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**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 separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**2013**

For calendar year 2013, or tax year beginning , 2013, and ending ,

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                                   |                                                                    |                                       |                                         |                                         |                                                 |                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>Jim and Joan Walsh Foundation</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | <b>A</b> Employer identification number<br><b>14-6230947</b>                                                                      |                                                                    |                                       |                                         |                                         |                                                 |                                                                                                                                                                                                       |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>3859 PEMBROOKE LANE</b>                                                                                                                                                                                                                                                                                                                     |                                                                    | <b>B</b> Telephone number (see the instructions)<br><b>(607) 729-0670</b>                                                         |                                                                    |                                       |                                         |                                         |                                                 |                                                                                                                                                                                                       |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>VESTAL NY 13850</b>                                                                                                                                                                                                                                                                                                                                 |                                                                    | <b>C</b> If exemption application is pending, check here. <input type="checkbox"/>                                                |                                                                    |                                       |                                         |                                         |                                                 |                                                                                                                                                                                                       |
| <b>G</b> Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial Return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input checked="" type="checkbox"/> Name change</td> </tr> </table> |                                                                    | <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 checked="" type="checkbox"/> Name change | <b>D</b> 1 Foreign organizations, check here . . . . . <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/> |
| <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 checked="" type="checkbox"/> Name change                    |                                                                                                                                   |                                                                    |                                       |                                         |                                         |                                                 |                                                                                                                                                                                                       |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                                                                                                                           |                                                                    | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . <input type="checkbox"/>    |                                                                    |                                       |                                         |                                         |                                                 |                                                                                                                                                                                                       |
| <b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16)<br>\$ <b>373,793.</b>                                                                                                                                                                                                                                                                                                                  |                                                                    | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . <input type="checkbox"/> |                                                                    |                                       |                                         |                                         |                                                 |                                                                                                                                                                                                       |
| <b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis)                                                                                                                                                                                                                               |                                                                    |                                                                                                                                   |                                                                    |                                       |                                         |                                         |                                                 |                                                                                                                                                                                                       |

| <b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |                                                                                          | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| <b>REVENUE</b>                                                                                                                                                            | <b>1</b> Contributions, gifts, grants, etc., received (att sch) . . . . .                | 74,089.                            |                           |                         |                                                             |
|                                                                                                                                                                           | <b>2</b> Ck <input type="checkbox"/> if the foundn is not req to att Sch B               |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>3</b> Interest on savings and temporary cash investments . . . . .                    | 3.                                 |                           |                         |                                                             |
|                                                                                                                                                                           | <b>4</b> Dividends and interest from securities . . . . .                                | 5,134.                             |                           |                         |                                                             |
|                                                                                                                                                                           | <b>5a</b> Gross rents . . . . .                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>b</b> Net rental income or (loss) . . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>6a</b> Net gain/(loss) from sale of assets not on line 10                             | -682.                              | L-6a Stmt                 |                         |                                                             |
|                                                                                                                                                                           | <b>b</b> Gross sales price for all assets on line 6a . . . . .                           | 39,418.                            |                           |                         |                                                             |
|                                                                                                                                                                           | <b>7</b> Capital gain net income (from Part IV, line 2) . . . . .                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>8</b> Net short-term capital gain . . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>9</b> Income modifications . . . . .                                                  |                                    |                           |                         |                                                             |
| <b>10a</b> Gross sales less returns and allowances . . . . .                                                                                                              |                                                                                          |                                    |                           |                         |                                                             |
| <b>b</b> Less Cost of goods sold . . . . .                                                                                                                                |                                                                                          |                                    |                           |                         |                                                             |
| <b>c</b> Gross profit/(loss) (att sch) . . . . .                                                                                                                          |                                                                                          |                                    |                           |                         |                                                             |
| <b>11</b> Other income (attach schedule) . . . . .                                                                                                                        |                                                                                          |                                    |                           |                         |                                                             |
| <b>12</b> Total. Add lines 1 through 11. . . . .                                                                                                                          | 78,544.                                                                                  |                                    |                           |                         |                                                             |
| <b>ADMINISTRATIVE AND OPERATING EXPENSES</b>                                                                                                                              | <b>13</b> Compensation of officers, directors, trustees, etc . . . . .                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>14</b> Other employee salaries and wages . . . . .                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>15</b> Pension plans, employee benefits . . . . .                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>16a</b> Legal fees (attach schedule). . . . .                                         | 245.                               |                           |                         |                                                             |
|                                                                                                                                                                           | <b>b</b> Accounting fees (attach sch). . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>c</b> Other prof fees (attach sch) . . . . .                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>17</b> Interest . . . . .                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>18</b> Taxes (attach schedule)(see instrs) See Line 18 Stmt                           | 429.                               |                           |                         |                                                             |
|                                                                                                                                                                           | <b>19</b> Depreciation (attach sch) and depletion . . . . .                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>20</b> Occupancy . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>21</b> Travel, conferences, and meetings . . . . .                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>22</b> Printing and publications . . . . .                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>23</b> Other expenses (attach schedule)                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>24</b> Total operating and administrative expenses. Add lines 13 through 23 . . . . . | 674.                               |                           |                         |                                                             |
| <b>25</b> Contributions, gifts, grants paid . . . . .                                                                                                                     | 22,334.                                                                                  |                                    |                           |                         |                                                             |
| <b>26</b> Total expenses and disbursements. Add lines 24 and 25 . . . . .                                                                                                 | 23,008.                                                                                  |                                    |                           |                         |                                                             |
| <b>27</b> Subtract line 26 from line 12:                                                                                                                                  |                                                                                          |                                    |                           |                         |                                                             |
| <b>a</b> Excess of revenue over expenses and disbursements . . . . .                                                                                                      | 55,536.                                                                                  |                                    |                           |                         |                                                             |
| <b>b</b> Net investment income (if negative, enter -0-) . . . . .                                                                                                         |                                                                                          |                                    |                           |                         |                                                             |
| <b>c</b> Adjusted net income (if negative, enter -0-) . . . . .                                                                                                           |                                                                                          |                                    |                           |                         |                                                             |

