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## **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separ

			dar year 2014 or tax year beginning		14, and	ending		, <b>20</b>
	Nai	ne or re	undation			A Employe	r identification number	er
	Sar	naritar	Hospital School of Nursing Alumni Association Charitab				14-1684557	
	Nu	mber an	d street (or P O. box number if mail is not delivered to street address)	Rooi	m/suite	<b>B</b> Telephor	e number (see instructi	ons)
			sachusetts Ave.		518-453-5928			
	City	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exemption application is pending, check here ▶ [		
	Tro	y, New	York 12180					
	G	Check	all that apply:  Initial return Initial return	n of a former publi	c charity	D 1. Foreig	n organizations, check	here ▶
			☐ Final return ☐ Amended		,	1	•	·
			Address change Name cha	nge			n organizations meeting here and attach compu	
	H	Check	type of organization: Section 501(c)(3) exempt p				foundation status was	terminated under
			on 4947(a)(1) nonexempt charitable trust   Other tax			section 5	07(b)(1)(A), check here	▶[
			narket value of all assets at J Accounting method	<del></del>		-		
				I. VI Casii 🗀 A	Accidai		ndation is in a 60-mont	
		line 16				under ser	ction 507(b)(1)(B), checl	k here . ► _
				on cash basis.)	<del></del>	l		
	12	art I	Analysis of Revenue and Expenses (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		t investment ncome	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
							.,	(odon basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	50 80 ft st (20) + 5 (20) 2	<del> </del>			<u> </u>
10		2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B	翻模模式与第一个	- 1 12h-	1 p. 10 10 10 10 10 10 10 10 10 10 10 10 10		
2015		3	Interest on savings and temporary cash investments	45		457		
		4	Dividends and interest from securities	920	5	9205		, ,
<u> </u>		5a	Gross rents	Saltenia of the Assess California Commen	7 3 2 2 2 2 2	Sect (CO. P. PMC		<u> </u>
0		b	Net rental income or (loss)	THE THE ME	A 200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, , , , , , , , , , , , , , , , , , , ,
SEP	ne	6a	Net gain or (loss) from sale of assets not on line 10	-16	1 5 1 1 1	100		
S	ē	b	Gross sales price for all assets on line 6a 15295	Editor Control		<u>િંદ જેવે</u>	200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
0	Revenue	7	Capital gain net income (from Part IV, line 2)		1 60 <del>00</del> 1 - 0 . )		X 15, 44 5,7 , 1	3 -
Ωį	ш	8	Net short-term capital gain					<b>3</b>
SCAMNED		9	Income modifications	Control of the second	WE 3 12 - 1	KE	CEIVED	, , , , , , , , , , , , , , , , , , ,
3		10a	Gross sales less returns and allowances	Winds of the second			()	
$\mathcal{O}$		b	Less: Cost of goods sold	<b>请教证标</b> 。许是	10.00	S AUG	2 7 7015	
<b>6</b> 9		C	Gross profit or (loss) (attach schedule)	<del></del>	2.3	-	(A)	3
		11	Other income (attach schedule)		-	<del>OG</del> I	DEN, UT	-
		12	Total. Add lines 1 through 11	955	1	<b>\9662</b>	>C14, G1	
	es S	13 14	Compensation of officers, directors, trustees, etc.		+			
0	JS I	15	Other employee salaries and wages Pension plans, employee benefits		<del> </del>		·	-
30	<u>6</u>	۱			<del> </del>			<del></del>
Tes Odder	X	16a b		100	+			
Ω₹	Š	C	Accounting fees (attach schedule)	1000	<del>' </del>	·····		· · · · · · · · · · · · · · · · · · ·
č S	aţi	17	Interest		+			<del></del>
<b>3</b>	str	18	Taxes (attach schedule) (see instructions)		<del>.  </del>		<del></del>	
	Ë	19	Depreciation (attach schedule) and depletion	465	<del>' </del>			P
0 10 10	Ξ	1	, ,	<del></del>	<del> </del>	<del></del>		
	A	20	Occupancy	<u> </u>	+			
<b>3</b>	Ø	21	Travel, conferences, and meetings		ļ			
	ä	22	Printing and publications		4			·
	ng	23 24	Other expenses (attach schedule)	143	3	95		
	Operating and Administrative	24	Add lines 13 through 23					
	je.	0E		1608		127 IQ	<u> </u>	
	ŏ	25	Contributions, gifts, grants paid		15.		7 1 2	1250
		26	Total expenses and disbursements. Add lines 24 and 25	2858	<del></del>	,	0	1250
	,	27	Subtract line 26 from line 12:	-	1 -	4 · · · · · · · ·	7 -	
		a	Excess of revenue over expenses and disbursements	6693				<u> </u>
		b	Net investment income (if negative, enter -0-)	(A) - 1/2 -	<del> </del>	9567	 	<del></del>
		C	Adjusted net income (if negative, enter -0-)	7 3 364	ı		O.	

