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SCANNED APR 1 8 2014

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

Open to Public Inspection

F	or ca	lendar year 2012 or tax year beginning		0 (6/01 , 2012 ,	and end	ling		05.	/31 ,20 13	
_		of foundation			<u> </u>			A Employer identifi			
	THE	NICHOLAS B. OTTAWAY FOUNDATI	ON, I	NC.				14-1505939			
		er and street (or P O box number if mail is not delivered				Room/su	ite	B Telephone number		uctions)	
		`		•						1-8181	
P.O. BOX 401								PO)	J , Z J .	. 0101	
_		r town, state, and ZIP code									
	, 0	,,					ļ	C If exemption applica	tion is	. —	
	C 7\ M	DDFIT UNIT NV 10016						pending, check here		▶∟	
CAMPBELL HALL, NY 10916											
G	∪ne	ck all that apply Initial return	}	7	of a former p	ublic cha	rity	D 1 Foreign organizat			
		Final return	<u> </u>	Amended re			- 1	2 Foreign organizations meeting the 85% test check here and attach			
_		Address change		Name chang				computation .		▶∟	
H		ck type of organization X Section 501(E If private foundation	status was t	erminated —	
Ţ		ection 4947(a)(1) nonexempt charitable trust		ther taxable pr				under section 507(b)			
l		I —	-	method 🔀 C	ash [] Acc	rual		F If the foundation is	ın a 60-mont?	termination	
			ther (sp					under section 507(b)		1 1	
_			column	(d) must be or	cash basıs)						
L	art	Analysis of Revenue and Expenses (The	(a) F	Revenue and	/ILV A1 -			N A along a 1	, ,	bursements	
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		penses per	(b) Net inve		(c	Adjusted net income		charitable irposes	
_		column (a) (see instructions))		books	l incom			moone		basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)		28,994.	13		2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	162 - 34	
	2	If the foundation is not required to		, , , , , ,	The market of a	1 7 7 7 1	2 ((Come		
	3	Interest on savings and temporary cash investments	- 1.	- 1 2 - 2 - 2 / 2	1 1	. 4 × 16	50.	- 17-12 Alberton - Dr. Cr. 72 - 1 1/2.	1 En 1 "	467.7	
	4	Dividends and interest from securities		335,653.	33	5,653.			ATCH	1 2	
		Gross rents		-, 555.		, , , , , ,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 3 25 37 30	
			- 5.5° F	1 2 21 2 2 2 2	4 5 5 Tax 10	=15,2%, 1- 1,7	* 3° 4 **	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 1 3 3		
		b Net rental income or (loss)		251,662.	->	4.70	\$ 50° 363	Control of the contro	7 2 3 4	3, 25-10, 40-4 1-28-24 (-40-4)	
enne	o a b	Net gain or (loss) from sale of assets not on line 10 Gross sale price for all 2, 902, 242.				10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	لاء کار او قاکمورٹ کا	The state of the s	-1 (1)	2.6 () () () () () () () () () (
۷e	_	assets of fille oa	•	13, 5 m 5, 7 m 3			122		3 2 2	73 3 3 17	
æ	7	Capital gain net income (from Part IV, line 2)			25	1,662.	*	. · · · · · · · · · · · · · · · · · · ·	4.50	· 12 -1	
	8	Net short-term capital gain	5.79		7 1 3 x 2 1 x 2 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3				1. 18 July 1. 1.		
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·	'.4	<u>* * * 19 * 194 - 1</u>		- 42 (1) 13 - 42 (1) 13			12.5	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
		and allowances · · · ·	· .	- 	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<u> </u>	7,43. 1, 7.5	্ু - শুলুক সুন্তা	5.48 4. Co. 8	- 234	
		Less Cost of goods sold .		w Landing	2 1 7 2 3 1 1 1 2 M	TER P	L'E LANTES	Palle Francisco Control	4 (2) 1	五章 (12) (1944)	
		Gross profit or (loss) (attach schedule)		4 555		4 007			4 2		
	11	Other income (attach schedule) ATCH. 2		4,831.		4,831.			, , , , , , , , , , , , , , , , , , ,	the factorial and the	
4	12	Total. Add lines 1 through 11		621,140.		2,146			Take 1	· 主流、 不得	
	13	Compensation of officers, directors trustees, etc		4,810.		2,405.	R	ECEIVED		2,405	
es	14	Other employee salaries and wages				<u> </u>					
ns	15	Pension plans, employee benefits				18			791		
잂	16 a	Legal fees (attach schedule)		x		18	AP	R 162014	181_		
ĒX	b	Accounting fees (attach schedule)ATCH 3		8,000.		4,000 <u>'.</u>			101	4,000	
Š		Other professional fees (attach schedule). * .		68,202.	6	8,202.	$ \mathcal{O}_{\mathcal{C}} $	DEN	15		
ā	17	Interest				L	2	ULN, UT			
ī	18	Taxes (attach schedule) (see instructions)ATCH 5		8,107.		7,819.					
اچ	19	Depreciation (attach schedule) and depletion							*		
Ad	20	Occupancy									
	21	Travel, conferences, and meetings		1,175.						1,175	
ā	22	Printing and publications		**				-	· -		
엌	23	Other expenses (attach schedule) ATCH .6		28,671.	2	4,658.			•	3,389	
	24	Total operating and administrative expenses	 -							-,	
힐				118,965.	10	7,084.				10,969	
) /dd iiiles 13 iiiledgii 23			·								
	25 26	Total expenses and disbursements Add lines 24 and 25		788,451.	10.	7,084.	•			680,455.	
+	27			,00,331.	- 10	,,004.				000,433	
		Subtract line 26 from line 12		_167 311					>		
ļ		Excess of revenue over expenses and disbursements		-167,311.	4.01	E 0.63					
Ì		Net investment income (if negative, enter -0-)		,	48	5,062.					
- 1	С	Adjusted net income (if negative enter -0-).				1		•			

JSA For Paperwork Reduction Act Notice, see instructions 2E1410 1 000 MH7710 2755

*ATCH 4

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Ð	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of		Beginning of year	End	of year
	ai t ii	amounts only (See instructions)	. ,	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing				
j		Savings and temporary cash investments		(20 140	906,585.	906,585.