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| Part II Balance Sheets      |                                                                                                                                          | Beginning of year | End of year    |                |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|----------------|
|                             |                                                                                                                                          |                   | (a) Book Value | (b) Book Value |
| ASSETS                      | 1 Cash — non-interest-bearing . . . . .                                                                                                  | 27,563.           | 20,275.        | 20,275.        |
|                             | 2 Savings and temporary cash investments . . . . .                                                                                       | 6,264.            | 35,099.        | 35,099.        |
|                             | 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 sch) ▶                                                                                        |                   |                |                |
|                             | 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) L-10b. Stmt . . . . .                                                                  | 231,199.          | 265,188.       | 318,419.       |
|                             | c Investments — corporate bonds (attach schedule) . . . . .                                                                              |                   |                |                |
|                             | 11 Investments — land, buildings, and equipment, basis . . . . . ▶                                                                       |                   |                |                |
| LIABILITIES                 | 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). . . . .                                | 265,026.          | 320,562.       | 373,793.       |
|                             | 17 Accounts payable and accrued expenses. . . . .                                                                                        |                   |                |                |
|                             | 18 Grants payable. . . . .                                                                                                               |                   |                |                |
|                             | 19 Deferred revenue . . . . .                                                                                                            |                   |                |                |
| FUND ASSESSANCES            | 20 Loans from officers, directors, trustees, & other disqualified persons . . . . .                                                      |                   |                |                |
|                             | 21 Mortgages and other notes payable (attach schedule) . . . . .                                                                         |                   |                |                |
|                             | 22 Other liabilities (describe ▶) )                                                                                                      |                   |                |                |
|                             | 23 Total liabilities (add lines 17 through 22) . . . . .                                                                                 |                   |                |                |
|                             | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/> X |                   |                |                |
|                             | 24 Unrestricted . . . . .                                                                                                                |                   |                |                |
|                             | 25 Temporarily restricted . . . . .                                                                                                      | 265,026.          | 320,562.       |                |
|                             | 26 Permanently restricted . . . . .                                                                                                      |                   |                |                |
|                             | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>                           |                   |                |                |
|                             | 27 Capital stock, trust principal, or current funds . . . . .                                                                            |                   |                |                |
| NET ASSETS OR FUND BALANCES | 28 Paid-in or capital surplus, or land, building, and equipment fund . . . . .                                                           |                   |                |                |
|                             | 29 Retained earnings, accumulated income, endowment, or other funds . . . . .                                                            |                   |                |                |
|                             | 30 Total net assets or fund balances (see instructions) . . . . .                                                                        | 265,026.          | 320,562.       |                |
|                             | 31 Total liabilities and net assets/fund balances (see instructions). . . . .                                                            | 265,026.          | 320,562.       |                |

## 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 | 265,026. |
| 2 | Enter amount from Part I, line 27a . . . . .                                                                                                                         | 2 | 55,536.  |
| 3 | Other increases not included in line 2 (itemize) . . . . . ▶                                                                                                         | 3 |          |
| 4 | Add lines 1, 2, and 3 . . . . .                                                                                                                                      | 4 | 320,562. |
| 5 | Decreases not included in line 2 (itemize) . . . . . ▶                                                                                                               | 5 |          |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 . . . . .                                                      | 6 | 320,562. |

**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 shares MLC Company) |  | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| 1 a                                                                                                                                      |  |                                                  |                                         |                                     |
| b                                                                                                                                        |  |                                                  |                                         |                                     |
| c                                                                                                                                        |  |                                                  |                                         |                                     |
| d                                                                                                                                        |  |                                                  |                                         |                                     |
| e                                                                                                                                        |  |                                                  |                                         |                                     |

  

