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

2014

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public mation about Form 990-PF and its separate instructions is at warming and its separate instructions.

| | Inte | mal Rever | nue Service ► Information about Form 990-PF and it | s separate instr | uctions is a | t www.irs.gov/ | form990pf. Open | to Public Inspection |
|-----------------|---|-----------|---|-------------------|-----------------------------|---|--|--|
| | Fo | r calen | dar year 2014 or tax year beginning Ma | y 15 - ≭ | , 2014, ar | | May 31 | , 20 14 |
| | Na | me of fo | undation | | | A Employe | r identification numb | er |
| | Pa | vchex (| Community Foundation, Inc. | | | | 46-5691719 | |
| | | | d street (or P O. box number if mail is not delivered to street addre | ss) | Room/suite | B Telephor | e number (see instruct | ions) |
| | 91 | 1 Panor | rama Trail South | | | | 585-385-6666 | • |
| | | | n, state or province, country, and ZIP or foreign postal code | | | C If exempt | tion application is pend | |
| | Do | chasta | r, NY 14625 | | | - II OXOMP | ion application to porte | g, check hales |
| | | | | turn of a former | nublic cha | ity D 1 Foreig | n organizations, check | horo 🛌 |
| | • | Officer | · · · · <u> </u> | ed return | pablic cha | i. i oleig | i organizations, check | nere P |
| | | | ☐ Address change ☐ Name of | | | | n organizations meeting | |
| | | Chook | type of organization: Section 501(c)(3) exemp | | ation A | | here and attach compo foundation status was | |
| | _ | | | | | section 5 | 07(b)(1)(A), check here | . ▶□ |
| | ⊭ | | on 4947(a)(1) nonexempt charitable trust Other | | | | | |
| | | | narket value of all assets at J Accounting meth | | M Accin | 1 11 11 10 10 10 10 10 10 10 10 10 10 1 | ndation is in a 60-mont | h termination |
| | | | f year (from Part II, col. (c), | | | - under se | ction 507(b)(1)(B), chec | k here ▶ ∐ |
| | | line 16 | 1000000 1 1 | t be on cash bas | s. <i>)</i> | | | 1 |
| | L | art I | Analysis of Revenue and Expenses (The total of | (a) Revenue | | Net investment | (c) Adjusted net | (d) Disbursements for charitable |
| | | | amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | expenses books | per ` ' | income | income | purposes |
| | _ | | | | | | | (cash basis only) |
| , | | 1 | Contributions, gifts, grants, etc., received (attach schedule | 9)10 | 00000 | | | |
| Ч | | 2 | Check ► ☐ If the foundation is not required to attach Sch. | | | | | |
| ーし | /_ | 3 | Interest on savings and temporary cash investment | ts | | | | |
| 1 | $\langle \mathcal{O} \rangle$ | 4 | Dividends and interest from securities | | | | | |
| 4 |) - | 5a | Gross rents | | | | | |
| | | b | Net rental income or (loss) | 17 | רובית' | 50 | | |
| | Φ | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | |
| | Revenue | Ь | Gross sales price for all assets on line 6a | los l | | 2 34 | | |
| | ě | 7 | Capital gain net income (from Part IV, line 2) | 101 51 | ũ ở ở ở 1 | 30 | | |
| @ | æ | 8 | Net short-term capital gain | शि | | | | † i |
| SCANNED | | 9 | Income modifications | | | | | |
| Ź | | 10a | Gross sales less returns and allowances | H G | CEINE | 38 | | 1 |
| Z | | Ь | Less: Cost of goods sold | | | | | |
| M | | C | Gross profit or (loss) (attach schedule) | | | | | |
| | | 11 | Other income (attach schedule) | | | <u> </u> | | |
| FEB | | 12 | · · · · · · · · · · · · · · · · · · · | 4 | 200000 | | | |
| Β | _ | + | Total. Add lines 1 through 11 | | 000000 | | - | |
| 8 | S | 13 | • | | | | | |
| 6 | Expenses | 14 | Other employee salaries and wages | | | | | |
| 2 | ē | 15 | Pension plans, employee benefits | | | | | |
| - 2< | $\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | 16a | Legal fees (attach schedule) | | | | | <u> </u> |
| യ | ں ر | 1 0 | Accounting fees (attach schedule) | - | | | | |
| | IOV 1 6 '15 Administrativ | _ c | Other professional fees (attach schedule) | | | | | |
| | - E | 17 | Interest | | | | | |
| | S is | 18 | Taxes (attach schedule) (see instructions) | | | | | ļ |
| ® 2015 | ~ <u>₽</u> | 19 | Depreciation (attach schedule) and depletion | | | | | |
| 20 : | ≥ ₫ | 20 | Occupancy | | | | | |
| | | 21 | Travel, conferences, and meetings | | | | | ļ |
| | and | 22 | Printing and publications | | | | | |
| ₩, | ~ _□ | 23 | Other expenses (attach schedule) | | | | | |
| କ୍ଷ୍ଟ୍ର ଅନ୍ତ | 8 8 eratin | 24 | Total operating and administrative expense | | | | | |
| | ωĒ | 1 | Add lines 13 through 23 | | 0 | | | |
| | 6 | - 25 | Contributions, gifts, grants paid | | 0 | | | |
| SCANNED | . 67 0 | 26 | Total expenses and disbursements. Add lines 24 and 2 | | 0 | | | |
| \$ | | 27 | Subtract line 26 from line 12: | | | | 1 | |
| Ž | TC) | a | Excess of revenue over expenses and disbursemen | ts 1 | 000000 | | 1 | |
| Ö, | ~ | l b | Net investment income (if negative, enter -0-) . | | | | | |
| (J) | 2 | | Adjusted net income (if negative, enter -0-) | | | | | |
| • | 4 | r Danor | work Reduction Act Notice, see instructions. | ! | Cat. No 112 | PROY | | orm 990-PF (2014) |