١	3	Accounts receivable		W W		
-		Less allowance for doubtful accounts ▶				
ļ		Pledges receivable ▶				
-		Less allowance for doubtful accounts ▶				
ĺ		Grants receivable				
		Receivables due from officers, directors, trustees, and officers				
		disqualified persons (attach schedule) (see instructions)				
-		Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶				- Communication of the a the approximate to 1.7
S		Inventories for sale or use		1		
ssets		Prepaid expenses and deferred charges				
AS						
		Investments - U.S. and state government obligations (attach schedule) Investments - corporate stock (attach schedule) ATCH 7		7,282,602.	7,047,924.	7,744,957.
Ì					,,01,,321.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Investments - corporate bonds (attach schedule) Investments - land, buildings,			 	
				e services on a second	account on the second of the second	
l		and equipment basis Less accumulated depreciation (attach schedule)				
- 1	12	Investments - mortgage loans		4,887,503.	4 670 424	4 061 000
- [13 14	Land buildings and			4,070,434.	4,961,988.
						*
		equipment basis Less accumulated depreciation (attach schedule)				
	15	Other assets (describe	'			
		Total assets (to be completed by all filers - see				
_		instructions Also, see page 1, item I)			12,632,943.	
1	17	Accounts payable and accrued expenses				1
	18	Grants payable			·	· · · · · · · · · · · · · · · · · · ·
es	19	Deferred revenue				
Ξ	20	Loans from officers, directors, trustees, and other disqualified person	ıs .			, ,
abi	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)			ŀ
	23	Total liabilities (add lines 17 through 22)		0	(
		Foundations that follow SFAS 117, check here]
တ		and complete lines 24 through 26 and lines 30 and	d 31.			
ĕ	24	Unrestricted				
Ē	25	Temporarily restricted	• •			1
ω̈́	26	Permanently restricted				1
밁		Unrestricted Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds	• •			1
щ		check here and complete lines 27 through 31.	X			ì
ō	27	Capital stock, trust principal, or current funds				1
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
SS	20	Retained earnings, accumulated income, endowment, or other funds		12,800,254.	12,632,943.	1
e	30	Total net assets or fund balances (see instructions)		12,800,254.	12,632,943.	- {
71		Total liabilities and net assets/fund balances		12,000,2011	12,002,5101	1
-		instructions)	•	12,800,254.	12,632,943.	
Б	art III	Analysis of Changes in Net Assets or Fu	ind		12,032,543.	
		net assets or fund balances at beginning of year -			must agree with	<u> </u>
						12,800,254.
,	C110-0	of-year figure reported on prior year's return)				-167,311.
2	Circ	amount from Part I, line 27a			2	-10/,311.
		r increases not included in line 2 (itemize) ▶				12 (22 042
		ines 1, 2, and 3				12,632,943.
		eases not included in line 2 (itemize)		des 5) - Death and an all	5	10 600 040
<u> </u>	Total	net assets or fund balances at end of year (line 4 m	ınus	line 5) - Part II, column (b), line 30 6	12,632,943.
						Form 990-PF (2012)

Part IV Capital Gains and Losses for Tax on Investment Income

' '(a) List and	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a SEE PART IV SCHE	rick warehouse, or common stock, 200 DULE	SIIS WILC CO)	D - Donation	(mo, day, yr)	
b					
<u>c</u>					
d					
e	(S Dangericken allewed	(a) Cost or other hasis		(h) Cara as (la	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>					
<u>b</u>					
d d					
e			 		
	showing gain in column (h) and owne	d by the foundation on 12/31/69	(h)	Gains (Col (h) g	ain minus
(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		(k), but not less t Losses (from co	han -0-) or
a					
b	·				
C			ļ <u>-</u>		
_d					
<u>e</u>	- 15	acin also enter in Bort Line 7	1		
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		251,662.
Not short-term canital dain	יי) or (loss) as defined in sections 12 ما	· · · · · · · · · · · · · · · · · · ·	-	•	231,002.
If gain, also enter in Par	t I, line 8, column (c) (see inst	ructions) If (loss), enter -0- in }	3		0
Part V Qualification l	Jnder Section 4940(e) for Re	duced Tax on Net Investment is	ncome		
	the section 4942 tax on the distrib not qualify under section 4940(e)	outable amount of any year in the b	ase period	J?	Yes X No
		, see the instructions before making	any entr	es	
(a) Base period years	(b)	(c)		(d) Distribution ra	atio.
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
2011	705,022.	12,976,543.			0.054330
2010	638,969.	13,374,386.			0.047776
2009	527,865.	17,408,259.			0.030323
2008	390,369. 338,805.	13,399,813.			0.029132
2007	338,803.	10,613,879.			0.031921
2 Total of line 1, column (d)			2		0.193482
-	for the 5-year base period - divide dation has been in existence if less	• •	3		0.038696
Enter the net value of non	charitable-use assets for 2012 fro	m Part X, line 5	4	12,	817,901.
Multiply line 4 by line 3			5		496,001.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		4,851.
7 Add lines 5 and 6			7		500,852.
B Enter qualifying distribution	ns from Part XII, line 4		8	407	680,455.
Part VI instructions	eater than line 7, check the box i	n Part VI, line 1b, and complete t	nat part	using a 1% tax	crate. See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	<u>ıstru</u>	ctions	<u>}) </u>				
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)							
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,8	851.				
	here ► X and enter 1% of Part I, line 27b							
С	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							
3								
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0				
5	4.051							
6	Credits/Payments			,				
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 9, 261.							
b	Exempt foreign organizations - tax withheld at source							
С	Tax paid with application for extension of time to file (Form 8868) 6c 5,750.							
d	Backup withholding erroneously withheld							
7	Total credits and payments Add lines 6a through 6d		15,0	<u>)11.</u>				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed							
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		10,1	160.				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 10,160. Refunded ▶ 11							
	rt VII-A Statements Regarding Activities							
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	<u> </u>	Yes	No				
	or intervene in any political campaign?	1a		X				
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the							
	definition)?							
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		l					
	distributed by the foundation in connection with the activities							
	c Did the foundation file Form 1120-POL for this year?							
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶\$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			1				
	foundation managers > \$0	_	}	1				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X				
	If "Yes," attach a detailed description of the activities							
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/					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X				
	If "Yes," attach the statement required by General Instruction T			ļ				
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	6	х					
_	* * * * * * * * * * * * * * * * * * * *							
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	Х	1				
вa	8a Enter the states to which the foundation reports or with which it is registered (see instructions) NEW YORK							
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	Х	<u> </u>				
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? 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	لـــــا	X				
		~~~ 00	90-PF (	120121				

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

b If "Yes," did it have excess business holdings in 2012 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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . .

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 2012?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

	4	<u>b</u>	L.					`	
		90	Λ.	DI	_	12	Λ1		

3b

4a

N/A

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Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	red (continued)						
5a	During the year did the foundation pay or incur any amou	unt to								
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	4945(e))?	. Yes X No	,					
	(2) Influence the outcome of any specific public ele	ection (see section 4	1955), or to carry on	l,						
	directly or indirectly, any voter registration drive?			Yes X No	,					
	(3) Provide a grant to an individual for travel, study, or ot	her similar purposes?		Yes X No	,					
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described ii	n						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (	see instructions)	. <b></b>	X Yes No	,					
	(5) Provide for any purpose other than religious, ch	naritable, scientific, I	iterary, or educationa	ai						
	purposes, or for the prevention of cruelty to children of	or animals?		Yes X 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 regard				5b	Х				
	Organizations relying on a current notice regarding disas	ter assistance check h	ere							
С	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	emption from the tax	×						
	because it maintained expenditure responsibility for the g	rant? ATCH 9		X Yes No	,					
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)								
6a	Did the foundation, during the year, receive any fund		ctly, to pay premium:	5						
	on a personal benefit contract?				, [					
b	Did the foundation, during the year, pay premiums, direct				6b	X				
	If "Yes" to 6b, file Form 8870									
7 a	At any time during the tax year, was the foundation a pa	irty to a prohibited tax	shelter transaction?	Yes X No	,					
	If "Yes," did the foundation receive any proceeds or have	•			7b	N/A				
	t VIII Information About Officers, Directors	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	yees,					
1	and Contractors  List all officers, directors, trustees, foundation r	nanagers and their	r compensation (see	instructions)						
•		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	se account,				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owances				
ATC	TH 10		4,810.	q		(				
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on line	e 1 - see instruction	ons). If n	one, ente				
	NONE.	(b) Title and average		(d) Contributions to	<del></del>					
(a	) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred		se account, lowances				
		devoted to position		compensation						
				ŀ						
	NONE									
		į l								
	Loumber of other employees hald over \$50,000									

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3 NONE

All other program-related investments. See instructions

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	12,515,528.
b	Average of monthly cash balances	1b	497,569.
С		1c	
d		1d	13,013,097.
е	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	13,013,097.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	195,196.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,817,901.
6	Minimum investment return. Enter 5% of line 5	6	640,895.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here \(\bigsim\) and do not complete this		
1	Minimum investment return from Part X, line 6	1	640,895.
	Tax on investment income for 2012 from Part VI, line 5 2a 4,851		
b	Income tax for 2012 (This does not include the tax from Part VI)  2b	1	
	Add lines 2a and 2b	2c	4,851.
3	Distributable amount before adjustments Subtract line 2c from line 1		636,044.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	636,044.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	636,044.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T1	
' a		1a	680,455.
b	Program-related investments - total from Part IX-B	1b	000,433.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	680,455.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	4,851.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	675,604.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculating w	hether the foundation

Form 990-PF (2012)

Page 9

Pa	rt XIII . Undistributed Income (see instru	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				636,044.
2	Undistributed income, if any, as of the end of 2012				
а	Enter amount for 2011 only				1
	Total for prior years 20 10 ,20 09 ,20 08				
3	Excess distributions carryover, if any, to 2012				
а	From 2007 270,490.			ĺ	
b	From 2008 176,722.				
С	From 2009				i L
d	From 2010				
е	From 2011 61, 673.	-			
f	Total of lines 3a through e	508,885.			<del></del>
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$ 680,455.			-	•
а	Applied to 2011, but not more than line 2a				
b	Applied to undistributed income of prior years				,
	(Election required - see instructions)				•
С	Treated as distributions out of corpus (Election required - see instructions)				r
d	Applied to 2012 distributable amount	,			636,044.
	Remaining amount distributed out of corpus	44,411.			
5	Excess distributions carryover applied to 2012				
	(If an amount appears in column (d), the same	,			l
6	amount must be shown in column (a) ) Enter the net total of each column as	,			
	indicated below:	****			- A
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	553,296.			
b	Prior years' undistributed income Subtract			i	•
	line 4b from line 2b				
С	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 instructions				
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2012 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2013				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	270,490.		:	
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a	282,806.			
10	Analysis of line 9				
	Excess from 2008 176,722.				
b	Excess from 2009				
С	Excess from 2010				
d	Excess from 2011 61,673.				
е	Excess from 2012 44,411.				

unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under

a The name, address, and telephone number or e-mail 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

ATCH 12

c Any submission deadlines

APPLICATION SHOULD BE SUBMITTED TO THE FOUNDATION BY MARCH 31ST.

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

ATCH 13

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin	ng the Year or Appi	oved for I	-uture Payment	<del></del>
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
	or substantial contributor	recipient	CONTIDUION	
Name and address (home or business)  a Paid during the year  SEE ATTACHMENT 14	if recipient is an individual show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount 669,486.
Total			200	669,486.
b Approved for future payment	<u> </u>	<del></del>		00371001
NONE				
Total				

Part XVI	10012	1	vities ated business income	Excluded by	y section 512, 513, or 514	(e)
	amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	(d)	Related or exempt function income
-	service revenue	- Cusiness code	Amount	Exclusion code	Amount	(See instructions)
				<u> </u>		
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
	n savings and temporary cash investments					
4 Dividend	is and interest from securities		<u></u>	14	335,653.	
5 Net rent	al income or (loss) from real estate					
	-financed property					
b Not o	lebt-financed property					
6 Net renta	I income or (loss) from personal property .			ļ		
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory			18	251,662.	