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(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

| (i) Fair Market Value<br>as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any | (l) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|-----------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| a                                       |                                      |                                                     |                                                                                                       |
| b                                       |                                      |                                                     |                                                                                                       |
| c                                       |                                      |                                                     |                                                                                                       |
| d                                       |                                      |                                                     |                                                                                                       |
| e                                       |                                      |                                                     |                                                                                                       |

  

2 Capital gain net income or (net capital loss) [ If gain, also enter in Part I, line 7  
If (loss), enter -0- in Part I, line 7 ]

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 ]

**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 the instructions before making any entries

| (a)<br>Base period years<br>Calendar year (or tax year<br>beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of<br>noncharitable-use assets | (d)<br>Distribution ratio<br>(column (b) divided by column (c)) |
|-------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| 2012                                                                    | 0.                                       | 0.                                              | 0.000000                                                        |
| 2011                                                                    | 0.                                       | 0.                                              | 0.000000                                                        |
| 2010                                                                    | 0.                                       | 0.                                              | 0.000000                                                        |
| 2009                                                                    |                                          | 0.                                              | 0.000000                                                        |
| 2008                                                                    |                                          | 0.                                              | 0.000000                                                        |

  

2 Total of line 1, column (d) . . . . . 2 0.000000

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . . 3 0.000000

4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5. . . . . 4 0.

5 Multiply line 4 by line 3 . . . . . 5 0.

6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . . 6

7 Add lines 5 and 6 . . . . . 7 0.

8 Enter qualifying distributions from Part XII, line 4 . . . . . 8

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 instructions)**

|                                                                                                                                                                                                                                   |     |   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs) |     |   |    |
| 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 |    |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)                                                                                                        |     |   |    |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                                                                                        |     | 2 |    |
| 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 |    |
| 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 pmts and 2012 overpayment credited to 2013                                                                                                                                                                   | 6 a |   |    |
| b Exempt foreign organizations – tax withheld at source                                                                                                                                                                           | 6 b |   |    |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                             | 6 c |   |    |
| d Backup withholding erroneously withheld                                                                                                                                                                                         | 6 d |   |    |
| 7 Total credits and payments Add lines 6a through 6d                                                                                                                                                                              | 7   |   |    |
| 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  |   | 0. |
| 11 Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded                                                                                                                                                      | 11  |   |    |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                            |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?                                                                                                                                                                                        |     | X  |
| If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities                                                                                                                                        |     |    |
| c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                              |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation (2) On foundation managers                                                                                                                                                                             |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers                                                                                                                                                                                              |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If 'Yes,' attach a detailed description of the activities                                                                                                                                                                      |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes                                                                                                        |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                     |     | X  |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                  |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If 'Yes,' attach the statement required by General Instruction T                                                                                                                                                                |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV                                                                                                                                                                                               | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions)<br>NY – 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                                                                                                                       | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV                                                                              |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                               | X   |    |

BAA

Form 990-PF (2013)

**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 |   | X |
| 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 |   | X |
| 13                                                                                                                                           | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .                                                                       | 13 | X |   |
| Website address . . . . . N/A                                                                                                                |                                                                                                                                                                                                     |    |   |   |
| 14                                                                                                                                           | The books are in care of JAMES & JOAN WALSH Telephone no (607) 729-0670                                                                                                                             |    |   |   |
|                                                                                                                                              | Located at 3859 Pembroke Lane Vestal NY ZIP +4 13850                                                                                                                                                |    |   |   |
| 15                                                                                                                                           | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . .                                                                                       |    |   |   |
|                                                                                                                                              | and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                           | 15 |   |   |
| 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? . . . . . | 16 |   | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country . . . . . |                                                                                                                                                                                                     |    |   |   |

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

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a | 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                                                                                                                                                                                 |     |    |
| 1 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 instructions)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                       |     |    |
| 1 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? . . . . .                                                                                                                                                                                                                                                                                                        |     | X  |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                           |     |    |
| a   | At the end of tax year 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) . . . . .                                                                                                                                                                                       |     |    |
| 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 __                                                                                                                                                                                                                                                                                                                                                               |     |    |
| 3 a | 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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013) . . . . . |     |    |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .                                                                                                                                                                                                                                                                                                                                                                                |     | X  |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? . . . . .                                                                                                                                                                                                                                                              |     | X  |

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5 a** During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**5 b****c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6 b**

If 'Yes' to 6b, file Form 8870.