* see attached statement

| Pa | řt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year | 6.1 D - 1.14 | Ena o | |
|------------------|----------|--|------------------------|--------------|--------|-----------------------|
| | | | (a) Book Value | (b) Book Va | | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | 0 | 1 | 000000 | 1000000 |
| | 2 | Savings and temporary cash investments | | | | |
| | 3 | Accounts receivable - | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 4 | Pledges receivable ► | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| ts | 8 | Inventones for sale or use | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | |
| As | 10a | investments - U.S. and state government obligations (attach schedule)- | | | - | |
| | b | Investments—corporate stock (attach schedule) | | | | |
| | С | Investments—corporate bonds (attach schedule) | | | | - |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | | |
| | 12 | Investments—mortgage loans | | | | |
| | 13 | Investments—other (attach schedule) | | | - | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | - | |
| | | Less. accumulated depreciation (attach schedule) ▶ | | | | |
| | 15 | Other coasts (december 5 | | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | | |
| | | instructions. Also, see page 1, item l) | o | 4 | 000000 | 1000000 |
| _ | 17 | Accounts payable and accrued expenses | | <u>.</u> | 000000 | 1000000 |
| | 18 | Grants payable | • | | | |
| es | 19 | Deferred revenue | <u> </u> | | | |
| Liabilities | | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| ğ | 20 21 | Mortgages and other notes payable (attach schedule) | | | | |
| Ë | | | | | | |
| | 22 23 | Other liabilities (describe ►) Total liabilities (add lines 17 through 22) | | | | |
| _ | 23 | | 0 | | 0 | 1 |
| S | | Foundations that follow SFAS 117, check here > and complete lines 24 through 26 and lines 30 and 31. | | | | |
| ဋ | | • | | Λ. | | |
| und Balances | 24 | Unrestricted | 0 | * \ 1 | 000000 | |
| Ba | 25 | Temporarily restricted | | | | |
| ō | 26 | Permanently restricted | | | | 1 |
| 표 | | Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31. | | \ | | |
| Net Assets or Fe | 27 | Capital stock, trust principal, or current funds | | 1 | | |
| ţ | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | 1 |
| Se | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | 1 |
| As | 30 | Total net assets or fund balances (see instructions) | | - | | 1 |
| et | 31 | Total liabilities and net assets/fund balances (see | | V | | 1 |
| Z | • | instructions) | | 1 | 000000 | |
| Pa | rt III | Analysis of Changes in Net Assets or Fund Balances | | | | |
| 1 | | al net assets or fund balances at beginning of year-Part II, colu | mn (a), line 30 (mus | t agree with | | |
| | | -of-year figure reported on prior year's return) | | | 1 | |
| 2 | | er amount from Part I, line 27a | | | 2 | 1000000 |
| 3 | | er increases not included in line 2 (itemize) ▶ | | | | |
| | | l lines 1, 2, and 3 | | | 4 | 1000000 |
| - | | annes and included in time O (Annino) | | | 5 | 1000000 |
| A | Tota | al net assets or fund balances at end of year (line 4 minus line 5)— | Part II. column (b) Ii | ne 30 . | . 6 | 1000000 |
| _ | | and the state of t | | | | 50m 990-PF (2014) |

