

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF** Department of the Treasury

Return of Private Foundation

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

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

OMB No 1545-0052

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number LIPPES FAMILY CHARITABLE FOUNDATION C/O GERALD S. LIPPES 22-3019880 Number and street (or P O box number if mail is not delivered to street address) Room/surte B Telephone number 50 FOUNTAIN PLAZA, SUITE 1700 (716)853-5100 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 14202 BUFFALO, NY G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 1,139,928. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 115,790 Contributions, gifts, grants, etc., received N/A if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 33,981 33,981 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 76,110. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 289,606. 76,110 7 Capital gain net income (from Part IV, line 2) OGDEN LIT 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 27 27 STATEMENT 11 Other income 225,908 110,118 Total. Add lines 1 through 11 Ō. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 4,500. STMT 3 4,500. 0. **b** Accounting fees c Other professional fees 1,041. 1,041. 0. 17 Interest 1,187. STMT 4 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 3,441 3,441 0. 24 Total operating and administrative expenses. Add lines 13 through 23 10,169 9,159 231,364 364. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 241,533 9,159 231,364. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -15,625 b Net investment income (if negative, enter -0-) 100,959 N/A c Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

2016.04020 LIPPES FAMILY CHARITABLE FO 48135821

Form **990-PF** (2016)

13281106 759621 4813588FF

, Fo	rm QC	LIPPES FAMILY CHARITABLE O-PF (2016) C/O GERALD S. LIPPES	FOUNDATION	22	2010000 0
=			Beginning of year		-3019880 Page 2
P	<u>art</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	of year
_	1		979.	196.	(c) Fair Market Value
	1	Savings and temporary cash investments	25,699.	36,994.	
		Accounts receivable	45,699.	36,994.	36,994.
	"				1
		Less: allowance for doubtful accounts ► Pledges receivable ►			
	4				
	_	Less: allowance for doubtful accounts Grants receivable			
	1	F		_	
	•	Receivables due from officers, directors, trustees, and other			
	١,	disqualified persons			
	′	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts			
Assets	!	Inventories for sale or use	1 506	506	506
Ass		Prepaid expenses and deferred charges	1,596.	586.	
•	1	Investments - U.S. and state government obligations STMT 7	370,425.	263,344.	265,216.
	1	Investments - corporate stock STMT 8	277,077.	199,369.	240,870.
	l .	Investments - corporate bonds STMT 9	25,762.	25,762.	2,090.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated deprecation	·		
		Investments - mortgage loans		····	
	13	Investments - other STMT 10	554,548.	572,594.	593,976.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	1	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_	ļ	instructions. Also, see page 1, item I)	1,256,086.	<u>1,098,845.</u>	1,139,928.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe ► <u>MARGIN LOANS</u>)	80,887.	0.	
	23	Total liabilities (add lines 17 through 22)	80,887.	0.	
		Foundations that follow SFAS 117, check here	+		
en.		and complete lines 24 through 26 and lines 30 and 31			
Š	24	Unrestricted			
ā	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
PI		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
S	27	Capital stock, trust principal, or current funds	0.	0.	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ā	29	Retained earnings, accumulated income, endowment, or other funds	1,175,199.	1,098,845.	
ş	30	Total net assets or fund balances	1,175,199.	1,098,845.]
	31	Total liabilities and net assets/fund balances	1,256,086.	1,098,845.	
Г	art	Analysis of Changes in Net Assets or Fund Ba	lances	,	
<u>_</u>	ai l				
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
		st agree with end-of-year figure reported on prior year's return)		1	1,175,199.
2	Ente	r amount from Part I, line 27a		2	-15,625.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	1,159,574.
5	Decr	eases not included in line 2 (itemize)	SEE STA		60,729.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col		6	1,098,845.

1,098,845. Form **990-PF** (2016)

LF			sses for Tax on Ir		t Income	17.5					
	(a) List and descr 2-story brick wa	ibe the kir rehouse; c	nd(s) of property sold (e.g or common stock, 200 sh	., real estate, s. MLC Co.)		(b) D	low acq - Purch: - Donat	luired ase ion	(c) Date a (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)
	SHORT TERM GAIL								01/01		12/31/16
	LONG TERM GAIN			CHED					01/01	/15	12/31/16
	CAPITAL GAINS 1	DIVII	DENDS			<u> </u>					
_d											
_e	<u> </u>			1		<u></u>					
_	(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					n or (loss (f) minus	
_a					150,25						69,090.
<u>b</u>	69,131.				63,23	9.					5,892.
											1,128.
											
