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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Intern	al Reve	nue Service Information about Form 990 and its instructions is	at www.irs.	gov/rorm990.		Inspection
A F	or th	e 2015 calendar year, or tax year beginning 07/01, 2015,	and ending			730, 20 16
R a	neck if a	C Name of organization		D Employer ide	ntifica	ation number
_ C	_	THE AYCO CHARITABLE FOUNDATION		14-178	246	6
	Addre chang	e Doing business as				
	Name	Change	Room/suite	E Telephone nu		
	4	return 25 BRITISH AMERICAN BLVD.		(800) 33	5 - 5	353
<u> </u>	termi			i		
	Amen	HATIAN, NI 12110		G Gross receipts		667,384,916.
	Apple pendi	ng CHR MASIKIANI		H(a) is this a gro subordinates		H H
		25 BRITISH AMERICAN BLVD. LATHAM, NY 12110	1 - 1 "	H(b) Are all suborc		
		empt status	527			t (see instructions)
		te ▶ N/A	1	H(c) Group exem		
_		of organization X Corporation Trust Association Other	L Year of f	ormation 1995 M	State	of legal domicile NY
Pa	ırt I	Summary				
	1	Briefly describe the organization's mission or most significant activities OUR PR	IMARY PU	RPOSE IS TO	ENC	OURAGE
2		AND PROMOTE PHILANTHROPHY AND CHARITABLE GIVING.				-
Activities & Governance	_					
Š		Check this box I if the organization discontinued its operations or disposed			1 1	_
9		Number of voting members of the governing body (Part VI, line 1a)			3	5.
es		Number of independent voting members of the governing body (Part VI, line 1b)			4	5.
Σį	_	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	0.
Act	6	Total number of volunteers (estimate if necessary)			6	246.
		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
\dashv		Net unrelated business taxable income from Form 990-1, line 34	· · · · · ·	Prior Year	7b	Current Year
	8	Contributions and grants (Part VIII line 1h)	-	198,596,00	10	169,466,800.
Revenue	9	Contributions and grants (Part VIII, line 1h)		130,330,00	0.	100,400,000.
Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).	• • • • • • •	29,594,50		19,112,700.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		228,190,50		188,579,500.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		119,780,60		141,655,800.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		,	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		52,75		59,000.
ıse		Professional fundraising fees (Part IX, column (A), line 1 (e) 11 (c) 9, 5). 2(1)		· · · · · · · · · · · · · · · · · · ·	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	'' [6] 计			
<u> </u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,553,35	50.	3,796,000.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		123,386,70		145,510,800.
	19	Revenue less expenses Subtract line 18 from line 12		104,803,80	0.0	43,068,700.
res Ses				Beginning of Current	Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		513,442,20	0.	538,416,600.
A B	21	Total liabilities (Part X, line 26)		1,541,30	0.	1,649,500.
캶	22	Net assets or fund balances Subtract/line 21 from line 20		511,900,90	0.0	536,767,100.
Pa	rt II	Signature Block		· · · · · ·		
Und	ler per	naities of perjury, I declare that I have examined this return, including accompanying schedule act, and complete. <u>Declaration of prepared</u> other thin officer) is based on all information of which	es and stateme	ents, and to the best o	f my	knowledge and belief, it is
	, 00,,,		1 proparor nas	Liny Killowicago	1	1.
Sig	n	James Chin		12	121	116
Her		Signature of office		Date	•	•
	-	Vice rasideal				
		Type or print name and title	Date		Т-Т	PTIN
Paid		Print/Type preparer's name Preparer's signature JEFFREY C HAMILTON		Check	J "	
	oarer		11/30/201			P00593765
Use	Only	Firm's name PRICEWATERHOUSECOOPENS		Firm's EIN ▶ 1		
May	the	Firm's address 185 ASYLUM ST SUITE 2400 HARTFORD, CT 06103-3404 RS discuss this return with the preparer shown above? (see instructions)		Phone no 8	.00-	-241-7000 X Ves No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

PAGE

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Part III	Statement of Program Service Accomplishments	
4 Desaffu	Check if Schedule O contains a response or note to any line in this Part III	. X
•	describe the organization's mission PRIMARY PURPOSE IS TO ENCOURAGE AND PROMOTE PHILANTHROPHY AND	
	ITABLE GIVING.	
CINIK	TRADE CIVING.	
2 Did th	e organization undertake any significant program services during the year which were not listed on the	
prior F	orm 990 or 990-EZ? Yes describe these new services on Schedule O	X No
	ne organization cease conducting, or make significant changes in how it conducts, any program	
		X No
If "Yes	rs?	
expen	the the organization's program service accomplishments for each of its three largest program services, as meas ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ial expenses, and revenue, if any, for each program service reported.	
4a (Code) (Expenses \$	
ATT	ACHMENT 1	
4b (Code) (Expenses \$including grants of \$) (Revenue \$)	
1. (0-1-		
4c (Code) (Expenses \$including grants of \$) (Revenue \$)	
		