| Part | V Capital Gains and | d Losses for Tax on Investn | nent Income | | | |
|----------|--|--|---------------------------------------|--|------------------------------------|---|
| | | ne kind(s) of property sold (e.g., real estatuse, or common stock, 200 shs. MLC Co | | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo, day, yr) | (d) Date sold (mo , day, yr) |
| 1a | | | - | | | |
| b | | | | | | |
| <u> </u> | | | | | | |
| <u>d</u> | | | | <u> </u> | | |
| <u>e</u> | | (f) Depreciation allowed | (a) Cost or | other basis | (h) Gar | n or (loss) |
| | (e) Gross sales price | (or allowable) | | nse of sale | | f) minus (g) |
| а | | | | | | |
| b | | - | | | | _ |
| с | | | _ | | - | |
| <u>d</u> | | | | | | |
| <u>e</u> | | | | | | |
| | Complete only for assets sho | owing gain in column (h) and owned | | | | (h) gain minus t less than -0-) or |
| | (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col (i) (i), ıf any | | rom col (h)) |
| а | | | | | | . |
| <u>a</u> | | | | | | |
| | | | | | | |
| d | | | | | | |
| е | | | | | | |
| 2 | Capital gain net income o | | also enter in Pa , enter -0- in Pa | | 2 | |
| 3 | If gain, also enter in Part | ın or (loss) as defined in sections I, line 8, column (c) (see ınstru | | | 3 | |
| Part | | der Section 4940(e) for Redu | uced Tay on N | let Investment | _ | •• |
| | • | ivate foundations subject to the | | | | |
| f sec | tion 4940(d)(2) applies, leav | ve this part blank. | | | | □ Vos □ No |
| | s," the foundation does not | e section 4942 tax on the distribut t qualify under section 4940(e). I | Do not complete | this part. | · | ☐ Yes ☐ No |
| _1_ | • | ount in each column for each ye | ar; see the instru | uctions before m | aking any entries. | |
| Cale | (a) Base period years endar year (or tax year beginning in | (b) Adjusted qualifying distribution | ns Net value o | (c) f nonchantable-use a | | (d) tribution ratio divided by col (c)) |
| | 2013 | | | | | |
| | 2012 | | | | | |
| | 2011 | | | | | |
| | 2010 | | | | | |
| | 2009 | | | | + 1 | |
| 2 | Total of line 1, column (d |) | | | . 2 | |
| 3 | | for the 5-year base period – div | | | | |
| | | dation has been in existence if le | | | | |
| 4 | Enter the net value of nor | ncharitable-use assets for 2014 | from Part X, line | 5 | . 4 | |
| 5 | Multiply line 4 by line 3 | | | | . 5 | |
| 6 | Enter 1% of net investme | ent income (1% of Part I, line 27t | o) | | . 6 | |
| 7 | Add lines 5 and 6 | | | | . 7 | |
| 8 | | ons from Part XII, line 4 ater than line 7, check the box i | | | | 1% tax rate. See the |

| Page | 4 |
|------|---|
| гаче | - |

| Part \ | | ıstru | ction | ıs) _ | | |
|------------|--|--------|----------|----------|--|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 0 | | | |
| | here ▶ □ and enter 1% of Part I, line 27b | | | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 0 | | | |
| 3 | Add lines 1 and 2 | | 0 | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 0 | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 0 | | | |
| 6 | Credits/Payments: | | | 1 | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 0 | | i | | | |
| b | Exempt foreign organizations—tax withheld at source 6b 0 | | ľ | İ | | |
| С | Tax paid with application for extension of time to file (Form 8868) . 6c 0 | | | İ | | |
| d | Backup withholding erroneously withheld | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 0 | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | 0 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 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 2015 estimated tax ▶ 0 Refunded ▶ 11 | | 0 | | | |
| Part 1a | VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No | | |
| ıa | participate or intervene in any political campaign? | 1a | 163 | 7 | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | Ia | | | | |
| | Instructions for the definition)? | 1b | | 1 | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | 15 | | <u> </u> | | |
| | published or distributed by the foundation in connection with the activities. | | | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | ✓, | | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0 | | | | | |
| е | 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? | 2 | | <u> </u> | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | ✓_ | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | ✓ | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | | | | |
| _ | conflict with the state law remain in the governing instrument? | 6 7 | √ | | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | / | ✓ | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ | | | | | |
| ь | NY If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | | |
| b | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | · / | | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | 95 | - | <u> </u> | | |
| 9 | 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," | | | | | |
| | complete Part XIV | 9 | | 1 | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | | |
| | names and addresses | 10 | ✓ | | | |