X

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**7 b****b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**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 |
|-------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| JAMES WALSH<br>3859 PEMBROOKE LANE<br>VESTAL NY 13850 | DIRECTOR<br>2.00                                          | 0.                                        | 0.                                                                    | 0.                                    |
| JOAN WALSH<br>3859 PEMBROOKE LANE,<br>VESTAL NY 13850 | DIRECTOR<br>2.00                                          | 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

None

**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 |                     | None             |

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

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

|   | Expenses |
|---|----------|
| 1 |          |
| 2 |          |
| 3 |          |
| 4 |          |

**Part IX-B** Summary of Program-Related Investments (see 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 instructions.                                                         |        |
| 3                                                                                                                |        |
| Total. Add lines 1 through 3                                                                                     |        |

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**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                                                           | 1 a |
| b | Average of monthly cash balances                                                                          | 1 b |
| c | Fair market value of all other assets (see instructions)                                                  | 1 c |
| d | <b>Total</b> (add lines 1a b and c)                                                                       | 1 d |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1 e |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                      | 2   |
| 3 | Subtract line 2 from line 1d                                                                              | 3 0 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount see instructions)   | 4 0 |
| 5 | <b>Net value of noncharitable use assets</b> Subtract line 4 from line 3 Enter here and on Part V line 4  | 5 0 |
| 6 | <b>Minimum investment return</b> Enter 5% of line 5                                                       | 6 0 |

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

**Part XIII 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                                                                            | 1 a |
| b | Program related investments — total from Part IX B                                                                                                 | 1 b |
| 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)                                                                                                     | 3 a |
| b | Cash distribution test (attach the required schedule)                                                                                              | 3 b |
| 4 | <b>Qualifying distributions</b> Add lines 1a through 3b Enter here and on Part V line 8 and Part XIII line 4                                       | 4   |
| 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 | <b>Adjusted qualifying distributions</b> Subtract line 5 from line 4                                                                               | 6 0 |

**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

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**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                 | (a)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2013 from Part XI line 7                                                                                                                      |               |                            |             | 0           |
| <b>2</b> Undistributed income if any as of the end of 2013                                                                                                                      |               |                            |             |             |
| <b>a</b> Enter amount for 2012 only                                                                                                                                             |               |                            | 0           |             |
| <b>b</b> Total for prior years 20 20 20                                                                                                                                         |               |                            |             |             |
| <b>3</b> Excess distributions carryover if any to 2013                                                                                                                          |               |                            |             |             |
| <b>a</b> From 2008                                                                                                                                                              | 0             |                            |             |             |
| <b>b</b> From 2009                                                                                                                                                              | 0             |                            |             |             |
| <b>c</b> From 2010                                                                                                                                                              | 0             |                            |             |             |
| <b>d</b> From 2011                                                                                                                                                              | 0             |                            |             |             |
| <b>e</b> From 2012                                                                                                                                                              | 0             |                            |             |             |
| <b>f</b> Total of lines 3a through e                                                                                                                                            | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2013 from Part XII line 4 $\blacktriangleright$ \$                                                                                        |               |                            |             |             |
| <b>a</b> Applied to 2012 but not more than line 2a                                                                                                                              |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required — see instructions)                                                                                  |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required — see instructions)                                                                                          |               |                            |             |             |
| <b>d</b> Applied to 2013 distributable amount                                                                                                                                   |               |                            |             |             |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                             | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d) the same amount must be shown in column (a) )                                       |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below                                                                                                                  |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f 4c and 4e Subtract line 5                                                                                                                          | 0             |                            |             |             |
| <b>b</b> Prior years undistributed income Subtract line 4b from line 2b                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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 |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount — see instructions                                                                                                        |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount — see instructions                                                                          |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014                                                              |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)                                                                            | 0             |                            |             |             |
| <b>9</b> Excess distributions carryover to 2014 Subtract lines 7 and 8 from line 6a                                                                                             | 0             |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                    |               |                            |             |             |
| <b>a</b> Excess from 2009                                                                                                                                                       | 0             |                            |             |             |
| <b>b</b> Excess from 2010                                                                                                                                                       | 0             |                            |             |             |
| <b>c</b> Excess from 2011                                                                                                                                                       | 0             |                            |             |             |
| <b>d</b> Excess from 2012                                                                                                                                                       | 0             |                            |             |             |
| <b>e</b> Excess from 2013                                                                                                                                                       | 0             |                            |             |             |

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

N/A

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

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

|                                                                                                                                                         | Tax year | Prior 3 years |          |          | (e) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                         | (a) 2013 | (b) 2012      | (c) 2011 | (d) 2010 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                    |          |               |          |          |           |
| <b>b</b> 85% of line 2a                                                                                                                                 |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII line 4 for each year listed                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities                                                          |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                  |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                      |          |               |          |          |           |
| <b>a</b> Assets alternative test — enter                                                                                                                |          |               |          |          |           |
| <b>(1)</b> Value of all assets                                                                                                                          |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                    |          |               |          |          |           |
| <b>b</b> Endowment alternative test — enter 2/3 of minimum investment return shown in Part X line 6 for each year listed                                |          |               |          |          |           |
| <b>c</b> Support alternative test — enter                                                                                                               |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)) or royalties) |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                     |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                        |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                      |          |               |          |          |           |

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

James & Joan Walsh  
See Information Regarding Foundation Managers

**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.

N/A

**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 or e-mail of the person to whom applications should be addressed:

JAMES & JOAN WALSH  
3859 PEMBROOK LANE  
VESTAL NY 13850 (607) 729-0670

**b** The form in which applications should be submitted and information and materials they should include:

REQUEST SHOULD INDICATE THE TYPE OF ORGANIZATION & THE USE OF ANY PROCEEDS

**c** Any submission deadlines:

NONE

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

NONE

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business)                | If recipient is an individual<br>show any relationship to any<br>foundation manager or<br>substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount        |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------------|
| <b>a Paid during the year</b>                                   |                                                                                                                   |                                      |                                     |               |
| HUMANE SOCIETY<br>NA<br>BINGHAMTON NY 13901<br>Child Fund Inter | NONE                                                                                                              | NON PROFIT                           | HEALTH CARE                         | 700           |
| NA<br>BINGHAMTON NY 13901<br>American Heart Assoc               | NONE                                                                                                              | NON PROFIT                           | HEALTH CARE                         | 509           |
| NA<br>BINGHAMTON NY 13901<br>Lansing School of Music            | NONE                                                                                                              | NON PROFIT                           | HEALTH CARE                         | 50            |
| BROOME COUNTY<br>BINGHAMTON NY 13901<br>Sullivan G Library      | NONE                                                                                                              | NON PROFIT                           | Youth Program                       | 250           |
| NA<br>VESTAL NY 13850<br>YMCA                                   | NONE                                                                                                              | NON PROFIT                           | YOUTH PROGRAMS                      | 500           |
| NA<br>BINGHAMTON NY 13901<br>Food Bank                          | NONE                                                                                                              | NON PROFIT                           | YOUTH PROGRAMS                      | 500           |
| NA<br>BINGHAMTON NY 13901<br>Catholic Charity                   | NONE                                                                                                              | NON PROFIT                           | HEALTH CARE                         | 550           |
| NA<br>BINGHAMTON NY 13901<br>Sjogrems Sydrome Foundation        | NONE                                                                                                              | NON PROFIT                           | NEEDED FAMILIES                     | 2,750         |
| NA<br>Vestal NY 13850<br>See Line 3a statement                  | NONE                                                                                                              | NON PROFIT                           | NEEDED FAMILIES                     | 1,000         |
|                                                                 |                                                                                                                   |                                      |                                     | 15 525        |
| <b>Total</b>                                                    |                                                                                                                   |                                      | <b>3 a</b>                          | <b>22,334</b> |
| <b>b Approved for future payment</b>                            |                                                                                                                   |                                      |                                     |               |
|                                                                 |                                                                                                                   |                                      |                                     |               |
| <b>Total</b>                                                    |                                                                                                                   |                                      | <b>3 b</b>                          |               |

**Part XVI-A Analysis of Income Producing Activities**

| Enter gross amounts unless otherwise indicated |                                                          | Unrelated business income |               | Excluded by section 512 513 or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|------------------------------------------------|----------------------------------------------------------|---------------------------|---------------|------------------------------------|---------------|--------------------------------------------------------------------|
|                                                |                                                          | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code      | (d)<br>Amount |                                                                    |
| 1                                              | Program service revenue                                  |                           |               |                                    |               |                                                                    |
| a                                              |                                                          |                           |               |                                    |               |                                                                    |
| b                                              |                                                          |                           |               |                                    |               |                                                                    |
| c                                              |                                                          |                           |               |                                    |               |                                                                    |
| d                                              |                                                          |                           |               |                                    |               |                                                                    |
| e                                              |                                                          |                           |               |                                    |               |                                                                    |
| f                                              |                                                          |                           |               |                                    |               |                                                                    |
| g                                              | Fees and contracts from government agencies              |                           |               |                                    |               |                                                                    |
| 2                                              | Membership dues and assessments                          |                           |               |                                    |               |                                                                    |
| 3                                              | Interest on savings and temporary cash investments       | 900001                    | 3             |                                    |               |                                                                    |
| 4                                              | Dividends and interest from securities                   | 900001                    | 5 134         |                                    |               |                                                                    |
| 5                                              | Net rental income or (loss) from real estate             |                           |               |                                    |               |                                                                    |
| a                                              | Debt financed property                                   |                           |               |                                    |               |                                                                    |
| b                                              | Not debt financed property                               |                           |               |                                    |               |                                                                    |
| 6                                              | Net rental income or (loss) from personal property       |                           |               |                                    |               |                                                                    |
| 7                                              | Other investment income                                  |                           |               |                                    |               |                                                                    |
| 8                                              | Gain or (loss) from sales of assets other than inventory | 523000                    |               |                                    |               | -682                                                               |
| 9                                              | Net income or (loss) from special events                 |                           |               |                                    |               |                                                                    |
| 10                                             | Gross profit or (loss) from sales of inventory           |                           |               |                                    |               |                                                                    |
| 11                                             | Other revenue                                            |                           |               |                                    |               |                                                                    |
| a                                              |                                                          |                           |               |                                    |               |                                                                    |
| b                                              |                                                          |                           |               |                                    |               |                                                                    |
| c                                              |                                                          |                           |               |                                    |               |                                                                    |
| d                                              |                                                          |                           |               |                                    |               |                                                                    |
| e                                              |                                                          |                           |               |                                    |               |                                                                    |
| 12                                             | Subtotal Add columns (b) (d) and (e)                     |                           | 5,137         |                                    |               | -682                                                               |
| 13                                             | Total Add line 12 columns (b) (d) and (e)                |                           |               |                                    | 13            | 4,455                                                              |