_e			aluma (h) and aurand bu	45 - 4 4-4	40/04/00	-					
_	Complete only for assets showin								Gains (Co (k), but no		
	(i) F.M.V. as of 12/31/69		i) Adjusted basis as of 12/31/69	(k) EX	cess of col. (1) col. (1), if any			001.	Losses (1	from col. (h))
a	l						•				69,090.
_b)										5,892.
											1,128.
d	1										
_ <u>e</u>	<u> </u>										
2	Capital gain net income or (net ca	pital loss)	If gain, also enter			}	2				76,110.
3	Net short-term capital gain or (los	s) as defin				1					
٠	If gain, also enter in Part I, line 8,			iu (0 <i>)</i> .		J					
_	If (loss), enter -0- in Part I, line 8		·			Ĵ	3			N/A	
F	Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome		
(Fo	or optional use by domestic private	foundatio	ns subject to the section (4940(a) tax or	net investment ir	ncome	e.)				
If s	section 4940(d)(2) applies, leave th	us nart hla	nk								
		•									
	as the foundation liable for the sect					rıod?					Yes X No
	Yes, the foundation does not quali										
<u></u>	Enter the appropriate amount in e	acii coluii		ilstructions be	Tore making any e						(4)
	Base periód years		(b) Adjusted qualifying dis	tributions	Net value of no	(C) ncha		ce accete	,	Distrit	(d) oution ratio
_	Calendar year (or tax year beginning	ig in)								cor (p) av	rided by col. (c))
_	2015			$\frac{7,972}{6,427}$				1,144			.196625
_	2014 2013			6,427. 5,929.				9,036 9,452			.173967
	2012			8,672.				5, 43 2			.159703 .155714
_	2012			9,954.				7,068			.158792
	2011			<i>J</i> , <i>J</i> J4.			, 05/	,000	† 		.136792
2	Total of line 1, column (d)								2		.844801
	Average distribution ratio for the 5	-vear bas	e period - divide the total	on line 2 by 5.	or by the number	of ve	ars		1		
	the foundation has been in exister	-	•	, ,		. ,			3		.168960
4	Enter the net value of noncharitab	le-use ass	ets for 2016 from Part X,	line 5					4		1,174,598.
5	Multiply line 4 by line 3								5		198,460.
	• • • • • • • • • • • • • • • • • • • •										
6	Enter 1% of net investment incom	ie (1% of l	Part I, line 27b)						6		1,010.
7	Add lines 5 and 6								7	<u>.</u>	199,470.
8	Enter qualifying distributions from	-							8		231,364.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, ch	eck the box in Part VI, line	tb, and comp	olete that part usir	ng a 1	% tax ra	ite.			

LIPPES FAMILY CHARITABLE FOUNDATION

_	990-PF (2016) C/O GERALD S. LIPPES 2 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)		019880		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	70 3			
ıa	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigs\) and enter 1%	1		1,0	1 0
U	of Part I, line 27b		_	1,0	10.
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
	Add lines 1 and 2	3		1,0	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		1,0	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,0	
	Credits/Payments:	-		1,0	<u> </u>
	1.1 4.500				
	2016 estimated tax payments and 2015 overpayment credited to 2016 Exempt foreign organizations - tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d				
		,		1,5	۵۵
	Total credits and payments. Add lines 6a through 6d	7		1,5	55.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			00
		10			89.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 589. Refunded ▶ rt VII-A Statements Regarding Activities	11			0.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		<u>-</u>	Yes	No
	any political campaign?		1a	<u> </u>	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe		"		
	distributed by the foundation in connection with the activities	u 0,			
r	Did the foundation file Form 1120-POL for this year?		10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			<u> </u>	_==
·	(1) On the foundation. \triangleright \$ 0 • (2) On foundation managers. \triangleright \$ 0 •				
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
٠	managers. > \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
_	If "Yes," attach a detailed description of the activities.			1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/.			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	, .	5	 	X
•	If "Yes," attach the statement required by General Instruction T.		-	 	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
•	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la 	aw			ļ
	remain in the governing instrument?		6	х	
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	X	
•	bid the reduction have at least \$6,000 in assets at any time during the year in res, complete rait in, cor (c), and rait Av		<u> </u>	<u> </u>	
Ra	Enter the states to which the foundation reports or with which it is registered (see instructions)				
Ja	NY				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		_	-	
U	of each state as required by General Instruction G? If "No," attach explanation		86	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	dar	OB	A	
J	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	uai	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	+	X
	n res, attach a schedule risting their names and addresses				