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| art VII-A Statements Regarding Activities (continued) | | | Page \$ |
|---|----------------------------|-------|----------------|
| At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | | | √ |
| Did the foundation make a distribution to a donor advised fund over which the foundation or a disquality person had advisory privileges? If "Yes," attach statement (see instructions) | | | 1 |
| Did the foundation comply with the public inspection requirements for its annual returns and exemption application. Website address | on? 13 | | 1 |
| The books are in care of ▶ Paychex, Inc. Telephone no. ▶ | 585-385 | -6666 | |
| Located at ▶ 911 Panorama Trail South, Rochester, NY ZIP+4 ▶ | | | · |
| 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 | | | ▶ [|
| At any time during calendar year 2014, did the foundation have an interest in or a signature or other aution over a bank, securities, or other financial account in a foreign country? | | Yes | No ✓ |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22. "Yes," enter the name of the foreign country ▶ | | | Ť |
| art 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 |
| a During the year did the foundation (either directly): | | 1 | 1 |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | No No | | |
| (6) 1 (1111011 30000) 001 110000) 01 (1111011 11011 11011 11011 11011 11011 11011 11011 11011 11011 11011 11011 | No | İ | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for | No 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.) |] No | | |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulati section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | | - | |
| Organizations relying on a current notice regarding disaster assistance check here | | + | † |
| c Did the foundation engage in a pnor year in any of the acts described in 1a, other than excepted acts, were not corrected before the first day of the tax year beginning in 2014? | that | - | 1 |
| Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a privoperating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? | | | , and a second |
| 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) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6 | 2) to | | |
| all years listed, answer "No" and attach statement—see instructions.) | · 2b | | |
| ▶ 20 , 20 , 20 , 20 Ba Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | l No | | |
| b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if foundation had excess business holdings in 2014.) | n or the e of the | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos | | + | 1 |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20 | e its | | 1 |
| onamable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20 | Form 9 | | |