4d Other	program services (Describe in Schedule O)	
(Ехре	nses \$ including grants of \$) (Revenue \$)	
	program service expenses ► 141,655,800.	
JSA 5E1020 1 000	Form 99 OOOK 3814 10/14/2016 10:19:46 AM V 15-7F AYCO	0 (2015) PAGE 2

_	90 (2015)		F	age
art	IV Checklist of Required Schedules		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	
1		4	х	
2	complete Schedule A	1 2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		3
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		}
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		2
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		,	×
	VII, VIII, IX, or X as applicable			نــــــــــــــــــــــــــــــــــــ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	^ ^ ******	andress alon	-260
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		:
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Г
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			<u> </u>
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		7
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		-	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_2
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_:
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		2
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		}

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			**
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4=		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-	}	
	to defease any tax-exempt bonds?	24c	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		х
26	If "Yes," complete Schedule L, Part I	250		_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or discussified persons of the compensated employees, or discussified persons of the compensated employees, or discussified persons of the compensated employees, and the compensated employees, or discussified persons of the compensated employees, and the compensated employees.	26		Х
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ļ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	! 	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			_
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	L	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	$\textbf{Section 501(c)(3) organizations.} \ \textbf{Did the organization make any transfers to an exempt non-charitable}$			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]		ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2015

Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • • ,	• • • ;	· X
		v 3% č	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- T.	27 ·	\$3.
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	7		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	ئىنىۃ		أستعمد
	reportable gaming (gambling) winnings to prize winners?	1c	X ¥ § "	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		* 33 ***	
	Statements, filed for the calendar year ending with or within the year covered by this return.	2h	ئىد شەمە ئىدىشەمە	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country	N. 1.	10.	×:
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		· Ì 🕷	
	(FBAR)		As	الكنف.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	\$.	- 1 - No.1
	Organizations that may receive deductible contributions under section 170(c).		365	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	⊥ 		
	and services provided to the payor?	7a 7b	_	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
C	required to file Form 8282?	7c	ľ	x
а	If "Yes," indicate the number of Forms 8282 filed during the year	13	<u>.</u>	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	· · · · · · · · · · · · · · · · · · ·	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	ļ <u>.</u> —		لــــــــــــــــــــــــــــــــــــــ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter		,	ļ. ļ
	Think do not be a single do not be determined and the single do not be determined as a single do no			
	Cross receipts, moladed on reministrative minimal relation passing according to the control of t	1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1	[[[
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>

Part VI

Sect	ion A. Governing Body and Management		Van	No.
	1 a	\$2.VS.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		2043	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			3%
b	Enter the number of voting members included in line 1a, above, who are independent 1b			1.0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		/ · ·	
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
U	stockholders, or persons other than the governing body?	7ь		х
			77.5	~ ,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		3 6 2	, a
	the year by the following	8a	X	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	80		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			х
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	. 1	
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>})</i> Yes	No
		r	103	
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>x</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	_X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			2131
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	\$6.00 M	海兴	-4
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		* ,	100
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	23.3	14.7	*\$.
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		1. 1.
104	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	-	37.00	1977
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2		-\(0\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(၁)(၁)s	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
			_	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record the AYCO COMPANY, L P 25 BRITISH AMERICAN BLVD LATHAM, NY 12110 (518)640-5527	ls 🕨		
ISA	IND ALCO COMPANI, D.F. 23 BRILLIAM ANDRICAM DUVU LAIRAM, NI 12110 (310)040-3321		990	/2015)

Form 990 (2015) THE AYCO CHARITAB

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.......

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor	any related	orga	nıza	tion	001	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, office or direct	unles er and	Pos neck ss pe	rson	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)TIMOTHY O'HARA	1.00									
DIRECTOR/CHAIRMAN		Х		Х				0.	0.	0
(2)DAVID GOLUB	1.00									
DIRECTOR		Х	<u> </u>		ļ			14,750.	0.	0
(3) PETER HEERWAGEN	1.50									
DIRECTOR/TREASURER		Х	<u> </u>	Х				14,000.	0.	0
(4)JOHN MASTRIANI	2.00									
DIRECTOR/PRESIDENT		Х		Х				12,000.	0.	0
(5)LEE MCELROY	1.00	<u> </u>			1					
DIRECTOR		X						12,000.	0.	0
(6)MAE CAVOLI	2.00					ŀ				
VICE PRESIDENT/SECRETARY]		Х				0.	0.	0
(7)TIMOTHY SMITH VICE PRESIDENT/CFO	1.00			х				0.	0.	0
_(8)KELLY ANDERSON	1.00			х				0.	0.	0
(9)JACQUELINE DUNBAR GRANDE VICE PRESIDENT-THRU AUG. 2015	3.00			х				0.	0.	0
(10)SEAN LEONARD	1.00									
VICE PRESIDENT-EFF. AUG. 2015		1	'	х				0.	0.	0
(11)										
(12)	 							-		
(13)	 									
(14)	 								-	