Form **990-PF** (2014)

Form 990-PF (2014)

1 Cash—non-interest-bearing	De	rt II	Balance Sheets  Attached schedules and amounts in the description column  should be for end-of-year amounts only (See instructions.)		End	of year
2 Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts ► 4 Pledges receivable ► Less allowance for doubtful accounts ► 5 Cornts receivable 6 Receivables due firm officers, directors, trustees, and other disqualified powtons (attach schedule) kee instructions) 7 Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts ► 8 Inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Investments—Curror als table government obligations (attach schedule) Less: allowance for doubtful accounts ► 10b Investments—Curror als table government obligations (attach schedule) 26175 25492 15403 6072 6085 6091 1 Investments—Curror als took (attach schedule) 6072 6085 6091 1 Investments—Curror als took (attach schedule) 6072 6085 6091 1 Investments—Land, buildings, and equipment basis ► 12c Less accumulated depreciation (attach schedule) 94182 9943 74138 1 Investments—curror also provided to the instructions Alloy, see page 1, item 1) 1 Investments—curror also see the instructions. Alloy, see page 1, item 1) 1 37654 14243 105778 1 Gardina assets (for bor opinited by all filers—see the instructions. Alloy, see page 1, item 1) 1 37654 14243 105778 1 Gardina assets (for bor opinited by all filers—see the instructions. Alloy, see page 1, item 1) 1 37654 14243 105778 1 Gardina assets of the complete of the instructions. Alloy, see page 1, item 1) 1 37654 14243 105778 1 Gardina assets of the complete of the instructions Alloy, see page 1, item 1) 1 37654 14243 105778 1 Gardina assets of the opinited opinite and opinited persons 1 Gardina and opinited lines 24 through 23 1 Total liabilities (see lines 27 through 31. 1 1291 1291 1291 1291 1291 1291 1291			should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
A Accounts receivable ► Less allowance for doubtful accounts ► Signature of the state of the st				11255	1092	9 10929
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Grants receivable Receivables due from officers, directors, frustees, and other dequalified persons (attach schedule)   Less allowance for doubtful accounts   Less allowance for doubtful accounts   Investments—corporate stock (attach schedule)   Less accombiated depreciation (attach schedule)   Less accombiated preciation (attach schedule)   Less accombiated preciati		4	Pledges receivable ►	No. of the second	的复数外面分析。	観察ないという。
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8   Inventories for sale or use   9   Prepaid expenses and deferred charges   10a   Investments—corporate bonds (attach schedule)   10   Investments—corporate bonds (attach schedule)   26175   25492   15403   25492   15403   25492   15403   25492   15403   25492   25		7		-1' '	Friday Control	1.
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Less: accumulated depreciation (attach schedule) ▶    12		C	Investments—corporate bonds (attach schedule)			
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16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item l)		15	Other assets (describe ►			
instructions. Also, see page 1, item i)  17 Accounts payable and accrued expenses  18 Grants payable and accrued expenses  19 Deferred revenue  20 Loans from officers, directors, trustees, and other disqualified persons  21 Mortgages and other notes payable (attach schedule)  22 Other liabilities (describe ▶  23 Total liabilities (add lines 17 through 22)  5 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted  25 Temporarily restricted  26 Permanently restricted  27 Capital stock, trust principal, or current funds  28 Paid-in or capital surplus, or land, bldg,, and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  30 Total net assets or fund balances (see instructions)  31 Total liabilities and net assets/fund balances (see instructions)  1 Total liabilities and 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)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶ prior period adjustment  5 1928  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part III, column (b), line 30  6 142429		16	Total assets (to be completed by all filers-see the			
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19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶ 23 Total liabilities (add lines 17 through 22)  5 Foundations that follow SFAS 117, check here ★ □ 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Temporarily restricted 28 Permanently restricted 29 Retained earnings, accumulated income, endowment, or other funds 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 4 Analysis of Changes in Net Assets or Fund Balances 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ prior period adjustment 5 1928 6 Total net assets or fund balances at end of year (line 4 minus line 5) —Part II, column (b), line 30 6 142429 6 Total net assets or fund balances at end of year (line 4 minus line 5) —Part II, column (b), line 30 6 142429		) '	· ·			$\dashv_{\mathcal{I}_{i}}$
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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)	8	26	Permanently restricted	126373		<del></del> , , ,
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)	Ĕ		Foundations that do not follow SFAS 117, check here ▶ □			
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)	Ĩ	Ì	and complete lines 27 through 31.	j		
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)	ō	27	Capital stock, trust principal, or current funds			Section 19 to the second
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)	şţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
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)	SS	29	Retained earnings, accumulated income, endowment, or other funds			
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)	Ž	30	Total net assets or fund balances (see instructions)	137664	1424	29
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)	ē	31	Total liabilities and net assets/fund balances (see			
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)	_		instructions)	137664	1424	29 (1)
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end-of-year figure reported on prior year's return)					t agree with	
2 Enter amount from Part I, line 27a					· I	137664
3 Other increases not included in line 2 (itemize) ▶ 3 144357 4 Add lines 1, 2, and 3	2				<b>├</b>	
4 Add lines 1, 2, and 3	_					
5 Decreases not included in line 2 (itemize) ▶ prior period adjustment 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 142429	_	. Ο ΔΑΑ - Ο ΙΙΙΚ	Ulines 1 2 and 3			
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 142429	_		· ·		<del></del>	
	-	Tota	al net assets or fund balances at end of year fline 4 minus line 5).	Part II column (b) lii		<del></del>
	_	1016	and about or rains baraneou at one or your fine 4 minus line of	- art ii, oolulliii (b), iii		