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| Part VIII Statements Regarding Activities for Which Form 4720 May Be Required (continued) | | 0-PF (2014) | | n. : | 4700 | Ani. P. D | | | - FA | | Pa | age 6 |
|---|----------|--|-----------------------|---------------------------------|------------------|-------------------------|----------------|---------------------------------|--------------------|----------|--------|--------------|
| (2) Influence the outcome of any specific public election (see section 4945(e))? _ Ves No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? _ No (3) Provide a grant to an individual for travel, study, or other similar purposes? _ No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(c)(4)(4)(7) (see instructions) No (5) Provide for any purposes other than religious, charitable, scientific, literary, or educational | | | | | 4/20 l | иау ве К | equire | a (contini | ue <u>a)</u> | 1 1 | 1 | |
| 49 Prowde a grant to an organization other than a charitable, etc., organization described in section 4945(d)4(A)(A) (see instructions). | 5a | (1) Carry on propaganda, or otherwise attempt t(2) Influence the outcome of any specific public | o influe c electio | nce legislatio on (see secti | on 495 | 5); or to ca | rry on, | _ | _ | | | |
| 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)? | | (4) Provide a grant to an organization other than | n a char | ritable, etc., o | organiza | ation descr | ibed in | | | | | |
| Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? | | (5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to o | , chanta children | able, scientifi or animals? | c, litera | ry, or educ | ational | _ | ✓ No | | | |
| 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? \ | b | | | | | | | | bed in | 5b | | |
| Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? The 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 awrage (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Contributions to employee benefit plans and deferred compensation (e) Contributions to employee benefit plans and deferred compensation (e) Contributions to employee benefit plans and deferred compensation (e) Contributions to employee the plans and deferred compensation (e) Contributions to employee the plans and deferred compensation of the highest-paid employees (other than those included on line 1—see instructions). If none, et "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (e) Compensation С | If the answer is "Yes" to question 5a(4), does t | he four | ndation claim | exemp | otion from | the tax | | _ | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 65, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 6a | Did the foundation, during the year, receive any | funds, | directly or in | directly, | , to pay pre | miums | _ | - No | | | |
| At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | b | Did the foundation, during the year, pay premiur | ns, dire | ctly or indired | ctly, on | a personal | benefit | _ | _ | 6b | | ✓ |
| 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 denter and deferred compensation (find paid, enter -0-) (c) Compensation (g) Compensation (g) Compensation (find paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation of their allowance of the railowance o | 7a | At any time during the tax year, was the foundation | a party t | to a prohibited | tax she | elter transac | tion? | | _ | 7h | | |
| 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 (if not paid, enter -0-) Martin Mucci B11 Panorama Trail South, Rochester, NY 14625 Pres/Dir 1 0 0 0 Etrain Rivera B11 Panorama Trail South, Rochester, NY 14625 Stephanie Schaeffer B11 Panorama Trail South, Rochester, NY 14625 VP/Sect/Dir 1 0 0 0 Stephania Schaeffer B11 Panorama Trail South, Rochester, NY 14625 VP/Sect/Dir 1 0 0 0 Michael Nesbitt B11 Panorama Trail South, Rochester, NY 14625 Exec. Director 3 0 0 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, et all of the manager of t | | | | | | | | | | | 006 | _ |
| 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 (d) Contributions to employee benefit plans and deferred compensation of the railowance of the r | Par | | tors, i | rustees, re | ounua | LION MAN | ıyers, | nighty P | alu El | пріоу | cc3, | |
| (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (if not paid, employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense according the following | | | n mana | name and th | eir con | noneation | lean i | netruction | <u></u> | | | _ |
| 911 Panorama Trail South, Rochester, NY 14625 Pres/Dir 1 0 0 0 Efrain Rivera 911 Panorama Trail South, Rochester, NY 14625 VP/Tr/Dir 1 0 0 0 Stephanie Schaeffer 911 Panorama Trail South, Rochester, NY 14625 VP/Sect/Dir 1 0 0 Michael Nesbitt 911 Panorama Trail South, Rochester, NY 14625 Exec. Director 3 0 0 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, ere "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 (c) Compensation (e) Expense according to the railowance of the railow | <u> </u> | | (b) Title | e, and average rs per week | (c) Cor (If n | mpensation not paid, | (d) (emplo | Contributions byee benefit p | to | | | |
| Efrain Rivera 911 Panorama Trail South, Rochester, NY 14625 VP/Tr/Dir 1 0 0 Stephanie Schaeffer 911 Panorama Trail South, Rochester, NY 14625 VP/Sect/Dir 1 0 0 Michael Nesbitt 911 Panorama Trail South, Rochester, NY 14625 Exec. Director 3 0 0 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, el "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 (e) Expense according of the railowance of the rai | Martin | Mucci | | | | | | | | | | |
| 911 Panorama Trail South, Rochester, NY 14625 VP/Tr/Dir 1 0 0 Stephanie Schaeffer 911 Panorama Trail South, Rochester, NY 14625 VP/Sect/Dir 1 0 0 Michael Nesbitt 911 Panorama Trail South, Rochester, NY 14625 Exec. Director 3 0 0 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, ere "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 (e) Expense according other allowance other | 911 Pa | norama Trail South, Rochester, NY 14625 | Pres/D | ir 1 | | 0 | | | 0 | _ | | |
| Stephanie Schaeffer 911 Panorama Trail South, Rochester, NY 14625 VP/Sect/Dir 1 0 0 Michael Nesbitt 911 Panorama Trail South, Rochester, NY 14625 Exec. Director 3 0 0 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, et "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 (e) Expense according and deferred compensation of the railowance of t | Efrain | Rivera | | | | | | | | | | |
| ### Panorama Trail South, Rochester, NY 14625 VP/Sect/Dir 1 0 0 ### Michael Nesbitt ### Panorama Trail South, Rochester, NY 14625 Exec. Director 3 0 0 ### Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, et "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 other allowance of the reliance | | | VP/Tr/I | Dir 1 | ļ | 0 | | | 0 | | _ | |
| Michael Nesbitt 911 Panorama Trail South, Rochester, NY 14625 Exec. Director 3 0 0 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, en "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 (e) Expense according of the railowance of the | | | | | | | | | | | | |
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| 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, en "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 accompensation NONE | | | | | | | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 (b) Irtie, and average hours per week devoted to position (c) Compensation *employee benefit plans and deferred compensation NONE (e) Expense accompensation | | Compensation of five highest-paid employe | Exec. I es (oth | Director 3 er than tho | se incl | uded on li | ne 1- | see instru | o uction: | s). If n | one, e | ente |
| | | (a) Name and address of each employee paid more than \$50,0 | 00 | hours per v | week T | (c) Compe | nsation | employee to plans and d | penefit eferred | | | |
| Total number of other employees paid over \$50,000 | NONE | | | | _ | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | | | | | | _ | _ | |
| Total number of other employees paid over \$50,000 | | | | | | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | | | | | | | _ | |
| Total number of other employees paid over \$50,000 | | | | | | | | | | | | |
| | Total | number of other employees paid over \$50,000 . | | | | | | | . ▶ | | | |