Form **990-PF** (2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

LIPPES FAMILY CHARITABLE FOUNDATION 22-3019880 Form 990-PF (2016) C/O GERALD S. LIPPES Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation **(b)** Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances GERALD S. LIPPES CHAIRMAN 50 FOUNTAIN PLAZA, SUITE 1700 BUFFALO, NY 14202 10.00 0 0 0. TRACY G. LIPPES VICE PRES/SEC 50 FOUNTAIN PLAZA, **SUITE 1700** 0. BUFFALO, NY 14202 1.00 0 0 ADAM S. LIPPES VICE PRES 50 FOUNTAIN PLAZA. **SUITE 1700** BUFFALO, NY 14202 0 1.00 0 0. DAVID F. LIPPES VICE PRES 50 FOUNTAIN PLAZA, SUITE 0. BUFFALO, NY 14202 1.00 0 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				

Form **990-PF** (2016)

LIPPES FAMILY CHARITABLE FOUNDATION

Form 990-PF (2016) C/O GERALD S. LIPPES		019880 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
· · · · · · · · · · · · · · · · · · ·		
	 -	
	 	
		-
	 	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	tistical information such as the roduced, etc.	Expenses
1 N/A		
2		
		-
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year 1 N/A	on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

22-3019880

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,122,540.
ь	Average of monthly cash balances	1b	69,945.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,192,485.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,192,485.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,887.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,174,598.
6	Minimum investment return. Enter 5% of line 5	6	58,730.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	d certair	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	58,730.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,010.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	57,720.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	57,720.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	57,720.
P	art XII Qualifying Distributions (see instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	231,364.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		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	231,364.
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	5	1,010.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	230,354.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				<u>57,720.</u>
2 Undistributed income, if any, as of the end of 2016			_	
a Enter amount for 2015 only			0.	
b Total for prior years:		_		
 '		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 179,093.				
b From 2012 137,748.				
c From 2013 143,452.				
d From 2014 172,737.				
e From 2015 186,037.				
f Total of lines 3a through e	819,067.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 231,364.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				<u>57,720.</u>
e Remaining amount distributed out of corpus	173,644.			
Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	992,711.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'			=	
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable	,			
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract		· · · · · ·		
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	179,093.			
9 Excess distributions carryover to 2017				
Subtract lines 7 and 8 from line 6a	813,618.			
10 Analysis of line 9:				
a Excess from 2012 137,748.				
b Excess from 2013 143,452.				
c Excess from 2014 172,737.				
d Excess from 2015 186,037.				
e Excess from 2016 173,644.				

LIPPES FAMILY CHARITABLE FOUNDATION Form 990-PF (2016) C/O GERALD S. LIPPES 22-3019880 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(3) or __ 4942(1)(5) Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2016 (e) Total (b) 2015 (c) 2014 (d) 2013 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a Qualifying distributions from Part XII. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter; (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Lift the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

GERALD S. LIPPES. (716)853-5100 50 FOUNTAIN PLAZA, SUITE 1700, BUFFALO, NY 14202

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

WRITTEN

c Any submission deadlines:

NONE

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

NONE

Form 990-PF (2016)

Form 990-PF (2016) C/O GERALD S. LIPPE
Part XV | Supplementary Information (continued) C/O GERALD S. LIPPES

22-3019880 Page 11

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE ATTACHED SCHEDULE				
				231,364.
Total			▶ 3a	231,364.
b Approved for future payment				
NONE				
NONE				
]		
Tabl		<u></u>		
Total			▶ 3b	0.

Unrelated business income

Enter gross amounts unless otherwise indicated.

(e)

Excluded by section 512, 513, or 514

Dart YVI-A	Analysis of Income-Producing	Activition
Laif VAI-V	Alialysis of illcome-Floudchig	WOUNDE?