(See worksheet in line 13 instructions to verify calculations )\

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

[illegible]



**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**

▶ **Information about Schedule B (Form 990 990 EZ 990 PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No 1545 0047

**2013**

Name of the organization

Jim and Joan Walsh Foundation

Employer identification number

14-6230947

**Organization type (check one)**

**Filers of**

Form 990 or 990 EZ

**Section**

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990 PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note** Only a section 501(c)(7) (8) or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990 990 EZ or 990 PF that received during the year \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor during the year a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990 Part VIII line 1h or (ii) Form 990 EZ line 1. Complete Parts I and II.

☐ For a section 501(c)(7) (8) or (10) organization filing Form 990 or 990 EZ that received from any one contributor during the year total contributions of more than \$1,000 for use *exclusively* for religious charitable scientific literary or educational purposes or the prevention of cruelty to children or animals. Complete Parts I II and III.

☐ For a section 501(c)(7) (8) or (10) organization filing Form 990 or 990 EZ that received from any one contributor during the year contributions for use *exclusively* for religious charitable etc purposes but these contributions did not total to more than \$1,000. If this box is checked enter here the total contributions that were received during the year for an *exclusively* religious charitable etc purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious charitable etc contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990 990 EZ or 990 PF) but it **must** answer No on Part IV line 2 of its Form 990 or check the box on line H of its Form 990 EZ or on 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).

**BAA For Paperwork Reduction Act Notice** see the Instructions for Form 990 990EZ or 990 PF

Schedule B (Form 990 990 EZ or 990 PF) (2013)

Name of organization

Employer identification number

Jim and Joan Walsh Foundation

14-6230947

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>Number | (b)<br>Name address and ZIP + 4                                  | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | James & Mary Joan Walsh<br>3859 Pembroke Lane<br>Vestal NY 13850 | \$ 74,089                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions ) |
|               |                                                                  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|               |                                                                  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|               |                                                                  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|               |                                                                  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
|               |                                                                  |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

Employer identification number

14-6230947

## Part II

| (a) No<br>from<br>Part I | (b)<br>Description of noncash property given                                               | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|--------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|
| 1.                       | 820 SHS Dow Chemical<br>-----<br>332 SHS TimeWarner<br>-----<br>324 SHS DR Pepper<br>----- | \$ ----- 74,089                                | 12/11/13             |
| (a) No<br>from<br>Part I | (b)<br>Description of noncash property given                                               | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                      | -----<br>-----<br>-----<br>-----                                                           | \$ -----                                       | -----                |
| (a) No<br>from<br>Part I | (b)<br>Description of noncash property given                                               | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                      | -----<br>-----<br>-----<br>-----                                                           | \$ -----                                       | -----                |
| (a) No<br>from<br>Part I | (b)<br>Description of noncash property given                                               | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                      | -----<br>-----<br>-----<br>-----                                                           | \$ -----                                       | -----                |
| (a) No<br>from<br>Part I | (b)<br>Description of noncash property given                                               | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                      | -----<br>-----<br>-----<br>-----                                                           | \$ -----                                       | -----                |
| (a) No<br>from<br>Part I | (b)<br>Description of noncash property given                                               | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                      | -----<br>-----<br>-----<br>-----                                                           | \$ -----                                       | -----                |
| (a) No<br>from<br>Part I | (b)<br>Description of noncash property given                                               | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                      | -----<br>-----<br>-----<br>-----                                                           | \$ -----                                       | -----                |

**William M. Farrell**  
Certified Public Accountant, PC  
766 Town Line Road  
Johnson City, NY 13790

Telephone: 607-760-3000

Fax: 607-846-4604

email: [wmfcpa@yahoo.com](mailto:wmfcpa@yahoo.com)

May 1, 2014

Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0027

To Whom It May Concern:  
Ref: Tax ID#14-6230947

Enclosed please find Form 990-PF for the calendar year of 2013. I am also enclosing a copy of a rejection notice. The notice is in reference to the name control for Jim and Joan Walsh Foundation. The name was changed in 2012 for Walsh Family Foundation. I have called the IRS e-File Help desk and they say this is an issue for the software company I use. When I call the software company they say this can only be fixed by the IRS.

Would you please help me with this problem so we will be able to e-File in the future?