| 3 Five hi | and Contractors (continued) ghest-paid independent contractors for professional services (see instructions). If none, enter "NOI | VF." |
|----------------|--|------------------------|
| 0 1100111 | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
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| <u> </u> | | |
| | | |
| | | |
| 'atal number | of others receiving ever \$50,000 for professional convers | |
| | of others receiving over \$50,000 for professional services | 1 |
| Part IX-A | Summary of Direct Charitable Activities | |
| | ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of 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) | |
| | wo largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | | |
| | | |
| 2 | | - |
| | | |
| | | |
| · - | ram-related investments. See instructions | |
| 3 | | |
| | | |
| Total. Add lin | es 1 through 3 | - |
| | | Form 990-PF (20 |

| Part | X Minimum Investment Return (All domestic foundations must complete this part. Forei | ign founda | ations, |
|---------|--|--|-----------------|
| | see instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes: | | |
| а | Average monthly fair market value of securities | 1a | |
| þ | Average of monthly cash balances | 1b | 500000 |
| C | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 500000 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 500000 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 7500 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 492500 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 24625 |
| Part | XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.) | oundation | ns |
| 1 | Minimum investment return from Part X, line 6 | 1 | 24625 |
| 2a | Tax on investment income for 2014 from Part VI, line 5 | - | |
| Za b | Income tax for 2014. (This does not include the tax from Part VI.) 2b | 1 | |
| C | Add lines 2a and 2b | 2c | 0 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 24625 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 24625 |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0 |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| • | line 1 | 7 | 24625 |
| | | <u> </u> | |
| Par | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 0 |
| b | Program-related investments—total from Part IX-B | 1b | - |
| 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 chantable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 0 |
| 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 | |
| 6 | Adjusted qualifying distributions. 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 | g whether | the foundation |
| | qualifies for the section 4940(e) reduction of tax in those years. | | |
| | | | - 000 DE (0044) |

| Part | VIII Undistributed Income (see instruction | ons) | | | |
|--------|---|---------------|---------------------------|--------------------|--------------------|
| 1 | Distributable amount for 2014 from Part XI, line 7 | (a) Corpus | (b) Years pnor to 2013 | (c) 2013 | (d) 2014 |
| _ | · · · · - | | | | 24625 |
| 2 | Undistributed income, if any, as of the end of 2014 | | | | |
| a | Enter amount for 2013 only | | | 0 | |
| b | Total for prior years: 20,20,20 | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | | |
| а | From 2009 | | | | |
| Ь | From 2010 | | | | |
| С | From 2011 | | | | |
| d | From 2012 | | | | |
| е | From 2013 | | | | |
| f | Total of lines 3a through e | 0 | | | |
| 4 | Qualifying distributions for 2014 from Part XII, | | | | |
| | line 4: ▶ \$ | | | | |
| | Applied to 2013, but not more than line 2a . | | | 0 | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required—see instructions) | | 0 | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required – see instructions) | 0 | | | |
| d | Applied to 2014 distributable amount | | | | 0 |
| e | Remaining amount distributed out of corpus | 0 | | | |
| 5 | Excess distributions carryover applied to 2014 | 0 | | | 0 |
| | (If an amount appears in column (d), the same | | | | |
| | amount must be shown in column (a).) | 1 | | | |
| 6 | Enter the net total of each column as indicated below: | : | | | |
| _ | | | | | |
| a b | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract | 0 | | | |
| b | line 4b from line 2b | | 0 | | |
| C | Enter the amount of prior years' undistributed | | | | |
| | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | 0 | | |
| d | Subtract line 6c from line 6b. Taxable amount—see instructions | : | | | |
| | | | 0 | | - |
| е | Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount—see | | | | |
| | instructions | | | | |
| | | | | 0 | |
| f | Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2015 | | | | |
| _ | | | | , | 24625 |
| 7 | Amounts treated as distributions out of corpus | | | | ļ |
| | to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required—see instructions) | _ | | | • |
| 8 | Excess distributions carryover from 2009 not | 0 | | <u> </u> | |
| 0 | applied on line 5 or line 7 (see instructions). | | | | |
| 9 | Excess distributions carryover to 2015. | 0 | | | |
| 3 | Subtract lines 7 and 8 from line 6a | | | | |
| 40 | | 0 | | | |
| 10 | Analysis of line 9: | | | | |
| а | Excess from 2010 0 | | | | |
| b | Excess from 2011 | | | | |
| C | Excess from 2012 | | | | |
| d | | | | | |
| е | Excess from 2014 0 | | İ | | l J |

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

Rochester, NY based org. may submit directly. Requests for all other areas are initiated by employees of Paychex.