Part I	(a) List and describe the ki	osses for Tax on Investm nd(s) of property sold (e.g., real estate or common stock, 200 shs. MLC Co)		ome	(b) How acquired P—Purchase D—Donation		ate acquired , day, yr.)	(d) Date sold (mo , day, yr )
1a		<del></del>	_					
b								
С								
d								
е							<del></del>	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			ın or (loss) (f) mınus (g)
а								
b								
C							<del></del>	
<u>d</u>			<del> </del>	<del></del>		l		
e	Complete only for exects show	ng gain in column (h) and owned t	ov the four	ndation	on 12/31/69			
	Complete only for assets show				is of col. (i)	1		oi (h) gain minus ot less than -0-) <b>or</b>
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	•	•	(j), if any	ļ	Losses	(from col (h))
<u>a</u>								•
<u>b</u>			<del></del>		<del></del>	-		
d				•				
e			·····			<u> </u>		<del></del>
		{ If gain,	also ente	er in Pa	art I, line 7	1		
2	Capital gain net income or (				rt I, line 7	2		
3	If gain, also enter in Part I,	or (loss) as defined in sections line 8, column (c) (see instruc	ctions). I	f (loss)	), enter -0- in }	3		
art		Section 4940(e) for Redu				<del></del>		<del></del>
	s," the foundation does not q	ection 4942 tax on the distribu ualify under section 4940(e). D	o not co	mplete	this part.			☐ Yes 🕢 !
1	Enter the appropriate amou	nt in each column for each yea	ar; see th	e instr	uctions before m	aking	any entries	
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Ne	et value o	(c) of noncharitable-use a	assets		(d) stnbution ratio ) divided by col. (c))
	2013		750		1	05625		.00710
	2012		2750			98209		.02800
	2011	<u> </u>	3000			00074	· · · · · · · · · · · · · · · · · · ·	.02997
	2010		4000			99575		.04017
	2009	1 1	5293			85950	<del></del>	.177929
_	<b>- 1 5 1 1 1 1 1 1 1 1 1 1</b>							
2 3	Total of line 1, column (d)	r the 5-year base period—divi				, the	2	.283
3		tion has been in existence if le				i i	3	.050
4	Enter the net value of noncl	naritable-use assets for 2014 f	rom Part	X, line	5		4	107
5	Multiply line 4 by line 3 .						5	6
6	Enter 1% of net investment	income (1% of Part I, line 27b	)				6	
7	Add lines 5 and 6						7	6
8	Enter qualifying distribution	s from Part XII, line 4					8	12
-		er than line 7, check the box in						

Part \		instru	ctio	ns)		
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					
	here ▶ □ and enter 1% of Part I, line 27b	7 2	, \$			
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-)					
3	Add lines 1 and 2		191			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		191			
6	Credits/Payments:	诗歌,	s , , ; ;	*,5		
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a	i i i i i i i i i i i i i i i i i i i		(c) '		
b	Exempt foreign organizations—tax withheld at source 6b	, ,, , ,		<i>'</i>		
C	Tax paid with application for extension of time to file (Form 8868) . 6c 6c	2. 44.	. · ·	,		
d	Backup withholding erroneously withheld			,		
7	Total credits and payments. Add lines 6a through 6d			<u> </u>		
8	Enter any penalty for underpayment of estimated tax. Check here [] if Form 2220 is attached [8]			L		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		191	<u> </u>		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			<u> </u>		
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11			<u> </u>		
Part	VII-A Statements Regarding Activities	1-:-	V	N.		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No		
_	participate or intervene in any political campaign?	1a				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		1		
	If the answer is "Yes" to <b>1a</b> or <b>1b,</b> 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?	1c		1		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	79 B	w. '	ر ا		
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	37.7	47.	F 11		
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		1		
3	If "Yes," attach a detailed description of the activities.  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		\ <u> </u>		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1		
p	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		<del>  ,</del>		
5	If "Yes," attach the statement required by General Instruction T.	3		✓		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	F - 7				
U	By language in the governing instrument, or	1		. ′		
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>	ľ		ľ		
	conflict with the state law remain in the governing instrument?	6	1			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1			
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	905 60	<del></del>	7.15		
	New York	, ' 7		A -		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		ا برمان	٠, ٠		
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1	^		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	33		<del> </del>		
3	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	<u> </u>		† ·		
•	names and addresses	10		1		