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employe	s (co	ontinued	Page (
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos neck is pe	rson Irect	than or	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	Estin amo oti compe	nated unt of her
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	organ and r	n the ization elated zations
					_		_				~	
						-						
							_					
	 			-			_					
										1		
											·	
1b Sub-total	ection A .						> > >	52,750. 0. 52,750.		0.		0
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re		\$100,000 of			
Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, or	tru								3	res No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	002) If	"Yes					4	х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	X
Section B. Independent Contractors Complete this table for your five highest componentation from the organization Report of year.												
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompensa	tion
ATTACHMENT 3							F			_		
							T					
2 Total number of independent contractors (ii	ncluding b	it no	lim	nte	d to	thos		isted above) who	received			
more than \$100,000 in compensation from the					c	2						00

		Check if Schedule O contains a response or note to	any line in this Part	<u>VIII</u>		<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, Gifts, Grants nilar Amounts	b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d				
Contributions, Gifts, and Other Similar Ar	f	Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f 169,466.8 Noncash contributions included in lines 1a-1f \$ 142,473,1				
		Total. Add lines 1a-1f	169,466,800			
Program Service Revenue	2a b c d	Business Co	de		Status, and a state of the stat	All and the second
grar	e	All other program service revenue			***	
P o	g	Total. Add lines 2a-2f	▶ 0			Yüh
	3 4 5	Investment income (including dividends, interest and other similar amounts)	t, 9,145,400		246	9,145,154
	6a b c	Gross rents	3 1 % A Y V			The second secon
	7a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses 478,805,416				
	c d	Gain or (loss)	9,967,300	* 3	- 4 8%	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			\$ 4°
5	ь	Less direct expenses b		-		
	1	Net income or (loss) from fundraising events	0			٠, ,
	b	Less direct expenses b	>	<u> </u>		
	10a	, and the second se				
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory	>	D.		
		Miscellaneous Revenue Business C	ode	-		
	11a				 	
	b					
	C					
	d	All other revenue	>	0		
	e	Total Add lines 11a-11d	188,579,500		246	9,145,15

Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4) organizations must complete al	ll columns All other or	ganizations must complete column (A))

Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)	
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations		<u> </u>			
•	and domestic governments See Part IV, line 21	141,569,900.	141,569,900.			
2	Grants and other assistance to domestic					
•	individuals See Part IV, line 22	0.				
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign	05.000	05 000	ļ		
	Individuals See Part IV, lines 15 and 16	85,900.	85,900.			
	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	59,000.		59,000.		
6	Compensation not included above, to disqualified		Í			
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	0.				
7	Other salaries and wages	0.				
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	0.				
9	Other employee benefits	0.				
10	Payroll taxes	0.				
11	Fees for services (non-employees)					
a	Management	0.				
þ	Legal	0.				
¢	Accounting	0.				
	Lobbying	0.				
	Professional fundraising services See Part IV, line 17.	0.				
f	Investment management fees	1,125,000.		1,125,000.		
g	Other (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O)	0.				
	Advertising and promotion	0.				
13	Office expenses	0.				
14	Information technology	0.			·	
15	Royalties,	0.				
16	Occupancy	0.				
	Travel					
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.				
10	Conferences, conventions, and meetings	0.			· • <u>•••</u>	
		0.				
21	Interest	0.				
22		0.		·		
	Insurance	0.				
	Other expenses Itemize expenses not covered					
	above (List miscellaneous expenses in line 24e If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O)					
а	ADMINISTRATIVE SUPPORT SRVCS	2,671,000.		2,671,000.		
b						
С						
d						
е	All other expenses					
25	Total functional expenses Add lines 1 through 24e	145,510,800.	141,655,800.	3,855,000.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here					
ISA	following SOP 98-2 (ASC 958-720)	0.			5 000 (0045)	

