

Forn	n 990-EZ (2011)				_		P	age 4
							Yes	No
46	Did the organization engage, directly	• •	. •	ities on behalf of o	or in opposition			
	to candidates for public office? If "Ye	s," complete Schedule C, I	Part I	<u></u>	<u>.</u>	46		X
Pa	Section 501(c)(3) organizations and 52, and complete the to Check if the organization u	d section 4947(a)(1) nonex ables for lines 50 and 51.	empt chanta	ble trusts must an	swer questions 47-49b	s only.A	ll secti	on [
	ender i ine organization a	sed conceder o to respond	to only que	ALON III CIIIO I CIIC V	<u>' · · · · · · · · · · · · · · · · · · ·</u>	<u> </u>	Yes	No
47	Did the organization engage in lobby year? If "Yes," complete Schedule C.		ion 501(h) e	lection in effect du	rring the tax	47		Х
48	Is the organization a school as descri	bed in section 170(b)(1)(A)	(แ)? If `Yes,	" complete Sched	ule E	48	-	X
49a	Did the organization make any transfe	ers to an exempt non-chari	table related	organization?		49a		Х
b	If "Yes," was the related organization	n a section 527 organization	1?			49b		Х
50	Complete this table for the organization	- ·		•		•		
	employees) who each received more					e"		
	(a) Name and title of each employee	(b)Title and hours per	week co	C)Reportable impensation (Forms	 (d) Health benefits, contruib- utions to employee benefit plans, 	(e) Estimat		
NO.	paid more than \$100,000	devoted to p	osition	W-2/1099-MISC)	and deferred compensation	other com	pensatio	n
NOI	NE							
						 		
		2100.000						
f	Total number of other employees paid							
51 ———	Complete this table for the organization \$100,000 of compensation from the organization				tho each received more that			
	Name and address of each independent contractor	r paid more than \$100,000		(b) Type of service	(c) Ca	ompensation		
NON	NE							
								
d 52	Total number of other independent co	ū	•		/(a)(1)			
	nonexempt charitable trusts must atta	ch a completed Schedule A	<u>\ .</u>			► Yes	s 🏻	No
	penalties of penjury, I declare that I have examined to orrect, and complete Declaration of preparer (other							
	W. W.	premere				T.,		
Sigr	· organizate of difficult D					Date		
Here	e <u>></u>	IRACEY MORI	RELL	DIRECTO	R FEB	13,13		
	Type or prnt name and title							
.	Pnnt/Type preparer's name	Preparer's signature		Date	Crieck II	PTIN		
Paid		TIS Cheloph)h	<u> </u>	2/2/21		P01350		
•		DIGIACCO HERN NROE AVENUE	CPAS F	LLC		- 372		
	the IRS discuss this return with the prep		Structions		 	-662-5		No
iviay l	me in a discuss this return with the bret	parer showin above / See In	SUUCTIONS	<u> </u>		► X Yes	>	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