None

| 3_ | | the Year or Approved for Future Payment | | | | | | | | |
|----|-------------------------------------|--|----------------------|----------------------------------|----------|--|--|--|--|--|
| | Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount | | | | | |
| | Name and address (home or business) | or substantial contributor | recipient | Contribution | | | | | | |
| а | Paid during the year | | | | | | | | | |
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|------|------------|---|--------------------|-----------------|---|-------------------------------------|---|
| Ente | er gross | s amounts unless otherwise indicated. | (a) Business code | (b) Amount | (c) Exclusion code | on 512, 513, or 51 (d) Amount | 4 (e) Related or exempt function income (See instructions.) |
| 1 | Progr | ram service revenue: | | | | | (OCC INSTITUTIONS.) |
| | a _ | | | | | | |
| | b | | | | | | |
| | С | | | • | | | |
| | d ¯ | | | | | | |
| | е _ | | | | | | |
| | f | | | | | | |
| | g Fo | ees and contracts from government agencies | _ | | | | † |
| 2 | - | bership dues and assessments | · · · · · · | | | · | |
| 3 | | est on savings and temporary cash investments | | | | | |
| 4 | | ends and interest from securities | | | | | |
| 5 | | ental income or (loss) from real estate: | | | + | | |
| Ŭ | | Pebt-financed property | | | | - - | + |
| | | | | | | | |
| _ | | lot debt-financed property ental income or (loss) from personal property | | | + | | |
| _ | | | | | | | |
| 7 | | r investment income | | | + | | |
| 8 | | or (loss) from sales of assets other than inventory | | | | | |
| 9 | | ncome or (loss) from special events | | | | | |
| | | s profit or (loss) from sales of inventory | | | | | |
| 11 | Other | r revenue: a | ļ | | | | |
| | Ь _ | - | | | | | |
| | C _ | | | | ļ | | |
| | d _ | | | | | | |
| | e _ | | | | | | |
| 12 | Subto | otal. Add columns (b), (d), and (e) | | | | | |
| 13 | Total | I. Add line 12, columns (b), (d), and (e) | | | | 13 | |
| | | sheet in line 13 instructions to verify calculation | | | | | |
| Pa | rt XVI | -B Relationship of Activities to the A | <u>\ccomplishm</u> | ent of Exemp | t Purposes | | |
| Lin | e No. ▼ | Explain below how each activity for which accomplishment of the foundation's exempt put | income is report | orted in column | (e) of Part XVI | -A contributed oses) (See instr | importantly to the |
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| raru | VAII | | ganizations | isiers to and train | isactiviis (| and Ne | iauviisiii | ha Mir | ii iaoncha | ıııabı | e | |
|------------|---------|--|----------------------|---|-----------------|------------|----------------------|-------------|----------------------|----------------|------------|--------------|
| 1 | Did t | | | engage in any of the | following wi | ith any o | ther organ | ization | described | | Yes | No |
| | | | e Code (other than | section 501(c)(3) orga | anizations) c | or in sec | tion 527, r | elating 1 | to political | | | |
| | - | nizations? | | | | | | | | | | |
| а | | • | - | o a noncharitable exe | | | i. | | | | | |
| | • • | | | | | | | | | 1a(1) | | <u> </u> |
| _ | | other assets . | | | | | | | | 1a(2) | | ✓ |
| b | | r transactions: | | | | | | | | 4 1- (4) | | |
| | | | a nonchantable ex | empt organization . able exempt organiza | · · · | | | | | 1b(1) | | ✓ |
| | | | | able exempt organiza er assets | | | | • • • | | 1b(2) 1b(3) | | ▼ |
| | | | | | | | | • • • | | 1b(4) | | ▼ |
| | | | • | | | | | | | 1b(5) | | - |
| | | _ | | hip or fundraising soli | | | | | | 1b(6) | | <u>√</u> |
| С | | | | sts, other assets, or p | | | | | | 1c | | 1 |
| d | If the | answer to any | of the above is "Ye | s," complete the follo | owing sched | dule. Co | olumn (b) s | should a | always sho | w the | fair m | arket |
| | | | | ices given by the repo | | | | | | | | |
| | | | | gement, show in colur | | | | | | | | |
| (a) Lin | ело | (b) Amount involved | (c) Name of nonc | hantable exempt organizati | on (d |) Descript | ion of transfei | rs, transac | ctions, and sha | arıng arr | angeme | ents |
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: 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, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