Part	VII-A Statements Regarding Activities (continued)			age C
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	т т		
-	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	امدا		١,
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		<b>-</b>
12,	the transfer of the contract o			
40	·	12		<b>-</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<b>√</b> _	L
4.4	Website address ► none			
14		84535		
	Located at ► 1300 Massachusetts Ave. Troy, NY ZIP+4 ►	12180	)	
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			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	.	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If		,	c
	"Yes," enter the name of the foreign country ▶	4-3	. ' .	66
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.	742	Yes	No
1a	During the year did the foundation (either directly or indirectly):	3 34	を発	134 5
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		, T	19.7- 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			-i ,
	disqualified person?	; ;	7.	,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes  No	$\mathcal{L}_i^{r}$ desc	' '-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	, ,	,	<b>j</b> .
	(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)?	1 10	- - 1	
	(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	100	, ,	7.
	termination of government service, if terminating within 90 days.)	70	7	- '
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations		,	100
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		į
	Organizations relying on a current notice regarding disaster assistance check here			
^	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	. 1 e		
C	were not corrected before the first day of the tax year beginning in 2014?	1c	, ,	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	16	,	1
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	-" - , ,	1, 4,	1.3
_	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	7		1
а	6e, Part XIII) for tax year(s) beginning before 2014?		1.77£	, c
	If "Yes," list the years ▶ 20, 20, 20, 20	2.5	2 21	
_	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	X		1,7,7
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	,		j: ,
	all years listed, answer "No" and attach statement—see instructions.)	2b	-	<u>'</u>
_	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	ZD	, , , ,	1
С	► 20 , 20 , 20 , 20	3	30 7 30	
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		(A. 7.	( ) ·
3a	at any time during the year?	120		17 18
				1. 1. A.
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or	34		1" :
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	[. `_		١ ٠
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1	-	1
	foundation had excess business holdings in 2014.)	3b	<b> </b>	ļ
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
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 2014?	4b	1	✓

 Form 99	) 0-PF (2014	)										Page (
Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	<b>d</b> (contii	nued)			ayo (
5a	(1) Carr (2), Influ	the year did the foundation pay or incur a y on propaganda, or otherwise attempt t ence the outcome of any specific public ctly or indirectly, any voter registration dr	ny amo o influe c electio	ount to: nce legislatio	on (secti on 495	ion 4945(e) 5); or to ca	)? . irry on,	☐ Yes	✓ No	The state of the s	5 · · · · · · · · · · · · · · · · · · ·	
	(4) Provisect		n a chai	ritable, etc., o	organiza	ation descr	ibed in	Yes	☑ No ☑ No			では、
	purp	vide for any purpose other than religious, poses, or for the prevention of cruelty to consume in "Yes" to Ep(1) (5) wild are of the	children	or animals?				☐Yes	V No			
b	Regulati	nswer is "Yes" to 5a(1)–(5), did <b>any</b> of the ions section 53.4945 or in a current notice ations relying on a current notice regardi	regardir	ng disaster as	ssistanc	e (see instri		?	nbeoin	5b_		, s , t <sub>1</sub>
c	If the all	nswer is "Yes" to question 5a(4), does t e it maintained expenditure responsibility	he four for the	ndation claim grant?	exemp	otion from	the tax		□No			
6a	Did the	attach the statement required by Regula foundation, during the year, receive any rsonal benefit contract?	funds,		directly,	to pay pre	emiums 	☐ Yes	<b></b> ✓ No			120
	If "Yes"	foundation, during the year, pay premium to 6b, file Form 8870.						_		6b		<b>√</b>
7a b	At any ti	me during the tax year, was the foundation and the foundation receive any proceeds	a party i s or hav	to a pronibited ve anv net ind	tax sne	eiter transac ttributable 1	tion? to the tr	<b>Yes</b> ransactio		7b	(, `	'
	VIII	Information About Officers, Direct and Contractors	tors, 7	rustees, F	ounda	tion Mana	igers,	Highly I	Paid E		ees,	
_1_	List all	officers, directors, trustees, foundation				npensation		nstruction Contribution				
		(a) Name and address	hou	e, and average rs per week ed to position	(Ifn	not paid, ter -0-)	emplo	yee benefit erred comp	plans	(e) Expe	inse ac allowai	
see lis	t attache	d	as requ	uired		0		· · · · · · · · · · · · · · · · · · ·	0	i		
								·				
2	Compe "NONE	ensation of five highest-paid employed"	es (oth	er than tho	se incl	uded on li	ne 1—	see insti	ruction	s). If n	one,	ente
	(a) Name a	and address of each employee paid more than \$50,00	00	(b) Title, and a hours per of devoted to p	veek -	(c) Compe	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	ense ac allowa	
попе								-				