		f the organizati									tion numb	er
$\overline{}$	_		ipic Charit				·		7-493	9698		
Pa				ty Status (All organ			·		structions			
	rga □		•	cause it is: (For lines 1								
1 2	Н			association of churche (1)(A)(ii).(Attach Sche		u III Sec	יוטוו ווטוג	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3	Н			ervice organization des		section	170/b)/1)/	ΔViii)				
4	Н			rated in conjunction wit)(1)(A)(iii)	Enter the	hospital's n	ame.
•	ш	city, and state	aron organization oper	a.ou iii oo ijanonon iii					7(- 7(7(,—	. ,	•
5		An organization	o operated for the bene). (Complete Part II)	efit of a college or unive	ersity owne	ed or oper	ated by a g	overnmer	ital unit de	scribed in	section	
6	П			or governmental unit d	escribed in	section	n 170(b)(1)	(A)(v).				
7	X	=	n that normally received (1)(A)(vi).(Complete F	s a substantial part of i Part II.)	ts support	from a go	vemmenta	l unit or fro	om the ger	neral public	described	in
8	П	A community to	ust described in section	on 170(b)(1)(A)(vi).(C	omplete P	art II)						
9		receipts from ac support from gr	ctivities related to its exoss investment income	s (1) more than 33 1/3 xempt functionssubje e and unrelated busine	ect to certai ess taxable	in exception income (l	ons, and (2 ess section) no more n 511 tax)	than 33 1/	/3 % of its	oss	
		acquired by the	organization after Jun	ne 30, 1975. See sect	ion 509(a)	(2). (Comp	lete Part II	l.)				
10 11		An organization purposes of one	n organized and operate e or more publicly supp	ted exclusively to test for ted exclusively for the corted organizations do es the type of supporti	benefit of, escribed in	to perform section 5	the function (1) or	ons of, or t section 5	o carry ou 09(a)(2). S	See secti	on	
e			han foundation manag	organization is not colers and other than one	ntrolled dire	ectly or inc			re dısqualı			
f		If the organization, ch		determination from the	IRS that it	ıs a Type 	I, Type II o	or Type III	supporting) 		
g		Since August 1 following perso		nization accepted any g	gift or contr	ibution fro	m any of tl	ne				.
				controls, either alone y of the supported orga		r with pers	sons descr	ıbed ın (ıı)		. [Yes 11g(i)	Х
			ember of a person des							. [1	1g(ii)	X
		(iii) A 35% conf	trolled entity of a perso	on described in (i) or (ii)) above?					[1	1g(iii)	X
<u>h</u>		Provide the foll	owing information abou	ut the supported organ	ization(s)							
• •		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iV) is the our col (i) is governing do	sted in your	(V) Did you organization of your si	ın col (i)	organization	d in the	(vii) Amou suppo	
				<u></u> _	Yes	No	Yes	No	Yes	No		
Tota												

Schedule A (Form 990 or 990-EZ) 2011 Go Philanthripic Charitabl 27-4939698 Page 2 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b)2008 (c)2009 (d)2010 (e)2011 (f) Total Gifts, grants, contributions, and

	membership fees received (Do not include any `unusual grants.")					174,176	174,176
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					174,176	174,176
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.						174,176
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b)2008	(c)2009	(d)2010	(e)2011	(f)Total
7	Amounts from line 4					174,176	174,176
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		!			772	772
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		.=-				174,948
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>		ourth, or fifth tax	-		▶⊠
	tion C. Computation of Public Sup	 					
14	Public support percentage for 2011 (line 6, co		-			14	
15	Public support percentage from 2010 Schedu					15	<u></u> %
16a	33 1/3 % support test 2011. If the organization qualifies as	a publicly suppo	orted organization	on			▶ 📙
b	33 1/3 % support test – 2010. If the organization qualified box and stop here. The organization qualified				line 15 is 33 1/3	% or more, chec	ck this ▶ 🗍
17a	10%-facts-and-circumstances test – 2011. more, and if the organization meets the "facts organization meets the "facts-and-circumstate".	s-and-circumstai	nces" test, checi	this box and	stop here.Expla	in in Part IV how	
b	10%-facts-and-circumstances test 2010. more, and if the organization meets the "facts						

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	<u></u>
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a	33 1/3 % support test 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or and stop here. The organization qualifies as a publicly supported organization	more, check this box	▶ 🗌
b	33 1/3 % support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 box and stop here. The organization qualifies as a publicly supported organization	% or more, check this	▶ []
17a	10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, a more, and if the organization meets the ``facts-and-circumstances" test, check this box and stop here. Explain organization meets the ``facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	in in Part IV how the	▶ 🗌
b	10%-facts-and-circumstances test 2010. If the organization did not check a box on line 13, 16a, 16b, or 1 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization as a publicly supported organization.	in in Part IV how the	▶ ∏

