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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

Name of foundation BBL CHARITABLE FOUNDATION		A Employer identification number 14-1810413
Number and street (or P O box number if mail is not delivered to street address) Room/suite PO BOX 12789		B Telephone number (see instructions) (518) 452-8200
City or town, state or province, country, and ZIP or foreign postal code ALBANY, NY 12212		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 293,877	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(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)	611,946			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain				
	9 Income modifications				
	10a 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	611,946		0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0		0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	25		0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	25		0	0
	25 Contributions, gifts, grants paid	362,500			362,500
26 Total expenses and disbursements. Add lines 24 and 25	362,525		0	362,500	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	249,421				
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (if negative, enter -0-)					

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Part II Balance Sheets		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	44,456	293,877	293,877		
	2	Savings and temporary cash investments					
	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 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					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	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)	44,456	293,877	293,877			
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 ▶ <input checked="" type="checkbox"/>						
	and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	44,456	293,877			
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>						
	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						
30	Total net assets or fund balances (see page 17 of the instructions)	44,456	293,877				
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	44,456	293,877				

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	44,456
2	Enter amount from Part I, line 27a	2	249,421
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	293,877
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	293,877

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			

(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			
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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	
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 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))
2012	430,100	163,089	2.637210
2011	265,000	57,993	4.569517
2010	360,599	65,906	5.471414
2009	222,997	58,870	3.787957
2008	309,324	61,037	5.067811


2	Total of line 1, column (d).	2	21.533909
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	4.306782
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	4	123,761
5	Multiply line 4 by line 3.	5	533,012
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	0
7	Add lines 5 and 6.	7	533,012
8	Enter qualifying distributions from Part XII, line 4.	8	362,500

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
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	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
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	
11	Enter the amount of line 10 to be Credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a 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	No
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)? <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?.	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?.	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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? <i>If "No," attach explanation .</i>	8b	Yes
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> 	10	Yes

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 instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address NONE	13	Yes	
14	The books are in care of STEPHEN OBERMAYER Telephone no (518) 452-8200 Located at PO BOX 12789 ALBANY NY ZIP+4 12212			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2013, 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? See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
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 2013?	1c		No
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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions).	2b		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2013 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i>)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2013?	4b		No

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

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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 instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d).</p> <p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870.</p> <p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	5b		
	6b		No
	7b		

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 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
STEPHEN OBERMAYER 6 BERKSHIRE DRIVE BALLSTON SPA, NY 12020	DIRECTOR 0 00	0	0	0
KEVIN GLEASON 6630 FULLER STATION ROAD ALTAMONT, NY 12009	DIRECTOR 0 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see 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. 0

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 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.		0

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 CASH DONATION TO ALBANY MEDICAL CENTER	50,000
2 CASH DONATION TO ST PETERS HOSPITAL FOUNDATION	50,000
3 CASH DONATION TO AMERICAN CANCER SOCIETY	20,000
4 CASH DONATION TO GLENVILLE STATE COLLEGE	20,000

Part IX-B Summary of Program-Related Investments (see 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

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	0
b	Average of monthly cash balances.	1b	125,646
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	125,646
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	125,646
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,885
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	123,761
6	Minimum investment return. Enter 5% of line 5.	6	6,188

Part XI Distributable Amount (see 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	6,188
2a	Tax on investment income for 2013 from Part VI, line 5.	2a	
b	Income tax for 2013 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	6,188
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	6,188
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	6,188

Part XII Qualifying Distributions (see 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	362,500
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	
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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	362,500
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	362,500

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 instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				6,188
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only.			0	
b Total for prior years 20__ , 20__ , 20__		0		
3 Excess distributions carryover, if any, to 2013				
a From 2008.				309,333
b From 2009.				223,000
c From 2010.				360,600
d From 2011.				265,000
e From 2012.				430,100
f Total of lines 3a through e.	1,588,033			
4 Qualifying distributions for 2013 from Part XII, line 4 \blacktriangleright \$ <u>362,500</u>				
a Applied to 2012, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2013 distributable amount.				6,188
e Remaining amount distributed out of corpus	356,312			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,944,345			
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.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	0			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions).	309,333			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a.	1,635,012			
10 Analysis of line 9				
a Excess from 2009.	223,000			
b Excess from 2010.	360,600			
c Excess from 2011.	265,000			
d Excess from 2012.	430,100			
e Excess from 2013.	356,312			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

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)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see 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))