1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	_ ()				
b					
c	1				
d	1 1	-			
е	l l				
1					
g Fees and contracts from government agencies	- F				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	33,981.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		_			
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	27.	
8 Gain or (loss) from sales of assets other			1 1		.
than inventory			18	76,110.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c	1				-
d	l I		7		
e					
2 Subtotal. Add columns (b), (d), and (e)		0		110,118.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions to verify calculations.	•				
Part XVI-B Relationship of Activities		anlichment of F	Evernt D	umana	····
rait XVI-B Nelationship of Activities	to the Accon	iipiisiiiiieiit oi L	-vembt L	uiposes	
Line No. Explain below how each activity for which in			-A contribute	d importantly to the accomp	olishment of
the foundation's exempt purposes (other the	an by providing fund	s for such purposes).			
				-	

6) C/O GERALD S. LIPPES 22-3019880 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

1 Did ti	ne organization directly or indir	ectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
the C	ode (other than section 501(c)	(3) organizations) o	r in section 52	7, relating to political organ	ızatıons?				
	sfers from the reporting founda	ation to a noncharita	ible exempt org	ganization of:			1 1	Ì	
_ (1) (1a(1)		<u>X</u>
, .	Other assets						1a(2)		X
	transactions:								
• •	Sales of assets to a noncharital	• •					1b(1)		<u>X</u>
, ,	Purchases of assets from a nor	•	organization				1b(2)		<u>X</u>
• •	Rental of facilities, equipment,						1b(3)		X
, ,	Reimbursement arrangements						1b(4)		<u>X</u>
• •	oans or loan guarantees			•			1b(5)		X
• • •	Performance of services or me	•	•			•	1b(6)		X
	ng of facilities, equipment, ma	•		•			1c		<u>X</u>
	answer to any of the above is							ets,	
	rvices given by the reporting for			eo iess than fair market valu	ie in any transaction	or snaring arrangement	L, Snow in		
	nn (d) the value of the goods, (b) Amount involved			a evernt organization	(4) 5				
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	(U) Description	of transfers, transactions, a	nd sharing arra	ingeme	115
			N/A					_	
	 				 		-		
									—
				- "	- 				
					 				
									
		·				 -			
				·-··					

	 	 		.	 -	- 			
	 								
									
2a le the	e foundation directly or indirect	tly affiliated with or	related to one	or more tay-eyempt organi	zatione described				
	ction 501(c) of the Code (other			· -	zations described		Yes	Y	No
	es," complete the following sch		((a)) or in seci	11011 327			169	LA	טוו כ
<u> </u>	(a) Name of org			(b) Type of organization	<u> </u>	(c) Description of relatio	nshin		
	N/A			(c) type or organization	· · · · · · · · · · · · · · · · · · ·	(0)	<u>.</u>		
	M/A		.						
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
			_						
1	Under penalties of perjury, I declare	that I have examined th	is return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge			_
Sign	and belief, it is true, correct, and cor	nplete Declaration of p	reparer (other tha	n taxpayer) is based on all inform	nation of which prepare	nas any knowledge	May the IRS of return with the	prepar	er
Here		~		11/7/17	CHAIRN		shown below X Yes	(see ins	No
ŀ	Signature of officer or trustee			Date	Title		163		
	Print/Type preparer's na		Preparer's s	ignature	Date	Check If PTI	N		
	And head and		4	1111		self- employed			
Paid	THOMAS DAL	·TON	11/000	M. Dalte cas	11/06/17	P	00645	802	
Prepa			CPAS	P.C.		Firm's EIN ▶ 45 -			
Use O	7 11 11 0 11 d 11 d 11 d 11 d 11 d 11 d								
	Firm's address ▶ 42	4 MATN S'	PREET.	SUITE 800			·		
			14202			Phone no. 716-	847-2	651	
						1. //2/0	Form 990		(2016)
									. /

LIPPES FAMILY CHARITABLE FOUNDATION

FEIN: 22-3019880

SUPPLEMENTAL SCHEDULE OF CONTRIBUTIONS PAID ATTACHMENT TO 2016 FORM 990-PF, PART XV

(All recipients are public charities)