SCHEDULE O

(Formt 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

27-4939698

Go Philanthripic Charitable Fund PART 1, LINE 16 -

Travel: 7,345 Other: 1095

990 PRIMARY EXEMPT PURPOSE

Attachment 1:	: page 1 - 990-EZ Page 2,	Part III	
Open to Public			0.6. 20. 0010
Inspection For	calendar year 2011 or tax period beginning	07-01 , and ending	06-30-2012
Name of Organization			Employer Identification Number
Go Philanthri	ipic Charitable Fund		27-4939698
	Pnma	ry Purpose	
grants for ch	tion was formed as a grant haritable purposes. Focus eness in the areas of educ	s areas for grants	will be centered on

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment	2: pag	ge 1 -	990-E	Z Page 2	?, Part	III		
*Open to Public				_				
		r year 2011 o	r tax репос	d beginning	07-01	-2011 , and end		0-2012
Name of Organization		61	. 7	,				ntification Number
Go Philanthripic Charitable Fund 27-4939698 Part III - Statement of Program Service Accomplishments								
Part III - Statement Grants and allocatio					e foreign comme	Drogress	uno overses	141 707
Grants and anocatio		141,797		Amount include	S foreign grants Purpose Achiev		vice expenses	141,797
The Organi:	zation	made o	rants	for cha	ritable	purposes	. focusing	on raising
awareness :	in the	areas	of ed	ucation,	conser	vation, he	ealth, and	clean water.
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u.								
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990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Open to Public Impaction For calendar year 2011 or tay period beginning O7-01-2011, and ending O6-30-2012. Employer Employer Description of Number 27-49396-98	Attachment 3: page 1 - 99	90-EZ Page 2,	Part IV							
Name of Organization Go Philanthripic Charitable Fund (A) Name and Take (B) Average fours per (C) Compensation (C) Compens	•									
Go Philanthripic Charitable Fund (P)-weigh Found (P)-weigh Fou		x period beginning 0	97-01-2011, and							
(A) Name and Tale (B) Average Pours per (C) Compensation (D) Cant to employee the plans & def comp President 25.00 John Dean Tracey Morrell Board Member 25.00 O O O O O O O O O O O O										
Lydia Dean President 25.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		I (R) Average hours per	(C)Companyation							
Lydia Dean President 25.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		week devoted to	(Form W-2/1099-MISC)							
John Dean Treasurer 1.00 Tracey Morrell Board Member 25.00 0 0 0 0 0 0 0 0 0 0 0 0	Lydia Dean	President	(ii net paid; dillar b)							
John Dean Treasurer 1.00 0 0 0 Tracey Morrell Board Member 25.00 0 0 0	-									
Tracey Morrell Board Member 25.00 0 0 0	,		0	0	0					
Tracey Morrell Board Member 25.00 0 0 0 0	John Dean									
Tracey Morrell Board Member 25.00 0 0 0		1.00								
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	Tracey Morrell									
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990 BOOKS ARE IN CARE OF

Attachment	4 - 990-EZ Page 3, Part V,	Line 42a		
Open to Public				
Inspection	For calendar year 2011 or tax period beginning	07-01 ,	and ending	06-30-2012.
Name of Organization				Employer Identification Number
Go Philant	hripic Charitable Fund			7-4939698
Part V - Line 42a				<u> </u>
Individual Name .				
or				
Business Name:				
GO Philant	hropic Charitable Fund, Inc.			
		 	·	
Street Address		350 Wool:	ston Rd	
Sileet Address .		<u>330 MOOT.</u>	scon na.	
U.S. Address				
Zıp code	14534 Cuty Pittsford		State	NY
or			_	
Foreign Address				
City .	· · · · · · · · · · · · · · · · · · ·			
Province or	State			
_	<u>.</u>			
Country				
Postal code				
Postal code				·
Phone Num	her			
Filone Nam	Dei			
Fax Number				
		•••		