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

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 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 <i>Paid during the year</i> See Additional Data Table				
Total				3a 362,500
b <i>Approved for future payment</i>				
Total				3b 0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	NONE	PUBLIC	SUPPORT	50,000
ST PETERS HOSPITAL FOUNDATION 319 SOUTH MANNING BLVD SUITE 114 ALBANY, NY 12208	NONE	PUBLIC	SUPPORT	50,000
UNIVERSITY OF CHARLESTON 2300 MACCORKLE AVE SE CHARLESTON, WV 253041099	NONE	PUBLIC	SUPPORT	20,000
GLENVILLE STATE COLLEGE 200 HIGH STREET GLENVILLE, WV 26351	NONE	PUBLIC	SUPPORT	20,000
AMERICAN CANCER SOCIETY 1 PENNY LANE LATHAM, NY 12110	NONE	PUBLIC	SUPPORT	20,000
MARTIN HEALTH SYSTEMS FOUNDATION PO BOX 9010 STUART, FL 34995	NONE	PUBLIC	SUPPORT	18,000
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	NONE	PUBLIC	SUPPORT	15,000
HELPHOPELIVE 100 MATSONFORD ROAD SUITE 100 RADNOR, PA 19087	NONE	PUBLIC	SUPPORT	12,500
PHELPS HOSPITAL 1 PHELPS LANE SUITE 106 SLEEPY HOLLOW, NY 10591	NONE	PUBLIC	SUPPORT	10,000
PAUL SMITH'S COLLEGE PO BOX 265 PAUL SMITHS, NY 129700265	NONE	PUBLIC	SUPPORT	10,000
NORTHEAST PARENT & CHILD SOCIETY 530 FRANKLIN STREET 3RD FLOOR SCHENECTADY, NY 12305	NONE	PUBLIC	SUPPORT	10,000
ALBANY POLICE ATHLETIC LEAGUE 844 MADISON AVE ALBANY, NY 12208	NONE	PUBLIC	SUPPORT	10,000
THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	NONE	PUBLIC	SUPPORT	8,000
PUTNAM HOSPITAL CENTER FOUNDATION 670 STONELEIGH AVENUE CARMEL, NY 10512	NONE	PUBLIC	SUPPORT	5,500
SAINT GREGORY'S SCHOOL FOR BOYS 121 OLD NISKAYUNA ROAD LOUDONVILLE, NY 12211	NONE	PUBLIC	SUPPORT	5,000
Total				362,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MOUNT SAINT MARY COLLEGE 330 POWELL AVENUE NEWBURGH, NY 12550	NONE	PUBLIC	SUPPORT	5,000
MARSHALL UNIVERSITY FOUNDATION PO BOX 1360 HUNTINGTON, WV 25715	NONE	PUBLIC	SUPPORT	5,000
LIVING RESOURCES FOUNDATION 300 WASHINGTON AVE EXTENSION ALBANY, NY 12203	NONE	PUBLIC	SUPPORT	5,000
JEWISH FEDERATION OF NENY 184 WASHIGNTON AVE EXT ALBANY, NY 12203	NONE	PUBLIC	SUPPORT	5,000
THE COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 12203	NONE	PUBLIC	SUPPORT	3,600
FOUNDATION FOR ELLIS MEDICINE 1101 NOTT STREET SCHENECTADY, NY 12308	NONE	PUBLIC	SUPPORT	3,000
CAMC FOUNDATION 3412 STAUNTON AVE CHARLESTON, WV 25304	NONE	PUBLIC	SUPPORT	3,000
THE ADDICTIONS CARE FOUNDATION 90 MCCARTY AVENUE ALBANY, NY 12202	NONE	PUBLIC	SUPPORT	2,000
WWAARC FALL GALA 436 QUAKER RD QUEENSBURY, NY 12804	NONE	PUBLIC	SUPPORT	1,500
YMCA OF THE GREATER CAPITAL REGION INC 466 NEW KARNER ROAD ALBANY, NY 12205	NONE	PUBLIC	SUPPORT	1,000
VOORHEESVILLE BLACKBIRD YOUTH LACROSSE BLACKBIRDLAXLIVECOM VOORHEESVILLE, NY 12186	NONE	PUBLIC	SUPPORT	1,000
USS ALBANY HERITAGE EXHIBIT 2 MANN DRIVE CASTLETON, NY 12033	NONE	PUBLIC	SUPPORT	1,000
TYLER DEMARCO FOUNDATION PO BOX 4807 SCHENECTADY, NY 123040807	NONE	PUBLIC	SUPPORT	1,000
TROY AREA UNITED MINISTRIES 392 SECOND STREET TROY, NY 12180	NONE	PUBLIC	SUPPORT	1,000
TRINITY ALLIANCE 15 TRINITY ALLIANCE ALBANY, NY 12202	NONE	PUBLIC	SUPPORT	1,000