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Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		x
	Crieck if Scriedule o Contains a response of note to any line in this P	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	0
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	1,474,600.	4	1,350,700
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.	0.	6	0
동 7	Notes and loans receivable, net	0.	7	0
Assets 8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	0.	9	0
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D			
Ь	Less accumulated depreciation 10b	0.	10c	0
11	Investments - publicly traded securities	511,967,600.	-	537,065,900
12	Investments - other securities See Part IV, line 11		_	0
13	Investments - program-related See Part IV, line 11	0.	13	0
14	Intangible assets		14	0
15	Other assets See Part IV, line 11		_	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	513,442,200.		538,416,600
17	Accounts payable and accrued expenses	1,041,300.	17	1,649,500
18	Grants payable	500,000.	18	0
19	Deferred revenue		19	0
20	Tax-exempt bond liabilities	0.		0
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors,		-	
Liabilities	trustees, key employees, highest compensated employees, and			
اق	disqualified persons Complete Part II of Schedule L	0	22	0
∄ 23	Secured mortgages and notes payable to unrelated third parties	0.		
24	Unsecured notes and loans payable to unrelated third parties.	0.		0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
Ì	of Cohodula D	0.	25	0
26	Total liabilities. Add lines 17 through 25	1,541,300.	26	1,649,500
	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Unrestricted net assets	511,900,900.	27	536,767,100
g 28	Temporarily restricted net assets	0.	28	0
일 29	Permanently restricted net assets	0.	29	0
or Fur	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
Assets 30	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
종 33	Total net assets or fund balances	511,900,900.	33	536,767,100
34	Total liabilities and net assets/fund balances	513,442,200.	34	538,416,600
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Open to Public Inspection

Nam	e of t	he organization					Employer iden	tification number
THE	AY	CO CHARITABLE FOUNI	DATION				14	-1782466
Pa	t I	Reason for Public Cha	rity Status (All o	rganizations must d	omplete	e this pa	art) See instructions	•
The	orga	nization is not a private four	ndation because it	is (For lines 1 through	gh 11, ch	eck only	one box)	
1		A church, convention of chu	urches, or associal	tion of churches desci	ribed in <mark>s</mark>	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ))	
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate					
5	$\overline{}$	An organization operated f section 170(b)(1)(A)(iv). (C		a college or universit	y owner	d or ope	rated by a governme	ntal unit described in
6	_	A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	_	An organization that norma	_					om the general public
		described in section 170(b)	-		• •	Ū		
8		A community trust describe		•	Part II)			
9		An organization that norma				ort from	contributions, member	ership fees, and gross
		receipts from activities rela						
		support from gross invest	tment income and	d unrelated business	taxable	income	e (less section 511	tax) from businesses
		acquired by the organizatio						
10		An organization organized a	and operated exclu	usively to test for publi	c safety	See sec	tion 509(a)(4).	
11	П	An organization organized a	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to car	rry out the purposes of
	—	one or more publicly suppo	rted organizations	described in section !	509(a)(1) or sect	ion 509(a)(2). See sec	ction 509(a)(3). Check
		the box in lines 11a through	n 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g
а		Type I A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting
		organization You must co	omplete Part IV, S	ections A and B.				
b	L	Type II A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s) You must	complete Part IV	, Sections A and C.				
С			grated A supporti	ng organization opera	ated in co	onnectio	n with, and functional	lly integrated with,
		ু its supported organization	n(s) (see instruction	is) You must comple	te Part I	V, Section	ons A, D, and E.	
ď	L	」 Type III non-functionally	integrated A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruct	ions) You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	J Check this box if the orga	anization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	II, Type III
	_	functionally integrated, or	• .		porting o	organizat	tion	
f		er the number of supported	•					
g		vide the following information	1	T	1		Γ	T 1.52 5 50 5
	(I) Na	ame of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	listed in yo	organization ur goveming ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
···,			<u> </u>		ļ			
(B)								
	_							
(C)								
			-		 	<u> </u>		
(D)								
(E)								
(-)	_							
Tat	. I							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	75,034,100	145,409,400	163,338,100	198,596,000	169,466,800	751,844,400
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0_
3	The value of services or facilities furnished by a governmental unit to the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3	75,034,100	145,409,400	163,338,100	198,596,000	169,466,800	751,844,400
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	· · · · · · · · · · · · · · · · · · ·					16,961,300
6	Public support. Subtract line 5 from line 4						734,883,100
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		145,409,400	163,338,100			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,034,100 4,725,336	5,674,503	7,407,200	7,797,000	9,145,154	751,844,400 34,749,193
9	Net income from unrelated business activities, whether or not the business is regularly carried on		-1,603	·		246	-1,357
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						00
11	Total support. Add lines 7 through 10						786,592,236
12	Gross receipts from related activities, etc. (s	see instructions).				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u>,</u>	<u></u>				
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2015 (li	ne 6, column (f) divided by line	11, column (f))		14	93.43%
15	Public support percentage from 2014	Schedule A, Pa	art II, line 14			<u> </u>	92.40%
16a	331/3% support test - 2015. If the o						
_	this box and stop here. The organization						
D	331/3% support test - 2014. If the contect this box and stop here. The organization	•					
17a	10% or more, and if the organization	2015. If the org	ganization did n	ot check a box	on line 13, 16a	a, or 16b, and I	ine 14 is
	Part VI how the organization meets t						
	organization			=	•		▶ □
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organization supported organization				=		
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	•
	instructions	<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · ·		chedule A (Form 9	
					3	rengulie a (FOIII) b	.au ur aau•c£1 /U15