Total number of other employees paid over \$50,000 .

	_
Dogo	7
raue	- 6

Pal	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	_ "
	. (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
none		
		<del></del>
Total	I number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·
Pa	t IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	· · · · · · · · · · · · · · · · · · ·
OI	ganizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
	to help alumni nurses in their time of medical need	
•	to help didning fluided in the or modeler need	
		o
2		
_		
3		
		· <del></del>
4		
	t IX-B Summary of Program-Related Investments (see instructions)	·····
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		ı
2		
2		
A	If other program-related investments. See instructions	
3		
-		
Tota	al. Add lines 1 through 3	

Form **990-PF** (2014)

Part	see instructions.)	gn founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	97560
b	Average of monthly cash balances	1b	11092
С	Fair market value of all other assets (see instructions)	1c	11032
d	<b>Total</b> (add lines 1a, b, and c)	1d	108652
е	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	108652
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	ınstructions)	4	1630
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	107022
6	Minimum investment return. Enter 5% of line 5	6	5351
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here ► □ and do not complete this part.)	oundation	S
1	Minimum investment return from Part X, line 6	1	5351
2a	Tax on investment income for 2014 from Part VI, line 5	9 8	
b	Income tax for 2014. (This does not include the tax from Part VI.)	12.162.	
C	Add lines 2a and 2b	2c	191
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5542
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5542
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	5542
Part	XII Qualifying Distributions (see instructions)	<del>rr</del> -	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1.0	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1250
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 charitable 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	1250
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)	6	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	L	1250
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g wnether	the foundation

irt	VIII Undistributed Income (see instruction	ons)			Page
l	Distributable amount for 2014 from Part XI, line 7	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	Undistributed income, if any, as of the end of 2014:	- 1 Bit - 1	1		554
2 a	Enter amount for 2013 only		* , *		
1	Total for prior years: 20 ,20 ,20	The State of the Control	* · · · · · · · · · · · · · · · · · · ·	0	<del> </del>
		A second of a second	0		·
	Excess distributions carryover, if any, to 2014: From 2009 6202				-
i					ľ.
)	From 2010	- Bulling between			<b>.</b>
C	From 2011	<b>"是"。"</b> "		' ' ' '	· , , , , , , , , , , , , , , , , , , ,
1	From 2012	A MARIE TO S	li,		
•	From 2013	ి ఎక్కువోశమోద్ కేస్			, , , ,
	Total of lines 3a through e	54145		1 / 1	
	Qualifying distributions for 2014 from Part XII, line 4: ▶ \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Applied to 2013, but not more than line 2a .	1. 1000 1000 1000 1000 1000 1000 1000 1	4	0	130
	Applied to undistributed income of prior years	国产等的现在分词			
	(Election required—see instructions)	15. The second second	0		-
	Treated as distributions out of corpus (Election required—see instructions)	0			
	Applied to 2014 distributable amount	in the district services in	1 1 1		125
	Remaining amount distributed out of corpus	0	(,,	j. 3 ' ( , ,	
	Excess distributions carryover applied to 2014	4292		e ignormatic en filoso	429
	(If an amount appears in column (d), the same	2x - 大小小海流	A Comment of the Comm		
	amount must be shown in column (a).)		The second second second		
	Enter the net total of each column as indicated below:	The state of the s		A STATE OF THE STA	
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	49853	1000	Programme and the second	
	Prior years' undistributed income. Subtract	( 18 ENNY 1 ( ) )		1 1 -45 7 - 3	120 121
1	ine 4b from line 2b	5 17 15 16 16 16 16 16 16 16 16 16 16 16 16 16	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 m
	Enter the amount of prior years' undistributed	一世 "是一个			
	income for which a notice of deficiency has	1 1 1 1 1 1 1 1			
t	been issued, or on which the section 4942(a)	Print Call		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* · · · · · · · · · · · · · · · · · · ·
	tax has been previously assessed	hele, I may the me	<u> </u>	1367	- "
	Subtract line 6c from line 6b. Taxable	-11 7 19 7 1			
	amount—see instructions	15 - 346 35 -	0	) (i) (i) (i) (i)	
	Undistributed income for 2013. Subtract line	10-18-18- 1 31 ve	, · · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,
	4a from line 2a. Taxable amount—see	· 是一种,	Para Carana		
	instructions				
	Undistributed income for 2014. Subtract lines		1 - 4- 24 - 64.	4 : 4	
	4d and 5 from line 1. This amount must be	The State of the S	化二十二烷 经现金帐户		1
	distributed in 2015	1 多。据答众。	サーは、これは	1 3 4 1 2	
				1 1	·
	Amounts treated as distributions out of corpus		1 4 6 4 3 4 B	4	1 -1 -1
	to satisfy requirements imposed by section			, ,	
	170(b)(1)(F) or 4942(g)(3) (Election may be		Jan Barrell	•	
	required—see instructions)	C	<u>'</u>	<del> </del>	<del> </del>
	Excess distributions carryover from 2009 not		11.5%		<u>-</u>
	applied on line 5 or line 7 (see instructions) .		<u> </u>	<del></del>	+
	Excess distributions carryover to 2015.		1		
	Subtract lines 7 and 8 from line 6a	49853	3   e	+	<del></del>
	Analysis of line 9:	10 涨点。	J	, ,	•
	Excess from 2010		·	- 4	
,	Excess from 2011	14.5			· 1
;	Excess from 2012		16		The second of
	Excess from 2013		i)	1.	,
е	Excess from 2014	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	