Total				362,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THOMAS PATRICK MORRISON FOUNDATION PO BOX 238 GUILDERLAND, NY 12084	NONE	PUBLIC	SUPPORT	1,000
THE KELBERMAN CENTER 1601 ARMORY DRIVE UTICA, NY 13501	NONE	PUBLIC	SUPPORT	1,000
THE DELMAR REFORMED CHURCH 386 DELAWARE AVE DELMAR, NY 12054	NONE	PUBLIC	SUPPORT	1,000
THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	NONE	PUBLIC	SUPPORT	1,000
THE BRAVE WILL FOUNDATION 371 SCHAUBER ROAD BALLSTON LAKE, NY 12019	NONE	PUBLIC	SUPPORT	1,000
TAYLOR'S HEROES INC PO BOX 185 SARATOGA SPRINGS, NY 12866	NONE	PUBLIC	SUPPORT	1,000
STRIDE ADAPTIVE SPORTS INC 476 NORTH GREENBUSH RD SUITE 9 RENSSELAER, NY 12144	NONE	PUBLIC	SUPPORT	1,000
STEPPING STONES INC PO BOX 539 LAVALETTE, WV 25535	NONE	PUBLIC	SUPPORT	1,000
ST MARY'S ST ALPHONSUS SCHOOL 10-12 CHURH STREET GLENS FALLS, NY 12801	NONE	PUBLIC	SUPPORT	1,000
ST JOSEPH'S MINISTRY MT MCGREGOR CORRECT 1000 MT MCGREGOR ROAD WILTON, NY 12831	NONE	PUBLIC	SUPPORT	1,000
ST JOHN'SST ANN'S OUTREACH CENTER 88 FOURTH AVE ALBANY, NY 12202	NONE	PUBLIC	SUPPORT	1,000
ST AMBROSE SCHOOL 347 OLD LOUDON ROAD LATHAM, NY 12110	NONE	PUBLIC	SUPPORT	1,000
SPINA BIFIDA ASSOCIATION OF NENY 123 SARATOGA ROAD SCOTIA, NY 12302	NONE	PUBLIC	SUPPORT	1,000
SISTER MAUREEN JOYCE CENTER 607 CENTERAL AVE ALBANY, NY 12206	NONE	PUBLIC	SUPPORT	1,000
SIMPLIFYING LIVES FOR A CAUSE INC 105 LAKEHILL RD SUITE 20 BURNT HILLS, NY 12027	NONE	PUBLIC	SUPPORT	1,000
Total				362,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SIENA COLLEGE 515 LOUNDON ROAD LOUDONVILLE, NY 12211	NONE	PUBLIC	SUPPORT	1,000
SCHENECTADY INNER CITY MINISTRY 1055 WENDELL AVE SCHENECTADY, NY 123082807	NONE	PUBLIC	SUPPORT	1,000
SCHENECTADY HOME FURNISHING PROGRAM 603 STATE STREET SCHENECTADY, NY 12305	NONE	PUBLIC	SUPPORT	1,000
SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVENUE SARATOGA SPRINGS, NY 12866	NONE	PUBLIC	SUPPORT	1,000
SARATOGA BRIDGES NYSARC INC SARATOGA BRIDGES BLVD BALLSTON SPA, NY 12010	NONE	PUBLIC	SUPPORT	1,000
RENSSELAERVILLE HISTORICAL SOCIETY PO BOX 8 RENSSELAER, NY 12147	NONE	PUBLIC	SUPPORT	1,000
QUEST FOR GRACE FOUNDATION 1482 ERIE BLVD SCHENECTADY, NY 12305	NONE	PUBLIC	SUPPORT	1,000
PROSPECT CHILD & FAMILY CENTER 133 AVIATION ROAD QUEENSBURY, NY 12804	NONE	PUBLIC	SUPPORT	1,000
OUT OF THE PITS RESCUE PO BOX 2311 ALBANY, NY 12220	NONE	PUBLIC	SUPPORT	1,000
NORTHEAST KIDNEY FOUNDATION 501 NEW KARNER ROAD SUITE 6 ALBANY, NY 12205	NONE	PUBLIC	SUPPORT	1,000
NICK'S FIGHT TO BE HEALED FOUNDATION INC 16 CARPENTERS WAY CLIFTON PARK, NY 12065	NONE	PUBLIC	SUPPORT	1,000
NATIONAL CTR MISSING & EXPLOITED CHILDREN 359 BALLSTON AVENUE SUITE 2 SARATOGA SPRINGS, NY 12866	NONE	PUBLIC	SUPPORT	1,000
LIBERTY MONTGOMERY COUNTY CHAPTER NYSARC 43 LIBERTY DRIVE AMSTERDAM, NY 12010	NONE	PUBLIC	SUPPORT	1,000
JOSEPH'S HOUSE AND SHELTER 74 FERRY STREET TROY, NY 12180	NONE	PUBLIC	SUPPORT	1,000
I AM I CAN INC PO BOX 1602 CLIFTON PARK, NY 12065	NONE	PUBLIC	SUPPORT	1,000
Total				362,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
HUDSON CROSSING PARK PO BOX 144 SCHUYLERVILLE, NY 12871	NONE	PUBLIC	SUPPORT	1,000