9 Net inco	me or (loss) from special events					
10 Gross pi	rofit or (loss) from sales of inventory					
	venue a			1.0		
b OT	HER PARTNERSHIP INCOME			18	4,831.	
c				-		
d				<del>                                     </del>		
е		11474			500 146	
10 C		- Au - 2			592,146.	
12 Subtotal	Add columns (b), (d), and (e)				·	E00 146
13 Total. Ad	Add columns (b), (d), and (e)				13	592,146.
13 Total. Ad (See worksh	dd fine 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc	ulations)				592,146.
See worksh	neet in line 13 instructions to verify calci B Relationship of Activities	ulations) to the Ac	complishment of Ex	cempt Purp	oses	
See worksh Part XVI- Line No.	neet in line 13 instructions to verify calcing Relationship of Activities  Explain below how each activity	ulations) to the Ac	complishment of Ex	rempt Purp	ooses e) of Part XVI-A contrib	uted importantly to the
See worksh	neet in line 13 instructions to verify calci B Relationship of Activities	ulations) to the Ac	complishment of Ex	rempt Purp	ooses e) of Part XVI-A contrib	uted importantly to the
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See worksh Part XVI- Line No.	neet in line 13 instructions to verify calcing Relationship of Activities  Explain below how each activity	ulations) to the Ac	complishment of Ex	rempt Purp	ooses e) of Part XVI-A contrib	uted importantly to the
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See worksh Part XVI- Line No.	neet in line 13 instructions to verify calcing Relationship of Activities  Explain below how each activity	ulations) to the Ac	complishment of Ex	rempt Purp	ooses e) of Part XVI-A contrib	uted importantly to the

Part	XVII			nsfers To and Tra	nsacti	ons and	Relation	ships With None	chari	table	)
11	n sect			engage in any of the forection 501(c)(3) organ						Yes	No
			-	a noncharitable exemp							Ų
	(1) Cash								1a(1)		X
		ner assets transactions						• • • • • • • • • • •	1a(2)		<u> </u>
			ncharitable exem	npt organization					1 b(1)		X
				ole exempt organization					1b(2)		Х
				assets					1b(3)		Х
									1b(4)		Х
(	<b>5)</b> Loa	ans or loan guarantee	es						1 b(5)		X
				p or fundraising solicita					1b(6)		X
				s, other assets, or paid					1c		X
				s," complete the follow ses given by the repor							
				ement, show in colum							
(a) Line		(b) Amount involved		oncharitable exempt organiza				ers, transactions, and shar			
<u> </u>		N/A	.,			N/A					
	[										
	-								-		
	-										
		-									
-		<del></del>			-						
			<u> </u>								
c	describ	ped in section 501(c)	of the Code (otl	liated with, or related her than section 501(c				t organizations [	Ye	s X	] No
<u> D</u> I	1 162	" complete the follogous (a) Name of organization		(b) Type of organi	ızatıon			(c) Description of relations	hip		
								<u>i</u>			
				<del> </del>		<u>l.</u>		<del> </del>			
Sign	Under	penalties of perjury, I declar t, and complete Declaration of	are that I have examine f preparer (other than tax	ed this return, including accom payer) is based on all information	ipanying sch n of which p	nedules and sta reparer has any	tements and t knowledge	to the best of my knowledg	e and b	elief, it	is true,
Here		Rom To Re		1 4/8/14		Sucr	itry	May the IRS			
пеге	. —	nature of officer or trustee	Jo Je	Date Date	-	Title /	<del></del>	with the pre	eparer s	7 r	X No
			U			quai	Owest		٠, ـــــ	J . 03 L	
Paid		Print/Type preparer's		Preparer's signature		9	Date	(Check) III	PTIN		
	0 <b>2</b> 0 -	KATHLEEN MOSEI	LEY	There	m.		04/04/	self-employed	P001	1676	0
•	parer Firm's name ► ERNST & YOUNG							Firm's EIN ▶ 34-65	6559	96	
Use (	Uniy	p 201 imit Singal, Solid 1200				<b>-</b> *					
		Į FO	RT WORTH,	TX		7610		Phone no 817-34			(2012)
								F	om 990	V-77	(2012)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization THE NICHOLAS B. OTT	Employer identification number							
	14-1505939							
Organization type (check or	ne)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a priv	rate foundation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private	foundation						
	501(c)(3) taxable private foundation							
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule See						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ one contributor Complete Parts I and II	55,000 or more (in money or						
Special Rules								
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % su 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, du \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (i and II	uring the year, a contribution of						
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received tal contributions of more than \$1,000 for use <i>exclusively</i> for religious, poses, or the prevention of cruelty to children or animals. Complete Pa	charitable, scientific, literary,						
during the year, co not total to more t year for an <i>exclusi</i>	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received ontributions for use <i>exclusively</i> for religious, charitable, etc., purposes, han \$1,000. If this box is checked, enter here the total contributions the vely religious, charitable, etc., purpose. Do not complete any of the paranization because it received nonexclusively religious, charitable, etc., ear	but these contributions did nat were received during the rts unless the <b>General Rule</b> , contributions of \$5,000 or						
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does no ust answer "No" on Part IV, line 2 of its Form 990, or check the box o -PF, to certify that it does not meet the filing requirements of Schedule	n line H of its Form 990-EZ or on						
For Panenwork Peduction Act Not	ice see the Instructions for Form 990, 990,F7, or 990,PF	hedule B (Form 990, 990-F7, or 990-PF) (2012)						

Name of organization THE NICHOLAS B. OTTAWAY FOUNDATION, INC.

Employer identification number
14-1505939

raiti	Contributors (see instructions) Ose duplicate copies of Fai	t i ii additional space is need	ieu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	P.O. BOX 401  CAMPBELL HALL, NY 10916	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	JAY OTTAWAY  P.O. BOX 401  CAMPBELL HALL, NY 10916	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>-</b>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

14-1505939

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
<del>-</del>		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Name of organization THE NICHOLAS B. OTTAWAY FOUNDATION, INC.

**Employer identification number** 

14-1505939

Part III	Exclusively religious,	charitable, etc.	, individual c	ontributions (	to section 5	501(c)(7), (8)	), or (10) organiz	ations
	that total more than	\$1,000 for the v	ear. Complet	e columns (a)	) through (e	e) and the fo	ollowing line entr	γ.

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.) > \$ Use duplicate copies of Part III if additional space is needed

	ose auplicate copies of Fart III if additit	onal space is necuce	4	
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	er of aift	
		(2)	s. g	
	Transferee's name, address, ar	nd Z!P + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of aift	
		(-,	<b>3</b>	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				<b></b>
		(e) Transfe	er of aift	
		• • •	J	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) Na			-	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
		, ,	-	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
	İ			

# FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	152,867. 60,322. 78,692. 63. 29,725. 8,331. 5,653.	335,653.
REVENUE AND EXPENSES PER BOOKS	152,867. 60,322. 78,692. 63. 29,725. 8,331. 5,653.	335, 653.