	XIV Private Operating Foundat	ions (see instr	uctions and Part	VII-A, question 9	))	Page <b>1</b> (
1a	If the foundation has received a ruling foundation, and the ruling is effective for	or determination 2014, enter the d	n letter that it is a late of the ruling.	private operating		
b	Check box to indicate whether the found		e operating founda	ation described in se	ection  4942(j)(	3) or 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2014	<b>(b)</b> 2013	(c) 2012	( <b>d)</b> 2011	(e) Total
	85% of line 2a					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
b	section 4942(j)(3)(B)(i)	<del></del>				
С	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
- ·	(4) Gross investment income	- (Camplete #	his most only if	the foundation b	ad \$5 000 at ma	are in essets e
Part	XV Supplementary Information any time during the year —			me loundation ii	au \$5,000 or inc	ne ili assets a
4	Information Regarding Foundation N		113.)			
a	List any managers of the foundation w before the close of any tax year (but or	ho have contrib				by the foundation
b b	List any managers of the foundation ownership of a partnership or other en	who own 10% o	or more of the sto e foundation has a	ock of a corporation 10% or greater into	n (or an equally la erest.	rge portion of the
one	Information Properties Contains the	Grant Cift I -	an Coholambin	eta Programa:		
2	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the fo	only makes conf	tributions to prese	elected charitable	organizations and to individuals or or	does not accep
	other conditions, complete items 2a, b	, c, and d.				
а	The name, address, and telephone nu	mber or e-mail a	ddress of the pers	son to whom applic	ations should be a	iddressed:
amar b	ritan Hospital School of Nursing Alumni, Ir The form in which applications should	be submitted ar	husetts Ave. Troy nd information and	NY 518-453-5928 I materials they sho	ould include:	
	t: application form, physicians statements Any submission deadlines:	and copies of ar	y specific medical	bills to reimbursed		· · ·
no d	Any restrictions or limitations on aw factors:	ards, such as t	oy geographical a	areas, charitable fi	elds, kinds of ins	titutions, or othe

none

Part XV Supplementary Information (cont	inued)			rage I
3 Grants and Contributions Paid During t	he Year or Approv	ed for Fu	ture Payment	
Recipient	If reciplent is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
Shella Musco 25 Clifford Drive, Ballston Lake NY 12019	none	individual	medical purposes	500.00
Jane Metzger 30 Community Way #206, East Greenbush, NY 12061	none	individual	medical purposes	750.00
Total		<del></del>		Ba 1250
<b>b</b> Approved for future payment				
none				
Total			·	3b