HOWELL'S MILL CHRISTIAN ASSEMBLY 99 CHRISTIAN CAMP ROAD ONA, WV 25545	NONE	PUBLIC	SUPPORT	1,000
HOUSING OUTREACH PROJECT EXPRESS 1033 VIRGINIA STREET EAST CHARLESTON, WV 25301	NONE	PUBLIC	SUPPORT	1,000
HOPE HOUSE INC 573 LIVINGSTON AVE ALBANY, NY 12206	NONE	PUBLIC	SUPPORT	1,000
HILLTOWN COMMUNITY RESOURCE CENTER PO BOX 147 566 STATE ROUTE 143 WESTERLO, NY 12193	NONE	PUBLIC	SUPPORT	1,000
GRASSROOT GIVERS PO BOX 84 DELMAR, NY 12054	NONE	PUBLIC	SUPPORT	1,000
GOLDEN GIRL GROUP HOME PO BOX 876 999 B STREET CEREDO, WV 25507	NONE	PUBLIC	SUPPORT	1,000
FRIENDS OF CAMP LITTLE NOTCH INC 110 SPRING STREET SARATOGA SPRINGS, NY 12866	NONE	PUBLIC	SUPPORT	1,000
FOWLER CAMP & RETREAT CENTER 1790 GRAND BLVD SCHENECTADY, NY 12309	NONE	PUBLIC	SUPPORT	1,000
FAITH & LOVE FELLOWSHIP 85 WASHINGTON STREET RENSSELAER, NY 12144	NONE	PUBLIC	SUPPORT	1,000
EAST GREENBUSH MIRACLE LEAGUE INC 10 MCDONALD LANE RENSSELAER, NY 12144	NONE	PUBLIC	SUPPORT	1,000
DRESS FOR SUCCESS ALBANY 333 SHERIDAN AVE ALBANY, NY 12206	NONE	PUBLIC	SUPPORT	1,000
CORTLAND-CHENANGO RURAL SERVICES PO BOX 57 2704 LOWER CINCINNATUS ROAD CINCINNATUS, NY 13040	NONE	PUBLIC	SUPPORT	1,000
COMMUNITY MATERNITY SERVICES 27 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	PUBLIC	SUPPORT	1,000
COMMUNITY CAREGIVERS INC 2021 WASHINGTON AVENUE SUITE 104 ALBANY, NY 12203	NONE	PUBLIC	SUPPORT	1,000
Total				362,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
COHOES COMMUNITY CENTER INC 22-40 REMSEN STREET COHOES,NY 12047	NONE	PUBLIC	SUPPORT	1,000
CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY,NY 12305	NONE	PUBLIC	SUPPORT	1,000
CAPITAL DISTRICT WOMENS EMPLOYMENT & RESOURCES 175 CENTRAL AVE 3RD FLOOR ALBANY,NY 12206	NONE	PUBLIC	SUPPORT	1,000
CAPITAL DISTRICT COMMUNITY GARDENS 40 RIVER STREET TROY,NY 12180	NONE	PUBLIC	SUPPORT	1,000
CAPITAL DISTRICT CANCER RESOURCE FOUNDATION PO BOX 610 LATHAM,NY 12110	NONE	PUBLIC	SUPPORT	1,000
CAMP BRAVEHEARTS INC 19 CAMBRIDGE ROAD ALBANY,NY 12203	NONE	PUBLIC	SUPPORT	1,000
BLESSINGS IN A BACKPACK FOR UPSTATE NY 4121 SHELBYVILLE ROAD LOUISVILLE,KY 40207	NONE	PUBLIC	SUPPORT	1,000
BETHESDA HOUSE OF SCHENECTADY INC 834 STATE STREET SCHENECTADY,NY 12307	NONE	PUBLIC	SUPPORT	1,000
BEST BUDDIES OF NEWYORK 3 SCHOOLHOUSE LANE WATERFORD,NY 12188	NONE	PUBLIC	SUPPORT	1,000
BBL FENIMORE TRACE RELIEF FUND 302 WASHINGTON AVENUE EXT ALABNY,NY 12203	NONE	PUBLIC	SUPPORT	1,000
AFTER THE FIRE INC PO BOX 4188 HALFMOON,NY 12065	NONE	PUBLIC	SUPPORT	1,000
ACADEMY FOR LIFELONG LEARNING 28 UNION AVE SARATOGA SPRINGS,NY 128664390	NONE	PUBLIC	SUPPORT	1,000
ACE MENTOR PROGRAM OF UPSTATE NY INC 10 AIRLINE DRIVE SUITE 203 ALBANY,NY 12205	NONE	PUBLIC	SUPPORT	1,000
FREDETTE FAMILY FOUNDATION 3710 TEABERRY DR TAYLORSVILLE,UT 841298321	NONE	PUBLIC	SUPPORT	500
ALBANY COUNTY CHILDREN'S FUND 112 STATE STREET ROOM 300 ALBANY,NY 12207	NONE	PUBLIC	SUPPORT	500
Total				362,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF SOUTHERN RENSS COUNTY 544 BROADWAY RENSSELAER, NY 12144	NONE	PUBLIC	SUPPORT	250
DESTROYER ESCORT HISTORICAL MUSEUM PO BOX 1926 ALBANY, NY 12201	NONE	PUBLIC	SUPPORT	150
Total ▶ 3a				362,500