| Name of the organization Employer identification number 1 | | | | | | |
|---|---|---|---|-------------------------------|--|--|
| Paychex Community Foundation, Inc. | | | | 46-5691719 | | |
| Organiz | ation type (check on | ie): | | | | |
| Filers o | | | | | | |
| Form 99 | 0 or 990-EZ | ☐ 501(c)(|) (enter number) organization | | | |
| | | ☐ 4947(a)(1) nor | nexempt charitable trust not treated as a private for | undation | | |
| | | ☐ 527 political o | rganization | | | |
| Form 99 | 0-PF | √ 501(c)(3) exem | npt private foundation | | | |
| | | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | ☐ 501(c)(3) taxai | ble private foundation | | | |
| | | | | | | |
| | nly a section 501(c)(7 | - | neral Rule or a Special Rule. zation can check boxes for both the General Rule a | and a Special Rule. See | | |
| Genera | Rule | | | | | |
| Ø | | r property) from an | 0-EZ, or 990-PF that received, during the year, con y one contributor. Complete Parts I and II. See inst | | | |
| Special | Rules | | | | | |
| | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year | | | | | |
| Caution | . An organization tha | t is not covered by | the General Rule and/or the Special Rules does no | ot 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).

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Name of organization Employer identification number
Paychex Community Foundation, Inc. 46-5691719

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|------------|---|---------------------------------------|---|
| Part I | Contributors (see instructions). Use duplicate co | pies of Part I if additional space is | needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1_ | Paychex, Inc. 911 Panorama Trail South Rochester, NY 14625 | ¢ 1000000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
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Name of organization Paychex Community Foundation, Inc.

from

Part I

(a) No.

from

Part I

Employer identification number 46-5691719

(d)

Date received

(d)

Date received

FMV (or estimate)

(see instructions)

(c)

FMV (or estimate)

(see instructions)

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

(b)

Description of noncash property given

(b)

Description of noncash property given

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

| | form 990, 990-EZ, or 990-PF) (2014) | - | | | Page 4 | | | |
|---------------------------|--|---|--|--|--|--|--|--|
| Name of or | - | | | | Employer identification number | | | |
| Paychex Co | Exclusively religious, charitable, e (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for the | r the year from any itions completing Pai he year. (Enter this in | one contribut t III, enter the formation onc | t or. Complete total of <i>exclusi</i> | columns (a) through (e) and ively religious, charitable, etc., | | | |
| (a) No. | Use duplicate copies of Part III if add | ditional space is need | ded | | | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) De: | scription of how gift is held | | | |
| | | (e) Transt | er of gift | | | | | |
| - | Transferee's name, address, a | and ZIP + 4 | Rel | ationship of tra | nsferor to transferee | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) De | scription of how gift is held | | | |
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| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift (c) Use of gift | | of gift | (d) De | scription of how gift is held | | | |
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| - | (e) Transfer of gift | | | | | | | |
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PAYCHEX COMMUNITY FOUNDATION, INC. EIN: 46-5691719 ATTACHMENT TO FORM 990-PF

REASONABLE CAUSE FOR LATE FILING

The Paychex Community Foundation, Inc. (the Foundation) was established by Paychex, Inc. (Paychex) as a Delaware corporation on May 15, 2014. The intent was for the Foundation to qualify as a private foundation exempt from income tax under §501(c)(3). The Foundation's fiscal year is the same as that of Paychex, June 1 – May 31. Accordingly, it had an initial short-period fiscal year of May 15, 2014 to May 31, 2014. The only activity during that period was the receipt of an initial funding contribution from Paychex of \$1,000,000, which occurred on May 21st.

An Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code was filed on Form 1023 in October 2014. The approval of this application was dated January 27, 2015, with the effective date of the exemption of May 15, 2014.

The Foundation did not timely file the Form 990-PF for the initial short period. However, this was an oversight and the Foundation believes there is reasonable cause to waive any penalty for late filing for the following reasons:

- This was the initial filing due and covered a period of only two weeks. The only
 activity during that period was incorporation of the Foundation and the receipt of
 an initial funding contribution from Paychex.
- This was Paychex's first foray into the private foundation arena. The intent was to provide a mechanism to expand and enhance the charitable contribution activities Paychex had previously done directly. A significant portion of the initial and ongoing compliance and operational functions of the Foundation have been handled by Paychex personnel who did not previously have experience in this area. This is in addition to their normal duties as employees of Paychex.
- Because the Foundation was not approved as a private foundation until many months after the end of the initial short period, it was a reasonable assumption that a Form 990-PF, Return of Private Foundation, would not be required for a period prior to the time it was a private foundation.
- At the time the Form 990-PF would have been due, the focus was on the completion of Form 1023, along with the establishment of the criteria for the charitable contribution activities of the Foundation.

Based on these reasons, the Foundation believes there is reasonable cause for the delayed filing and respectfully requests any penalties be waived.