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support				-	r	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						,
	sold or services performed, or facilities		ł				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						-
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf					İ	
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3					-	
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)		l	J	<u> </u>		
	tion B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2011	(0) 2012	(0) 2013	(u) 2014	(e) 2015	(1) 10tai
9	Amounts from line 6			 	-		
10 a	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,		Ì			1	
	and 12)						
14	First five years. If the Form 990 is for	or the organiza	ition's first, sec	ond, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔼
<u>Sec</u>	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,					15	%
16	Public support percentage from 2014 Sche	dule A, Part III, III	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2015 (lin	ne 10c, column	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2014 S						%
19 a	331/3% support tests - 2015. If the org						and line
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2014. If the orga		•	•			
	line 18 is not more than 331/3%, check						·
20	Private foundation. If the organization of		=	-		- · · · · · · · · · · · · · · · · · · ·	
JSA	1 1 000					Schedule A (Form (
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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		_
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	* *	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov 20, 1970 See in	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			-
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-integra	ited Type III supporting	organization (see
instructions)	3/-	Attack and the stantage of the	, 3=

Schedule A (Form 990 or 990-EZ) 2015

14-1782466 THE AYCO CHARITABLE FOUNDATION Schedule A (Form 990 or 990-EZ) 2015 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 b d From 2013 From 2014 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, line 7 Applied to underdistributions of prior years Applied to 2015 distributable amount Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016 Add lines 3j and 4c Breakdown of line 7 b

Schedule A (Form 990 or 990-EZ) 2015

AYCO

Excess from 2013 Excess from 2014 Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

wanne	or the organization		Employer identification number
THE	AYCO CHARITABLE FOUNDATION		14-1782466
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3,343.	
2	Aggregate value of contributions to (during year)	169,466,800.	
3	Aggregate value of grants from (during year)	141,650,800.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		in donor advised
•	funds are the organization's property, subject to the	=	1 1 1 1
6	Did the organization inform all grantees, donors, a	-	
٠	only for charitable purposes and not for the benefit	•	
	conferring impermissible private benefit?		
Da	ort II Conservation Easements.	<u> </u>	
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., reci		of a historically important land area
	Protection of natural habitat	· []	of a certified historic structure
		Freservation	for a certified historic structure
2	Preservation of open space	old a gualified concentration contribution in	n the form of a consequence
2	Complete lines 2a through 2d if the organization he	eid a quaimed conservation contribution i	Held at the End of the Tax Year
_	easement on the last day of the tax year		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	,	
_	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tran	isterred, released, extinguished, or termi	nated by the organization during the
	tax year >	al an annual sa la sada d	
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
_	A	to a leastly of what are and arteres and	
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
•	S	2/4)	470/5/(4//0)//)
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		ciai statements that describes the
D-	organizations Maintaining Collections		ar Similar Assats
	Complete if the organization answered	"Yes" on Form 990 Part IV line 8	or oriniar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	ras 116 (asc 958), not to report in its or assets held for public exhibition, edi	revenue statement and palance sneet ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	potnote to its financial statements that de	scribes these items
b	If the organization elected, as permitted under \$	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		ucation, or research in furtherance of
	public service, provide the following amounts relati	•	> 0
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under S		
a	Revenue included in Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X	Form 990	Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 000	Bart IV line 11h See Form 990	Dart Y line 12
		(b) Book value	· — — — · · · · · · · · · · · · · · · ·	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ket value
	al derivatives	·		
	held equity interests			
/A\				
		· · · · · · · · · · · · · · · · · · ·		
<u>(B)</u>		·		
<u>(C)</u>				
<u>(E)</u>				
(F)				
(G)				
(H)				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year mar	ation
		 	Cost of end-of-year mar	Net value
<u>(1)</u> (2)				
(3)				
(4)		····	**	
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
	(b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX	Other Assets. Complete if the organization answered	"Vos" on Form 000	Part IV June 11d See Form 000	Dort V line 15
		scription	, Fait IV, ille 110 See Form 990	(b) Book value
(1)				(2) 500 12.00
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)			<u></u>	
_(6)				ļ <u></u>
(8)				
(9)	ımn (b) must equal Form 990, Part X, col (B) lı	no 15)	_	
Part X	Other Liabilities. Complete if the organization answered line 25.			rm 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie l	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			 -	
(8)			——	
	nn (b) must equal Form 990, Part X, col (B) line 25)	•	 -	
(,-,,,, , , , ,	* 1	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