	t XVI-A Analysis of Income-Producing A	ctivities				Page 12
Ente	r gross amounts unless otherwise indicated.		usiness income	Excluded by sect	ion 512, 513, or 514	<del></del>
	Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<del>,</del>	(e) Related or exempt function income (See instructions.)
	a		· · · · · · · · · · · · · · · · · · ·	<del></del>		
	<b>b</b>			<del> </del>		
	c			<del> </del>		
	d			<del> </del>	<del></del>	
	е			<del>                                     </del>		
	f			<del>                                     </del>		
	g Fees and contracts from government agencies					
2	Membership dues and assessments	-				
3	Interest on savings and temporary cash investments			14	457	
4	Dividends and interest from securities		<del>-</del>	14	9205	
5	Net rental income or (loss) from real estate:					所有 由 在 1000
	a Debt-financed property				The Carlotte of the Carlotte o	
	<b>b</b> Not debt-financed property			1		· · · · · · · · · · · · · · · · · · ·
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b			<u> </u>	·	
	С					
	d					
	e	and the same of th				
	Subtotal. Add columns (b), (d), and (e)		·			
	Total. Add line 12, columns (b), (d), and (e)				. 13	9662
(See						
<u>.                                     </u>	worksheet in line 13 instructions to verify calculation	ns.)				
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes		
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in loses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in ooses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in loses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in oses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in ooses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in ooses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in oses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in oses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	i-A contributed in coses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in coses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed in poses). (See instruc	
Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ns.) <b>Accomplish</b> m	ent of Exemp	t Purposes	I-A contributed if poses). (See instruc	

Part	XVII	Informatio	n Regarding Trai	nsfers To and Transaction	ons and	Relationshi	ps With Nonci	naritable	Page 13
		ryempt O	ganizations						•
1	Did th	ne organization i	directly or indirectly	engage in any of the following	ng with ar	ny other organ	ization describe	1 15 15	Yes No
	in sec	201011 50 1 (C) Of th	ne Code (other than	section 501(c)(3) organizatio	ns) or in s	section 527, r	elating to politica		(水道) 水本銀
	organ	lizations?					• ,		
а	Trans	fers from the re	porting foundation to	o a noncharitable exempt org	ganization	n of:			
	(1) C	(1) Cash					1a(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	<b>(2)</b> O	ther assets .						1a(2)	<del>-   -   -   -   -   -   -   -   -   -  </del>
b	Other transactions:				<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	· 企业 新兴兴			
	(1) Sa	ales of assets to	a noncharitable exe	empt organization				1b(1)	J. 14 38 J. H.
				able exempt organization .				1b(2)	<b>-</b>
	(3) Re	ental of facilities	, equipment, or othe	er assets			• • • • •	1b(3)	\ <del>\</del>
								<del></del>	
	<b>(5)</b> Lo	oans or loan gua						1b(4)	
				nip or fundraising solicitation				1b(5)	
				sts, other assets, or paid em				1b(6)	
d	lf the	answer to any	of the shove is "Ve	s," complete the following s	pioyees	Column (h) o		1c	<del>-</del>
	value	of the goods o	therassets or servi	ices given by the reporting for	onedule. Sundation	of the found	nould always sn	ow the ra	ir market
,	value	in any transacti	on or sharing arrang	ement, show in column (d) the	he value d	of the goods	other assets or	sonicae r	ar market
(a) Line		b) Amount involved		haritable exempt organization			s, transactions, and s		
		· <b>'</b> - · · · · · · · · · · · · · · · · · ·			(d) Desc	inpuon of transier	s, transactions, and s	naring arran	gernents
СС			Samaritan Hospital S	School of Nursing			<del></del>		
	-		Alumni, Inc	· ·	share of	office and mai	ling address		
		· · · · · · · · · · · · · · · · · · ·			<del> </del>				
					<del> </del>	······································		<del></del>	
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							<u> </u>		
2a	Is the	foundation dire	ectly or indirectly af	filiated with, or related to, o	ne or mo	re tax-exemp	t organizations		
	descr	ribed in section :	501(c) of the Code (d	other than section 501(c)(3)) o	or in secti	on 527?		Yes	□ No
b	If "Ye	s," complete the	e following schedule	9 <u>-</u>					
		(a) Name of organ	nization	(b) Type of organization		(	c) Description of relat	ionship	
Samaril	an Ho	spital School of	Nursing				· · · · · · · · · · · · · · · · · · ·		
Alumni		Spikar SomeSt St		501(c)(6)		share same directors, officers, n		membersi	ain
TION IN	, 1110		····	33.73%					<del></del>
		$\overline{a}$				<del> </del>			
	Unde	r penalties of périury.	declare that I have examine	ed this return, including accompanying	schedules an	d statements, and	to the best of my know	ledge and be	lief, it is true,
Sign	corre	correct and complete. Declaration of preparer fother than taxpayer) is based on all information of which preparer has any knowledge						RS discuss	
		1 N/2 / 1 / - 1811/15							nown below
Here	Signature of officer or trustee Date Title				(see ins	tructions)? 🕢	Yes∐No		
	Sign	Print/Type prepare		Preparer's signature		Date		PTIN	
Paid		' ' ' '			Check / if				.4.700
Prepa	arer Joanne Case Chiwiecko				self-employed	PO15	<u> 15786</u>		
Use (			Joanne Case Chwied				Firm's EIN ►		
		Firm's address ► 5 Boathouse Road Queensbury, NY 12804 Phone no. 5					51865630		
								rom yyU	-PF (2014)