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

2013

Name of the organization
BBL CHARITABLE FOUNDATION

Employer identification number
14-1810413

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 33¹/₃% 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, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
BBL CHARITABLE FOUNDATION

Employer identification number
14-1810413

Part I Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization
BBL CHARITABLE FOUNDATION

Employer identification number
14-1810413

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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization
BBL CHARITABLE FOUNDATION

Employer identification number
14-1810413

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$
Use duplicate copies of Part III if additional space is needed

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

Additional Data

Software ID:
Software Version:
EIN: 14-1810413
Name: BBL CHARITABLE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BBL CONSTRUCTION SERVICES LLC PO BOX 12789 ALBANY, NY 12212	\$ 350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	SWF LP PO BOX 12789 ALBANY, NY 12212	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	SML LP PO BOX 12789 ALBANY, NY 12212	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	SAL LP PO BOX 12789 ALBANY, NY 12212	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
5	ML LP PO BOX 12789 ALBANY, NY 12212	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
6	BBL EQUINOX AT TRADITION PO BOX 12789 ALBANY, NY 12212	\$ 6,946	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
7	RICHARD J FASENMYER FOUNDATION 7575 NORTHCLIFF AVE SUITE 203 BROOKLYN, OH 44144	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

TY 2013 Distribution from Corpus Election

Name: BBL CHARITABLE FOUNDATION

EIN: 14-1810413

Election: ELECTION PURSUANT TO REGULATION BBL CHARITABLE
FOUNDATION HEREBY ELECTS TO FIRST APPLY ITS 2013
QUALIFYING DISTRIBUTIONS TO CORPUS. IRC SECTION 53.4942
(A)-3(D)(2)

TY 2013 Substantial Contributors Schedule

Name: BBL CHARITABLE FOUNDATION

EIN: 14-1810413

Name	Address
BBL CONSTRUCTION SERVICES LLC	PO BOX 12789 ALBANY, NY 12212
SWF LP	PO BOX 12789 ALBANY, NY 12212
SML LP	PO BOX 12789 ALBANY, NY 12212
SAL LP	PO BOX 12789 ALBANY, NY 12212
ML LP	PO BOX 12789 ALBANY, NY 12212
BBL CARLTON LLC	PO BOX 12789 ALBANY, NY 12212

TY 2013 Taxes Schedule

Name: BBL CHARITABLE FOUNDATION

EIN: 14-1810413

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS DEPT OF LAW FEE	25	0		0