Thank you

  
William M Farrell CPA

**Form 990-PF  
Part I, Line 6a**

**Net Gain or Loss From Sale of Assets**

**2013**

Name

Employer Identification Number

Jim and Joan Walsh Foundation

14-6230947

**Asset Information:**

Description of Property . . . . . Publicly Traded Securities (TimeWarner)

Date Acquired: . 12/26/02 How Acquired: . . . Donated

Date Sold . . . 07/24/13 Name of Buyer . . . \_\_\_\_\_

Sales Price . . . 16,420. Cost or other basis (do not reduce by depreciation) . . . 16,617.

Sales Expense . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_

Total Gain (Loss): . . . -197. Accumulation Depreciation: . . . \_\_\_\_\_

Description of Property . . . . . Publicly Traded Securities (TimeWarner)

Date Acquired: . 12/26/02 How Acquired: . . . Donated

Date Sold . . . 07/24/13 Name of Buyer . . . \_\_\_\_\_

Sales Price . . . 7,607. Cost or other basis (do not reduce by depreciation) . . . 7,748.

Sales Expense . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_

Total Gain (Loss) . . . -141. Accumulation Depreciation: . . . \_\_\_\_\_

Description of Property . . . . . Publicly Traded Securities (Dr Peper)

Date Acquired . 12/16/04 How Acquired . . . Donated

Date Sold . . . 12/11/13 Name of Buyer . . . \_\_\_\_\_

Sales Price . . . 15,391. Cost or other basis (do not reduce by depreciation) . . . 15,735.

Sales Expense . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_

Total Gain (Loss) . . . -344. Accumulation Depreciation . . . \_\_\_\_\_

Description of Property: . . . . . \_\_\_\_\_

Date Acquired: . \_\_\_\_\_ How Acquired . . . \_\_\_\_\_

Date Sold . . . \_\_\_\_\_ Name of Buyer: . . . \_\_\_\_\_

Sales Price . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation) . . . \_\_\_\_\_

Sales Expense: . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_

Total Gain (Loss) . . . \_\_\_\_\_ Accumulation Depreciation . . . \_\_\_\_\_

Description of Property: . . . . . \_\_\_\_\_

Date Acquired: . \_\_\_\_\_ How Acquired . . . \_\_\_\_\_

Date Sold . . . \_\_\_\_\_ Name of Buyer . . . \_\_\_\_\_

Sales Price: . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation) . . . \_\_\_\_\_

Sales Expense: . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_

Total Gain (Loss) . . . \_\_\_\_\_ Accumulation Depreciation . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_

Date Acquired: . \_\_\_\_\_ How Acquired . . . \_\_\_\_\_

Date Sold . . . \_\_\_\_\_ Name of Buyer . . . \_\_\_\_\_

Sales Price: . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation) . . . \_\_\_\_\_

Sales Expense: . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_

Total Gain (Loss) . . . \_\_\_\_\_ Accumulation Depreciation . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_

Date Acquired . \_\_\_\_\_ How Acquired: . . . \_\_\_\_\_

Date Sold . . . \_\_\_\_\_ Name of Buyer . . . \_\_\_\_\_

Sales Price: . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation) . . . \_\_\_\_\_

Sales Expense . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_

Total Gain (Loss) . . . \_\_\_\_\_ Accumulation Depreciation . . . \_\_\_\_\_

Description of Property . . . . . \_\_\_\_\_

Date Acquired . \_\_\_\_\_ How Acquired: . . . \_\_\_\_\_

Date Sold . . . \_\_\_\_\_ Name of Buyer . . . \_\_\_\_\_

Sales Price: . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation) . . . \_\_\_\_\_

Sales Expense . . . \_\_\_\_\_ Valuation Method: . . . . . \_\_\_\_\_

Total Gain (Loss). . . \_\_\_\_\_ Accumulation Depreciation: . . . \_\_\_\_\_

Form 990-PF, Page 1, Part I, Line 18

**Line 18 Stmt**

| Taxes               | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|---------------------|--------------|-------------|-------------|--------------|
| FOREIGN TAX         | 329.         |             |             |              |
| NYS Depart of Labor | 100.         |             |             |              |

Total 429.

Form 990-PF, Page 10, Part XV, Line 1a

**Information Regarding Foundation Managers**

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).)