DESCRIPTION	UBS INTEREST UBS DIVIDENDS LCS SECURITIES, LLC - DIVIDENDS CHARLES SCHWAB - DIVIDENDS FIDELITY - DIVIDENDS 683 CAPITAL PARTNERS, LP - INTEREST 683 CAPITAL PARTNERS, LP - DIVIDENDS	TOTAL

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	I NCOME
H	OTHER FAKINEKSHIF

	NET	INVESTMENT	INCOME	4,831.
REVENUE	AND	EXPENSES	PER BOOKS	4,831.

INCOME	
4,831.	4,831.

TOTALS

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ATTACHMENT 3

CHARITABLE PURPOSES	4,000.	4,000.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	4,000.	4,000.
REVENUE AND EXPENSES PER BOOKS	.000.8	8,000.
		TOTALS
DESCRIPTION	ERNST & YOUNG, LLP	

PROFESSIONAL FEES	
OTHER	
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Ι	
PART	
990PF,	
FORM	

NET INVESTMENT	INCOME	68,202.
REVENUE AND EXPENSES	PER BOOKS	68,202.
		ISORY
	DESCRIPTION	INVESTMENT ADVISORY

68,202.

68,202.

TOTALS

TAXES	
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PART	
990PF,	
FORM	

NET INVESTMENT INCOME	7,819.	7,819.
REVENUE AND EXPENSES PER BOOKS	288. 7,819.	8,107.
		TOTALS
DESCRIPTION	FEDERAL TAXES FOREIGN TAX EXPENSE	

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990

ATTACHMENT 6

CHARITABLE	PURPOSES 695	170.	2,149.			375.	3,389.
NET INVESTMENT	INCOME			11,226.	13,057.	375.	24,658.
		170.	2,149.	11,226.	13,057.	750.	28,671.
	DESCRIPTION & SUBSCRIPTIONS	POSTAGE	MISCELLANEOUS OFFICE EXPENSE INSURANCE	683 CAPITAL PARTNERS INT EXP	683 CAPITAL PARTNERS INV EXP	NYS FILING FEE	TOTALS

STOCK	
CORPORATE	
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ART II	

ATTACHMENT 7

ENDING <u>FMV</u>	2,385,343. 2,655,264. 904,073. 304,363. 1,495,914.	· / (/
ENDING BOOK VALUE	1,923,453. 2,572,433. 864,926. 378,097. 1,309,015.	• F 7 / 1 / F C / /
NOI	SECURITIES, LLC 17856 17857 17858. 17859	);;;);
DESCRIPTION	LCS SECUR UBS 17856 UBS 17857 UBS 17859 UBS 17859	

# FORM 990PF, PART II - OTHER INVESTMENTS

ATTACHMENT 8

DESCRIPTION	ENDING BOOK VALUE
FIDELITY GINNIE MAE FUND	1,394,97
LEVIN CAPITAL TRILOGY OFFSHORE	1,216,08
NS CAPITAL OFFSHORE, LTD	1,216,08
683 LP	851,3

TOTALS

ENDING <u>EMV</u>	1,436,287. 1,189,988. 1,393,766. 941,947.	4,961,988.
ENDING BOOK VALUE	1,394,912. 1,216,088. 1,216,088. 851,346.	4,678,434.

### FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S NAME:

WATERSHED POST

GRANTEE'S ADDRESS:

PO BOX 323

CITY, STATE & ZIP: NEW KINGSTON, NY

12459

GRANT DATE:

07/24/2013

GRANT AMOUNT:

15,000.

GRANT PURPOSE:

SUPPORT JOURNALISM

AMOUNT EXPENDED:

15,000.

ANY DIVERSION?

NO

DATES OF REPORTS:

07/24/2013 07/24/2013

VERIFICATION DATE: RESULTS OF VERIFICATION:

NO EXCEPTIONS FOUND

MH7710 2755 PAGE 27

	0	0	0	0	0	0
COMPENSATION	0	0	0	0	0	0
TITLE AND AVERAGE HOURS PER	TRUSTEE	TRUSTEE	TRUSTEE	TRUSTEE	TRUSTEE	TRUSTEE/VP
WEEK DEVOTED TO POSITION	2.00	1.00	1.00	1.00	2.00	1.00
NAME AND ADDRESS	JAMES H. OTTAWAY	CHRISTOPHER H. OTTAWAY	JAMES W. OTTAWAY	DAVID B. OTTAWAY	MARINA S. OTTAWAY	ALEXANDRA OTTAWAY
	P.O. BOX 401					
	CAMPBELL HALL, NY 10916					

0

ATTACHMENT 10

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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FORM 990PE, PART VIII - LIST OF OFFICERS,	CERS, DIRECTORS, AND TRUSTEES		ATTACHMENT 10	(CONT'D)
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION		
DR. FRANK ALEXEI SHERER P.O. BOX 401 CAMPBELL HALL, NY 10916	TRUSTEE/PRESIDENT 1.00	0	0	0
ERIC B. OTTAWAY P.O. BOX 401 CAMPBELL HALL, NY 10916	TREASURER 2.00	0	0	0
MARY H. OTTAWAY P.O. BOX 401 CAMPBELL HALL, NY 10916	TRUSTEE 1.00	0	0	0
KATRIN OTTAWAY-VELDER P.O. BOX 401 CAMPBELL HALL, NY 10916	TRUSTEE 1.00	0	0	0
ROBIN H. OTTAWAY P.O. BOX 401 CAMPBELL HALL, NY 10916	TRUSTEE 1.00	0	0	0
HENRY NAULT P.O. BOX 401 CAMPBELL HALL, NY 10916	TRUSTEE 1.00	0	0	0

0

0

0

0

0

	COMPENSATION	
TITLE AND AVERAGE HOURS PER	WEEK DEVOTED TO POSITION	
	NAME AND ADDRESS	

CHRISTINE SHERER P.O. BOX 401 CAMPBELL HALL, NY 10916	TRUSTEE 1.00	0	0
RUTH OTTAWAY P.O. BOX 401 CAMPBELL HALL, NY 10916	TRUSTEE 1.00	0	0

RUTH SHERER	TRUSTEE	0	0
P.O. BOX 401	1.00		
CAMPBELL HALL, NY 10916			

BONNIE BURGOYNE	EXEC DIR/SECRETARY	4,810.	0	
P.O. BOX 401.	4.00			
CAMPBELL HALL, NY 10916				

AUDRA OTTAWAY	TRUSTEE	0	0
P.O. BOX 401	1.00		
CAMPBELL HALL, NY 10916			

	0	
	0	4,810.