JSA 5E1271 1 000

Part XIII Supplemental Information (continued)

SCHEDULE D - PART X

THE FOUNDATION HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS (THE CURRENT AND PRIOR THREE YEARS, AS APPLICABLE) AND HAS CONCLUDED THAT NO PROVISION FOR INCOME TAX IS REQUIRED IN THE FOUNDATION'S FINANCIAL STATEMENTS. SUCH OPEN TAX YEARS REMAIN SUBJECT TO EXAMINATION AND

ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES ("ASC 740")

DONOR ADVISED FUNDS

ADJUSTMENT BY TAX AUTHORITIES.

THE AMOUNTS SHOWN IN SCHEDULE D PART I, LINE 4 DOES NOT CORRESPOND

DIRECTLY WITH THE AMOUNTS REPORTED ON THE AUDITED FINANCIAL STATEMENTS,

AS CERTAIN AMOUNTS HAVE BEEN AGGREGATED FOR FINANCIAL STATEMENT PURPOSES,

BUT DO NOT MEET THE SCHEDULE D REQUIREMENTS FOR REPORTING, SPECIFICALLY

DONOR ADVISED FUNDS. THE PRIMARY DIFFERENCES FOR LINE 4 RELATE TO NET

ASSETS HELD IN THE DIRECTORS' FUND AND AMOUNTS HELD IN THE OPERATING

ACCOUNT.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

THE AYCO CHARITABLE FOUNDATION

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

14-1782466

General	Information o	n Activities	Outside the	United States.	Complete if the	ne organization	answered '	"Yes" o
Form 990), Part IV, line 14I	b						

1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United Sta	ates		•	•	and other
3	Activities per Region (The follow (a) Region	(b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in region	duplicated if additional sp (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	ace is needed) (e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		1,500
(2)	EAST ASIA AND THE PACIFIC			GRANTMAKING		1,000
(3)	EUROPE			GRANTMAKING	_	6,900
(4)	NORTH AMERICA			GRANTMAKING		76,500
(5)						
(6)						
_(7)						
<u>(8)</u>						
<u>(9)</u> (10)						
(11)						
<u>(12)</u>						
<u>(13)</u>						
(14)						
(15)						
(16)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sub-total.......

Total from continuation sheets to Part I Totals (add lines 3a and 3b)

Schedule F (Form 990) 2015

(17)

85,900

85,900

14-1782466

Schedule F (Form 990) 2015

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II

Part IV, line 15, for any recipient who received	ecipient who receiv	ed more than \$5,000. Part II can be duplicated if additional space is needed.	Part II can be	duplicated if addir	ional space i	if additional space is needed.		•
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	*	NORTH AMERICA	CHAR PROJ	55.500	CHECK			EM,
(2)	, ,	NORTH AMERICA	CHAR PRGJ	10.000	CHECK			AND AND
(3)	×	NORTH AMERICA	CHAR PROJ	10.000	ж			AE 3
(4)	* ,				100			Σ
(5)	, ,							:
(9)								
(2)								
(8)								
(9)								
(10)								
(11)	√ ,							
(12)								
(13)	\$.							
(14)	***							
(15)	¥							
(16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Enter total number of other organizations or entities.

Schedule F (Form 990) 2015

THE AYCO CHARITABLE FOUNDATION

Page 3 Schedule F (Form 990) 2015 Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of (h) Method of valuation (book FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance **©** Ξ (2 ව \$ 9 (6) 9 <u>=</u> (12) (13) (15) (16) 9 8 (14) (17) 18

JSA 5E1278 1 000

Schedu	ile F (Form 990) 2015		Page 4
Part	IV Foreign Forms	· · · · · · · · · · · · · · · · · · ·	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

MONITORING GRANTS OUTSIDE THE US

THE AYCO CHARITABLE FOUNDATION LIMITS ITS GRANTMAKING TO U.S. CODE SECTION 501 (C) (3) ORGANIZATIONS CLASSIFIED AS PUBLIC CHARITIES, PRIVATE OPERATING FOUNDATIONS UNDER CODE SECTION 170(B)(1)(A)(7) AND GOVERNMENTAL UNITS DESCRIBED UNDER 170(C)(1) OF THE IRC WHICH HAVE CERTIFIED THAT THE FUNDS GRANTED WILL BE USED EXCLUSIVELY FOR A PUBLIC PURPOSE. REQUEST IS REVIEWED TO ENSURE THAT THE CHARITY IS IN GOOD STANDING AND THAT THE PURPOSE OF THE GRANT IS PER THE AYCO CHARITABLE FOUNDATION'S POLICIES AND TAX LAW REQUIREMENTS.