3859 Pembroke Lane

Vestal, NY 13850

Form 990-PF, Page 11, Part XV, line 3a

**Line 3a statement**

| Recipient<br><br>Name and address<br>(home or business) | If recipient is<br>an individual,<br>show any<br>relationship to<br>any foundation<br>manager or<br>substantial<br>contributor | Founda-<br>tion<br>status<br>of re-<br>cipient | Purpose of<br>grant or contribution | Person or<br>Business<br>Checkbox<br><br>Amount |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-------------------------------------------------|
| <b>a Paid during the year</b>                           |                                                                                                                                |                                                |                                     |                                                 |
| UNITED WAY                                              | NONE                                                                                                                           | NON-PROFIT                                     | HEALTH CARE                         | Person or <input type="checkbox"/>              |
| NA                                                      |                                                                                                                                |                                                |                                     | Business <input checked="" type="checkbox"/>    |
| VESTAL NY 13850                                         |                                                                                                                                | NA                                             |                                     | 10,000.                                         |
| Savation Army                                           | NONE                                                                                                                           | NON-PROFIT                                     | YOUTH PROGRAMS                      | Person or <input type="checkbox"/>              |
| NA                                                      |                                                                                                                                |                                                |                                     | Business <input checked="" type="checkbox"/>    |
| BINGHAMTON NY 13901                                     |                                                                                                                                | NA                                             |                                     | 100.                                            |
| Best Friends Animals                                    | NONE                                                                                                                           | NON-PROFIT                                     | HEALTH CARE                         | Person or <input type="checkbox"/>              |
| NA                                                      |                                                                                                                                |                                                |                                     | Business <input checked="" type="checkbox"/>    |
| VESTAL NY 13850                                         |                                                                                                                                | NA                                             |                                     | 400.                                            |
| Chow                                                    | NONE                                                                                                                           | NON-PROFIT                                     | HEALTH CARE                         | Person or <input type="checkbox"/>              |
| NA                                                      |                                                                                                                                |                                                |                                     | Business <input checked="" type="checkbox"/>    |
| Binghamton NY 13901                                     |                                                                                                                                | NA                                             |                                     | 200.                                            |
| AMERICAN DIABETES                                       | NONE                                                                                                                           | NON-PROFIT                                     | HEALTH CARE                         | Person or <input type="checkbox"/>              |
| NA                                                      |                                                                                                                                |                                                |                                     | Business <input checked="" type="checkbox"/>    |
| BINGHAMTON NY 13901                                     |                                                                                                                                | NA                                             |                                     | 500.                                            |
| American Cancer Soc                                     | NONE                                                                                                                           | NON-PROFIT                                     | HEALTH CARE                         | Person or <input type="checkbox"/>              |
| NA                                                      |                                                                                                                                |                                                |                                     | Business <input checked="" type="checkbox"/>    |
| BINGHAMTON NY 13901                                     |                                                                                                                                | NA                                             |                                     | 3,200.                                          |
| AMERICAN LUNG ASSOC                                     | NONE                                                                                                                           | NON-PROFIT                                     | HEALTH CARE                         | Person or <input type="checkbox"/>              |
| NA                                                      |                                                                                                                                |                                                |                                     | Business <input checked="" type="checkbox"/>    |
| BINGHAMTON NY 13901                                     |                                                                                                                                | NA                                             |                                     | 25.                                             |
| BU Foundation                                           | NONE                                                                                                                           | NON-PROFIT                                     | HEALTH CARE                         | Person or <input checked="" type="checkbox"/>   |
| NA                                                      |                                                                                                                                |                                                |                                     | Business <input type="checkbox"/>               |
| BINGHAMTON NY 13901                                     |                                                                                                                                | NA                                             |                                     | 100.                                            |

Form 990-PF, Page 11, Part XV, line 3a  
**Line 3a statement**

Continued

| Recipient<br>Name and address<br>(home or business) | If recipient is<br>an individual,<br>show any<br>relationship to<br>any foundation<br>manager or<br>substantial<br>contributor | Founda-<br>tion<br>status<br>of re-<br>cipient | Purpose of<br>grant or contribution | Person or<br>Business<br>Checkbox<br><br>Amount |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-------------------------------------------------|
| <b>a Paid during the year</b>                       |                                                                                                                                |                                                |                                     |                                                 |
| St James Food Pantry                                | NONE                                                                                                                           | NON-PROFIT                                     | HEALTH CARE                         | Person or <input type="checkbox"/>              |
| NA                                                  |                                                                                                                                |                                                |                                     | Business <input checked="" type="checkbox"/>    |
| Vestal NY 13850                                     |                                                                                                                                | NA                                             |                                     | 1,000.                                          |

Total

15,525.Form 990-PF, Page 2, Part II, Line 10b  
**L-10b Stmt**

| Line 10b - Investments - Corporate Stock: | End of Year     |                      |
|-------------------------------------------|-----------------|----------------------|
|                                           | Book<br>Value   | Fair Market<br>Value |
| 1025 SHS Trans Canada Corp                | 40,928.         | 46,802.              |
| 120 SHS IBM                               | 11,458.         | 22,508.              |
| 2900 SHS CHINA UNICAM                     | 36,468.         | 43,674.              |
| 2500 SHS CORNING                          | 47,925.         | 45,550.              |
| 750 SHS VARIAN MEDICAL                    | 49,095.         | 58,267.              |
| 500 SHS COLGATE                           | 45,325.         | 65,210.              |
| 820 SHS DOW CHEMICAL                      | 33,989.         | 36,408.              |
| Total                                     | <u>265,188.</u> | <u>318,419.</u>      |