	TRUSTEE 1.00	GRAND TOTALS
CAMPBELL HALL, NY 10916	LISA ORLOFF P.O. BOX 401 CAMPBELL HALL, NY 10916	

ATT	Δ	H	MF.	NТ	1	1
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### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

BONNIE BURGOYNE P.O. BOX 401 CAMPBELL HALL, NY 10916 845-636-4260

MH7710 2755 PAGE 31

~		7 OTT 1 1 TO 1 TO	10
Δ	.11.	ACHMENT	- 1 /

### 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

APPLICATION SHOULD BE SUBMITTED IN BUSINESS LETTER FORM DISCLOSING ALL PERTINENT FACTS RELATIVE TO SUCH REQUEST.

MH7710 2755 PAGE 32

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AIIA	CHMENI	13

### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THERE ARE NO RESTRICTIONS OR LIMITATIONS ON AWARDS SUCH AS BY GEOGRAPHICAL AREAS, CHARITABLE FIELDS, KINDS OF INSTRUCTIONS OR OTHER FACTORS.

MH7710 2755 PAGE 33

# The Nicholas B. Ottaway Foundation EIN: 14-1505939 Year End: 5/31/13 Form: 990 PF, Part XV, A

Grant Receipent	Foundation Status of Recipient	<u>Purpose of</u> <u>Grant</u>	Amount
AVID Math Tutoring 3250 Monroe St Santa Clara 95051-1153	Public 509(a)(2)	Education	37,986
Brooklyn Children's Museum 145 Brooklyn Avenue Brooklyn, New York 11213	Public 509(a)(1)	Education	50,000
Buck Hills Skytop Music Festival PO Box 323 Mountainhome, PA 18342	Public 509(a)(1)	Education	10,000
Center for Responsive Politics 1101 Fourteenth Street NW Suite 1030 Washington, DC 20005	Public 509(a)(1)	General Operations	15,000
Children's Media Project Lady Washington Firehouse 20 Academy Street Poughkeepsie, NY 12601	Public 509(a)(2)	General Operations	25,000 -
Committee to Protect Journalists 330 7th Avenue, 11th Floor New York, New York 10001	Public 509(a)(1)	Journalism	25,000
Community Reporting Alliance 20 West Avenue Chester, NY 10918	Public 509(a)(1)	Journalism	7,000
Cristo Rey High School 40 Norris St Cambridge, MA 02140	Public 509(a)(1)	Education	50,000
Figure Skating of Harlem, Inc 361 Wast 125th Street 2nd Floor New York, NY 10027	Public 509(a)(1)	Education	15,000
Floating Hospital P O Box 3391 New York, NY 10163	Public 509(a)(1)	General Operations	20,000
Freedom House 1301 Conneticut Ave , NW , Floor 6 Washington, DC 20036	Public 509(a)(1)	Journalism	25,000
Harlem RBI 333 East 100th Street New York, NY 10029	Public 509(a)(1)	Education	50,000

### The Nicholas B. Ottaway Foundation EIN: 14-1505939

Year End: 5/31/13 Form: 990 PF, Part XV, A

<u>Grant Receipent</u>	Foundation Status of Recipient	Purpose of Grant	<u>Amount</u>
Hunter College 695 Park Avenue New York, New York 10065	Public' 509(a)(1)	General Operations	10,000
Hyde Square Task Force PO Box 301871 Jamaica Plains, Massachusetts 02130	Public 509(a)(1)	Health, Welfare and Education	15,000
Institute of Journalism and Natural Resources PO Box 1996 Missoula, MT 59806	Public 509(a)(1)	Journalism	20,000
lowa Center for Public Affairs Journalism PO Box 2178 Lowa City, IA 52244	Public 509(a)(1)	Journalism	20,000
JFYNetWorks 125 Tremont Street, 2nd Floor Boston, MA 02108	Public 509(a)(2)	Education	83,000
Legislative Gazette PO Box 7329 Albany, NY 12224	Public 509(a)(1)	Journalism for the State University of NY and Community Reporting Alliance	15,000
Long Island University - George Polk Awards 700 Northern Boulevard Brookville , New York 11548	Public 509(a)(1)	Journalism	15,000
Maine Center for Public Interest Reporting PO Box 284 Hallowell, ME 04347	Public 509(a)(1)	Journalism	25,000
Metropolitan Opera Guild 70 Lincoln Center Plaza 6th Floor	Public 509(a)(2)	Arts in the Community	7,500
New York, New York 10023  Prevent Blindness 211 West Wacker Drive Suite 1700 Chicago, Illinois 60606	Public 509(a)(1)	General Operations	20,000
Rockland Conservatory of Music 45 South Main Street Pearl River, NY 10965	Public 509(a)(1)	Outreach & access to music program	20,000
SEED Foundation 1776 Massachusetts Avenue, NW Suite 600 Washington, DC 20036	Public 509(a)(1)	Education	50,000

The Nicholas B. Ottaway Foundation EIN: 14-1505939 Year End: 5/31/13 Form: 990 PF, Part XV, A

Grant Receipent	Foundation Status of Recipient	Purpose of Grant	<u>Amount</u>
Silicon Valley Toxics Coalition 760 N First Street San Jose, CA 95112	Public 509(a)(1)	General Operations	9,000
Trout Unlimited 1300 North 17th Street Suite 500 Arlington, Virgina 22209	Public 509(a)(1)	Health and Welfare	15,000
Watershed Post PO Box 323 New Kingston, NY 12459	Public See Attachment 9	Journalism	15,000
Total Grants Paid			669,486

### **SCHEDULE D** (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number

Т	THE NICHOLAS B. OTTAWAY FOUNDA	TION, INC.			14-15059	39	
Note	: Form 5227 filers need to complete only Pa	rts I and II					
Par	t   Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
	Fata the short term can be flowed if any f	inan Cabadula D	1 len 1h			46	107 002
D	Enter the short-term gain or (loss), if any, f	rom Schedule D	-1, line ID			1b	187,893.