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

2015	Open to Public	Inspection
_		

	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
T. Call Section 1	► Attach to Form 990.	Open to P
Department of the Heasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspect
Name of the organization		Employer identification number
THE AYCO CHARI	THE AYCO CHARITABLE FOUNDATION	14-1782466
Part General	Part General Information on Grants and Assistance	
1 Does the organ	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and
the selection cr	the selection criteria used to award the grants or assistance?	Yes
2 Describe in Par	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part Grants a	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on For	ion answered "Yes" on For
990, Par	990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	e is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SCHEDULE 1-1							
TOTAL - RECIPIENTS REC'D MORE THAN \$5,000			133, 311, 861		FMV	N/A	
(2)			-				
(3)							1
(4)						:	
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	d governmen	t organizations	listed in the line 1 to	•		•	2,510.
Pag	ons for Form 9	990.				Sche	Schedule I (Form 990) (2015)

JSA 5E1288 1 000

Schedule I (Form 990) (2015)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance
_						
2						
ဗ						
4						
vs.						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	ide the informat	tion required in	Part I, line 2, Part III, o	column (b), and any other additional

THE AYCO CHARITABLE FOUNDATION LIMITS ITS GRANTMAKING TO U.S. CODE

GRANT MONITORING

SECTION 501 (C) (3) ORGANIZATIONS CLASSIFIED AS PUBLIC CHARITIES, PRIVATE

OPERATING FOUNDATIONS UNDER CODE SECTION 170(B)(1)(A)(7) AND GOVERNMENTAL

UNITS DESCRIBED UNDER 170(C)(1) OF THE IRC WHICH HAVE CERTIFIED THAT THE

EACH GRANT FUNDS GRANTED WILL BE USED EXCLUSIVELY FOR A PUBLIC PURPOSE.

REQUEST IS REVIEWED TO ENSURE THAT THE CHARITY IS IN GOOD STANDING AND

THAT THE PURPOSE OF THE GRANT IS PER THE AYCO CHARITABLE FOUNDATION'S

POLICIES AND TAX LAW REQUIREMENTS.

Schedule I (Form 990) (2015)

AYCO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Complete If the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization Employer Identification number THE AYCO CHARITABLE FOUNDATION 14-1782466

Part I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests		 					
4	Books and publications		 	<u></u>				
5	Clothing and household							
	goods							
6	Cars and other vehicles			<u> </u>				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3,690.	142,463,200.	FAIR MARK			
10	Securities - Closely held stock	X	1.	9,900.	FAIR MARK	E.I. AA	TU	<u></u>
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous			 				
13	Qualified conservation contribution - Historic							
	structures				ļ			
14	Qualified conservation				 			
17	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()			<u></u>	<u> </u>			
28	Other ►()							
29	Number of Forms 8283 received]]			-
	which the organization completed f	Form 8283,	Part IV, Donee Acknowledg	jement	29		<u></u>	1.
20-	During the uses did the experient		h.,	ativi anni antant va Dant I. Ima	. 4 45 ['es	No
3Va	During the year, did the organizat 28, that it must hold for at least the		· ·	•	- 1		[
	to be used for exempt purposes for	•		•		30a		Х
h	If "Yes," describe the arrangement		olding period,			J04		
31	Does the organization have a		ance policy that require	is the review of any r	non-standard	}]	
31	contributions?	•				31	х	
322	Does the organization hire or use				,	-		
714	contributions?	-		•		32a	Х	
b	If "Yes," describe in Part II							
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a) is checked.			
	describe in Part II		, , , , , , , , , , , , , , , , , , ,		,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) (2015)

USE OF THIRD PARTY FOR NON CASH CONTRIBUTIONS

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

THE AYCO CHARITABLE FOUNDATION ("ACF") GENERALLY ACCEPTS CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES FROM ITS DONORS. WHEN RECEIVED, THESE SECURITIES ARE KEPT IN CUSTODY WITH ACF'S BROKERS UNTIL THE SECURITIES ARE EVENTUALLY SOLD AT THE DIRECTION OF ACF'S INVESTMENT ADVISOR, THE AYCO COMPANY, L.P. ("AYCO"). AYCO, PURSUANT TO ITS ADMINISTRATIVE SERVICES AGREEMENT WITH ACF, IS PERMITTED TO REFER POTENTIAL DONORS TO ACF AND NEITHER AYCO NOR ITS EMPLOYEES RECEIVE ANY COMPENSATION FOR THIS

NO. OF CONTRIBUTIONS

ACTIVITY.