# Samaritan Hospital School of Nursing Alumni Board Address List 1/2015 Active Board Members.

Mary Rose DeMarco(President)	McReavy Joan (Commill) (Historical C. S. III
7 Mallards Landing South, Waterford, NY 12188	McReavy, Joan (Gemmill) (Historical & Belknap)
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, restriction of Birdings III	gemmilljs@yahoo.com
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813-9175 CP 598-7547 W 437-8095	CP 366-6975
clutringer@nycap.rr.com	cyerdon@nycap.rr.com

# Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No 1545-1709

		oo and its i	instructions is at www	irs.gov/form8868.	•			
• If you`a	re filing for an Automatic 3-Month Extension	complete	only Dank Land also	T				
	ampiero i artin emicos you nave alleady been g	granted an	automatic 3-month	extension on a previous	sly filed Form	8868.		
a corpora 8868 to r Return fo	ation required to file Form 990-T), or an additionation required to file Form 990-T), or an additionation request an extension of time to file any of the for Transfers Associated With Certain Personal ins). For more details on the electronic filing of the	: 8868 if yo al (not auto forms listed I Benefit ( nis form, vi	ou need a 3-month a comatic) 3-month extend in Part I or Part II Contracts, which misst www.irs.gov/efile	utomatic extension of t ension of time. You car with the exception of ust be sent to the IRS and click on e-file for C	time to file (6 r n electronically Form 8870, Ir	months for y file Form nformation		
Part	Automatic 3-Month Extension of Time	. Only sul	omit original (no co	mes peeded)				
· arti om	ation required to file Form 990-1 and reques	sting an a · · ·	utomatic 6-month	extension—check this		▶ □		
All other	corporations (including 1120-C filers), partnershi ome tax returns.	ips, REMIC	Cs, and trusts must u	use Form 7004 to reque	est an extensi	on of time		
				Enter filer's identifying	ing number, see instructions			
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification n				
print	Samaritan Hospital School of Nursing Alumni A	<u>Association</u>	Charitable Foundati	14-16	84557			
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instr	uctions.	Social security number (S				
due date for	[==:0 =a:aott/17011a0							
filing your return See	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instruction	S.				
instructions	Troy, NY 12180							
Enter the	Return code for the return that this application is	s for (file a	separate application	n for each return)	,	0 4		
Application is For	tion	Return Code	Application Is For			Return Code		
	0 or Form 990-EZ	01	<del></del>	ration)		07		
Form 99		02	Form 1041-A	Form 1941 A				
	20 (individual)	03		n 4720 (other than individual)				
Form 99		04	Form 5227					
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		10			
	0-T (sec. 40 (la) of 400(a) trust) 0-T (trust other than above)	06	Form 8870	12				
The boo Telepho	oks are in the care of ► Anne Coonrad one No. ► 518-301-3722							
• If the or	ganization does not have an office or place of bi	usiness in :	the United States, cl	neck this box	 . If this	. ▶□		
• If this is	for a Group Return, enter the organization's found for a Group, check this box	it in for par	t of the group, check	this hov				
	nole group, check this box		t of the group, check		- Land atte	2011		
a list with	request an automatic 3-month (6 months for a co	progration i	required to file Form	990-T) extension of time				
ur fo	ntil August 15 , 20 15 , to file the exer or the organization's return for:    Calendar year 20 14 or	mpt organi	zation return for the	organization named abo	ove. The exte	nsion is		
	Tax year heginning	. 20	, and ending		, 20			
<ul> <li>▶ ☐ tax year beginning</li></ul>								
	Change in accounting period this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
กเ	onrefundable credits. See instructions.			<u> </u>	3a \$	0		
es	stimated tax payments made. Include any prior y	, 4720, or 6069, enter any refundable credits and year overpayment allowed as a credit.			3b \$			
c Ā	alance due. Subtract line 3b from line 3a. Includ FTPS (Electronic Federal Tax Payment System).	de your pay	yment with this form	, if required, by using	3c \$	0		
	If you are going to make an electronic funds withdrawa	al (direct del	hit) with this Form 8869	3. see Form 8453-EO and	Form 8879-EO	for payment		
Caution. instruction	It you are going to make an electronic funds withdrawans.	ai (uirect dei	ony with this round oot	., 550 , 5, 5400 E5 and				