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners					3	
4	Short-term capital loss carryover Enter		•			4	,
5	Carryover Worksheet			n (f) Enter here and		<del></del> -	,
Do	column (3) on the back	eene - Aeente	Hold More T	han One Vear	<u></u> ▶	5	187,893.
Par	(a) Description of property	(b) Date acquired			(e) Cost or other	haeie	(f) Gain or (loss) for
	(Example 100 shares 7% preferred of "Z" Co )	(mo , day, yr )	(mo , day, yr )	(d) Sales price	(see instructio		the entire year Subtract (e) from (d)
6a							
			<del></del> .				
	Enter the long term gain or (long) if any fr	am Cabadula D	1 kmo 6h	<u> </u>	<u>-</u>	C.L.	63 760
D	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 60			6b	63,769.
7	Long-term capital gain or (loss) from Form	is 2439, 4684, (	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partnersl	nips, S corporat	ons, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter	the amount, if	any, from lin	e 14 of the 2011	Capital Loss		
12	Carryover Worksheet	nes 6a through		n (f) Enter here and	on line 14a,	11	,
	column (3) on the back	<u> </u>				12	63,769.
ror P	aperwork Reduction Act Notice, see the Instru	ctions for Form 1	U41.		Sc	nedul	e D (Form 1041) 2012

Sche	dule D (Form 1041) 2012			Page <b>2</b>
		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)			187,893.
14	Net long-term gain or (loss):			
	Total for year			63,769.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	· · · · · · · · · · · · · · · · · · ·		
4 E	28% rate gain			251,662.
Note gains	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 6, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, cossary	990-T, Part I, line 4 complete Part IV and	a) If lines 14a and 1 d the Capital Loss Ca	5. column (2), are ne
Pai	t IV Capital Loss Limitation			
16 Note Loss	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line The loss on line 15, column (3) or b \$3,000	4c, if a trust), the sn	naller of	, complete the <b>Capita</b>
	Tax Computation Using Maximum Capital Gains Rates			
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2)		mount is entered in	Part I or Part II and
• E • B	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than z tion: Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the instruction of the line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero of 1990-T trusts. Complete this part only if both lines 14a and 15 are gains	ons if	lends are included	in income in Part
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and conher line 14b, col. (2) or line 14c, col. (2) is more than zero.			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	. 17		
18	Enter the smaller of line 14a or 15 in column (2)			
	but not less than zero			
19	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) . 19	-		
20	Add lines 18 and 19	-		
21	amount from line 4g, otherwise, enter -0 > 21			
22	Subtract line 21 from line 20 If zero or less, enter -0-	7 22		
23	Subtract line 22 from line 17 If zero or less, enter -0-	23		
		•		
24	Enter the smaller of the amount on line 17 or \$2,400	. 24		
25	Is the amount on line 23 equal to or more than the amount on line 24?  Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			
	No. Enter the amount from line 23	. 25		
26	Subtract line 25 from line 24	. 26		
27	Are the amounts on lines 22 and 26 the same?  Yes. Skip lines 27 thru 30, go to line 31  No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	. 28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% ( 15)		30	
31	Figure the tax on the amount on line 23 Use the 2012 Tax Rate Sched (see the Schedule Ginstructions in the instructions for Form 1041)	lule for Estates an	d Trusts	
32	Add lines 30 and 31		32	
33	Figure the tax on the amount on line 17 Use the 2012 Tax Rate Sched	fule for Estates an	d Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)	<u>.</u>	33	· · · · · · · · · · · · · · · · · · ·
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and G, line 1a (or Form 990-T, line 36)		1 1	

PAGE 37

### SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

0040

Department of the Treasury Internal Revenue Service Attach to Schedule D to list additional transactions for lines 1a and 6a.
 ▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs gov/form1041.

2012

OMB No 1545-0092

Name of estate or trust

Employer identification number

14-1505939 THE NICHOLAS B. OTTAWAY FOUNDATION, INC. Short-Term Capital Gains and Losses - Assets Held One Year or Less (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co ) (e) Cost or other basis (f) Gain or (loss) Subtract (e) from (d) (c) Date sold (mo , day, yr ) acquired (mo , day, yr ) (d) Sales price (see instructions) 1a TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS 30,010. UBS - PUBLICLY TRADED SECURITIES 1,427,629. 1,431,687. -4,058. LCS SECURITIES 1,110,799. 958,056. 152,743. CHARLES SCHWAB 5,287. 4,994. 293. 4,838. FIDELITY 83,912. 79,074. LEVIN CAPITAL TRILOGY OFFSHORE 83,912. 83,912. NS CAPITAL OFFSHORE, LTD. 83,912. 83,912. 13,012. 8,945. 4,067. 683 CAPITAL PARTNERS, LP

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . . . . . . . . .

187,893.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

Part    Long-Term Capital Gains a		ts Held More Th	an One Year		·
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS					62 760
GAIN DIVIDENDS					63,769
<u> </u>					
			<u> </u>		
				1	
		<u> </u>			
			:	•	
6b Total. Combine the amounts in column	(f) Enter here and	d on Schedule D, lir	ne 6b		63,769

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description					Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	Н	Gain or (loss)	
expenses of sale	allowable	basis   12/31/69   12/31/69   adi basis  TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS  PROPERTY TYPE: SECURITIES		P	30,010.			
		l.	TERM CAPITA PE: SECURIT		DENDS	P	63,769.	
		1	CLY TRADED PE: SECURIT			P	VAR	V
1,427,629.		1,431,687.	PE. SECORII	163			-4,058.	
		LCS SECURIT	TIES TPE: SECURIT	T F.S		Р	VAR	V
1,110,799.		958,056.	TE. OBCORTI	110			152,743.	
		CHARLES SCH	WAB PE: SECURIT	TES		Р	VAR	V
5,287.		4,994.	TH. OBCORT	110			293.	
		FIDELITY	PE: SECURIT	TFS		Р	VAR	V
83,912.		79,074.	ra. Shouri	100		!	4,838.	
83,912.	•	LEVIN CAPIT PROPERTY TY 83,912.	AL TRILOGY PE: SECURIT			P	VAR	V.
83,912.		NS CAPITAL PROPERTY TY 83,912.	OFFSHORE, L PE: SECURIT			P	VAR	V
			PARTNERS,			Р	VAR	V.