FOR THE PURPOSE OF LINE 9 EACH SEPARATE SECURITY RECEIVED FROM EACH DONOR IS TREATED AS A CONTRIBUTION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number

14-1782466

THE AYCO CHARITABLE FOUNDATION

PART VI SECTION A LINE 11A

THE AYCO CHARITABLE FOUNDATION'S ("ACF") FORM 990 IS PREPARED BY

PRICEWATERHOUSECOOPERS LLP AND IS INITIALLY REVIEWED BY THE VICE

PRESIDENT/CFO OF ACF. PRICEWATERHOUSECOOPERS LLP THEN REVIEWS THE FORM

990 WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. IN ADDITION, THE

FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS IN ADVANCE OF THE

FORM'S FILING.

PART VI SECTION B LINE 12C

THE AYCO CHARITABLE FOUNDATION'S CONFLICT OF INTEREST POLICY IS

DISTRIBUTED TO DIRECTORS AND OFFICERS ANNUALLY ALONG WITH A QUESTIONNAIRE

THAT IS COMPLETED BY ALL DIRECTORS AND OFFICERS. THE QUESTIONNAIRE ASKS

SPECIFIC QUESTIONS AND REQUESTS DISCLOSURE OF INFORMATION REGARDING

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THE ORGANIZATION AND

THEMSELVES. THESE QUESTIONNAIRES ARE REVIEWED ANNUALLY TO ENSURE

COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE

POLICY ITSELF ALSO REQUIRES ANY DIRECTOR OR OFFICER TO PROMPTLY DISCLOSE

ANY CONFLICT. INTERESTED DIRECTORS AND OFFICERS ARE REQUIRED TO RECUSE

THEMSELVES FROM ANY DECISION ON MATTERS IN WHICH THEY HAVE AN INTEREST,

AND SUCH RECUSAL IS NOTED IN THE MINUTES.

PART VI SECTION C LINE 19

THE AYCO CHARITABLE FOUNDATION'S FINANCIAL STATEMENTS , GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Employer Identification number

14-1782466

PART V LINE 1A

HONORARIA PAYMENTS TO ACF DIRECTORS ARE MADE BY ACF'S ADMINISTRATOR

PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT. THE FORMS

1099MISC/FORM 1096 RELATED TO THESE PAYMENTS ARE FILED UNDER FEDERAL TAX

ID NUMBER 13-4019460.

PART VI LINE 2 - BUSINESS RELATIONSHIPS

THE FOLLOWING DIRECTORS AND OFFICERS HAVE A BUSINESS RELATIONSHIP WITH

EACH OTHER BECAUSE THEY ARE OFFICERS IN THE SAME BUSINESS OR THEY ARE

EMPLOYED BY A COMPANY WHERE AN AYCO CHARITABLE FOUNDATION DIRECTOR OR

OFFICER IS AN OFFICER; TIMOTHY O'HARA, MAE CAVOLI, KELLY ANDERSON,

TIMOTHY SMITH, JACQUELINE DUNBAR GRANDE, AND SEAN LEONARD

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE AYCO CHARITABLE FOUNDATION ("ACF") ACCOMPLISHES ITS

CHARITABLE PURPOSE BY RECEIVING CHARITABLE CONTRIBUTIONS AND

MAKING GRANTS. ACF LIMITS ITS GRANT MAKING TO U.S. CODE SECTION

501 (C) (3) ORGANIZATIONS CLASSIFIED AS A PUBLIC CHARITY,

PRIVATE OPERATING FOUNDATIONS UNDER CODE SECTION 170(B)(1)(A)(7)

AND GOVERNMENTAL UNITS DESCRIBED UNDER 170(C) (1) OF THE

INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE") WHICH HAVE

CERTIFIED THAT THE FUNDS GRANTED WILL BE USED EXCLUSIVELY FOR A

PUBLIC PURPOSE. ACF OPERATES AS A "SPONSORING ORGANIZATION"

WITHIN THE MEANING OF CODE SECTION 4966 AND MAINTAINS DONOR

ADVISED FUNDS. SEE SCHEDULE I FOR A LISTING OF DONATIONS AND

CHARITIES.

Schedule O (Form 990 or 990-EZ) 2015

Page 2

Name of the organization

THE AYCO CHARITABLE FOUNDATION

Employer identification number

14-1782466

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

THE AYCO COMPANY, L.P. 321 BROADWAY

SARATOGA SPRINGS, NY 12866

ADMIN/INVST ADVISORY 3,708

3,708,011.