13,012.		8,945.	PE: SECURIT	IES			4,067.	
OTAL GAIN(LO:	SS)						251,662.	
İ								
A 1 000					*****			

### Form **8868**

(Rev January 2013)

Department of the Treasury
Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

THE THE TYPE THE	3 001100						
	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Mo				▶X		
Do not comp	<b>ilete Part II unless</b> you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed Form 8868	3		
a corporation 8868 to req Return for	ling (e-file). You can electronically file Form of the required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the	ial (not aut forms liste I Benefit (	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time. You can electronical with the exception of Form 8870, I t be sent to the IRS in paper for	ly file Form Information ormat (see		
Part I Au	tomatic 3-Month Extension of Time. On	ıly submıt	original (no copies no	eeded).			
A corporatio	n required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete			
Part I only .				<u>.</u> <u>.</u>	▶∟		
•	porations (including 1120-C filers), partnersh	ıps, REMIC	Cs, and trusts must use i				
to file incom	e tax returns  Name of exempt organization or other filer, see in	structions		Enter filer's identifying number, se			
Type or print			TMC	Employer identification number (EIN) or			
File by the	THE NICHOLAS B. OTTAWAY FOUND.  Number, street, and room or suite no If a P O box			14-1505939  Social security number (SSN)			
due date for	P.O. BOX 401	.,	3.131.13	Social security number (SSN)			
filing your return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions				
instructions	CAMPBELL HALL, NY 10916		·				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application fo	or each return)	0 4		
Application		Return	Application		Return		
ls For		Code	Is For		Code		
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	tion)	07		
Form 990-Bl		02	Form 1041-A		08		
Form 4720-		03	Form 4720	· · · · · · · · · · · · · · · · · · ·	09		
Form 990-PF		04	Form 5227		10		
	(sec 401(a) or 408(a) trust) (trust other than above)	05 06	Form 6069 Form 8870		12		
FUIII 990-1	(trust other than above)		1 onii 0070		12		
The books	s are in the care of   BONNIE BURGOYNE	Ξ					
Telephone	e No ▶ 845 636-4260		FAX No ▶				
	anization does not have an office or place of l				▶□		
	or a Group Return, enter the organization's fo						
	e group, check this box		art of the group, check	this box ▶ 💹 and att	ach		
	e names and EINs of all members the extensi			7 T) - 1	<del></del>		
	st an automatic 3-month (6 months for a cor		•				
until	organization's return for	exempt org	janization return for the	e organization named above. The e	xtension is		
	calendar year 20 or						
	tax year beginning 06/0	1 , 2012	and ending	05/31 , <b>20</b> 13			
	ax year entered in line 1 is for less than 12 m						
c	hange in accounting period						
nonrefu	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 5,750.						
	application is for Form 990-PF, 990-T,						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS.						
	e due. Subtract line 3b from line 3a Include onic Federal Tax Payment System) See instru		ent with this form, if re	quired, by using EFTPS 3c \$	5,750.		
	are going to make an electronic fund withdrawal		orm 8868, see Form 8453	<del> </del>			
For Privacy A	ct and Paperwork Reduction Act Notice, see Instr	uctions.		Form 8868	(Rev 1-2013)		

Form 88	68 (Rev 1-2013)				Page 2	
	u are filing for an Additional (Not Automatic) 3-Mo	onth Exter	sion, complete only Part	Il and check this box	<del></del>	
	Only complete Part II if you have already been grain					
<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, o					
Part I	Additional (Not Automatic) 3-Month Ex	ctension c	of Time. Only file the orig	ginal (no copies needed)		
			E	nter filer's identifying number, se	e instructions	
				Employer identification number (	EIN) or	
Туре	pe or					
print	THE NICHOLAS B. OTTAWAY FOUND	14-1505939	05939			
-	Number, street, and room or suite no. If a P.O. box	x, see instru	ctions	Social security number (SSN)		
File by the due date						
filing you return Se		a foreign ad	dress, see instructions			
instructio						
Enter ti	he Return code for the return that this application	is for (file a	a separate application for e	ach return)	0 4	
Applica		Return	Application			
ls For		Code	Is For		Code	
Form 9	90 or Form 990-EZ	01	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	The second second	ال المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية الم	
Form 9		02	Form 1041-A		08	
	720 (individual)	03	Form 4720		09	
Form 9		04	Form 5227		10	
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			
	90-T (trust other than above)	06	Form 8870	11		
	Do not complete Part II if you were not already		automatic 3-month exte	nsion on a previously filed For	rm 8868.	
	books are in the care of ▶ BONNIE BURGOYNI		,			
	phone No ▶ 845 636-4260		FAX No ▶			
	e organization does not have an office or place of	— business ır	the United States, check t	his box	▶ □	
	s is for a Group Return, enter the organization's for				his is	
	whole group, check this box ▶ ☐				ttach a	
	the names and EINs of all members the extension		<b>U</b> 17			
	request an additional 3-month extension of time ur		(	04/15 , <b>20</b> 14		
	or calendar year , or other tax year beginni				<b>20</b> 13	
	the tax year entered in line 5 is for less than 12 m			eturn Final return		
Ī	Change in accounting period	,				
7 S	tate in detail why you need the extension ADDIT	IONAL T	IME IS NEEDED TO C	OLLECT ALL THE		
	NFORMATION NECESSARY TO FILE A COM					
_						
8a If	this application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the ten	tative tax, less any		
n	onrefundable credits. See instructions			8a  \$	5,750.	
b lf	this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refur	ndable credits and	·	
e	stimated tax payments made. Include any pri	or year o	overpayment allowed as	a credit and any		
aı	mount paid previously with Form 8868		8b \$	5,750.		
c B	alance Due. Subtract line 8b from line 8a Include	ent with this form, if requi				
(E	Electronic Federal Tax Payment System) See instru	ctions		8c \$	0	
•	Signature and Verifica		st be completed for F			
	enalties of perjury, I declare that I have examined this form,	including acc	•	<u> </u>	dge and belief,	
it is true,	correct, and complete, and that I am authorized to prepare this fo	rm				
Cunnat			THE TAV MANACED	Date ▶ 01/08	R/14	
Signature	: P		Title ► TAX MANAGER		Rev 1-2013)	
				1 0000	, (1764 1-5013)	