<u>PAYEE</u>	<u>ADDRESS</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
Animal Medical Center	New York, NY	Charitable	6,000.00
Artis-Naples	Naples, FL	Charitable	42,000.00
Aspen Art Museum	Aspen, CO	Charitable	5,000.00
Breast Cancer Research Foundation	New York, NY	Charitable	1,500.00
Buffalo Philharmonic	Buffalo, NY	Charitable	2,514.00
Buffalo State College Foundation	Buffalo, NY	Charitable	1,500.00
Burchfield-Penney Art Center	Buffalo, NY	Charitable	1,000.00
Covenant House	New York, NY	Charitable	500.00
Elmwood-Franklin School	Buffalo, NY	Charitable	1,000.00
Foundation for Art and Preservation in Embassies	Washington, DC	Charitable	1,000.00
God's Love We Deliver (Golden Heart Awards)	New York, NY	Charitable	5,000.00
Guadelupe Center	Naples, FL	Charitable	4,500.00
Gulfshore Playhouse	Naples, FL	Charitable	2,500.00
Holocaust Museum and Education Center of SW FL	Naples, FL	Charitable	5,000.00
Hospice Buffalo	Buffalo, NY	Charitable	250.00
Jacobs Institute	Buffalo, NY	Charitable	30,000.00
Law Enforcement Foundation of WNY	Buffalo, NY	Charitable	1,000.00
Metropolitan Museum of Art	New York, NY	Charitable	1,500.00
MOMA	New York, NY	Charitable	1,200.00
Naples Botanical Garden	Naples, FL	Charitable	25,000.00
NCH Healthcare Foundation	Naples, FL	Charitable	5,000.00
Planned Parenthood of WNY	Buffalo, NY	Charitable	1,000.00
Roswell Park Alliance Foundation	Buffalo, NY	Charitable	11,250.00
Solomon R. Guggenheim Foundation	New York, NY	Charitable	600.00
Temple Beth Zion	Buffalo, NY	Charitable	1,500.00
The Albright-Knox Art Gallery	Buffalo, NY	Charitable	30,400.00
The Contemporary Austin	Austin, TX	Charitable	10,000.00
The Hospice Foundation	Buffalo, NY	Charitable	750.00
The Nichols School	Buffalo, NY	Charitable	1,000.00
UB Foundation	Buffalo, NY	Charitable	10,000.00
Whitney Museum	New York, NY	Charitable	19,400.00
WNY Women's Foundation	Buffalo, NY	Charitable	2,500.00
			231,364.00

Schedule B (Form 990, 990-EZ.

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

Name of the organization

LIPPES FAMILY CHARITABLE FOUNDATION C/O GERALD S. LIPPES

Employer identification number

22-3019880

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

LIPPES FAMILY CHARITABLE FOUNDATION

Employer identification number

C/O GERALD S. LIPPES

22-3019880

Part I	Contributors (See instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GERALD S. LIPPES 50 FOUNTAIN PLAZA, SUITE 1700 BUFFALO, NY 14202	\$ <u>86,600.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GERALD S. LIPPES 50 FOUNTAIN PLAZA, SUITE 1700 BUFFALO, NE 14202	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

LIPPES FAMILY CHARITABLE FOUNDATION

C/O GERALD S. LIPPES

Employer identification number 22-3019880

Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (See instructions) Use duplicate copies of Part II if	additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) Date receive					
1	2,000 SHARES GIBRALTAR INDUSTRIES STOCK						
		\$ 86,600.	11/10/16				
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
2	682 SHARES GIBRALTAR INDUSTRIES STOCK						
		\$ 29,190.	12/28/16				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
153 10-18		\$	990, 990-EZ, or 990-PF) (2				

Name of organization Employer identification number LIPPES FAMILY CHARITABLE FOUNDATION C/O GERALD S. LIPPES 22-3019880 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Eater this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

S AND INTER	EST FROM SECU	RITIES S	TATEMENT 1			
GAINS	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME			
1,12	8. 33,981	. 33,981.				
OTHER I	NCOME	S	TATEMENT 2			
	27.	27.	·			
LINE 11	27.	27.				
ACCOUNTI	NG FEES	S	TATEMENT :			
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES			
4,500.	4,500.		0			
4,500.	4,500.		0			
4,500. TAX			TATEMENT			
TAX (A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	TATEMENT (D) CHARITABL			
	CAPITAL GAINS DIVIDEND 1,12 OTHER I OTHER I ACCOUNTI (A) EXPENSES PER BOOKS	CAPITAL (A) GAINS REVENUE DIVIDENDS PER BOOKS 1,128. 23,178 0. 10,803 1,128. 33,981 OTHER INCOME (A) REVENUE PER BOOKS 27. LINE 11 27. ACCOUNTING FEES (A) EXPENSES NET INVEST- PER BOOKS MENT INCOME	CAPITAL (A) (B) GAINS REVENUE NET INVEST- DIVIDENDS PER BOOKS MENT INCOME 1.128. 23,178. 23,178. 0. 10,803. 10,803. 1.128. 33,981. 33,981. OTHER INCOME S (A) (B) REVENUE NET INVEST- PER BOOKS MENT INCOME 27. 27. LINE 11 27. 27. ACCOUNTING FEES S (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME (A) (B) (C) ADJUSTED NET INCOME			

	OTHER E	EXPENSES	STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS			
BANK CHARGES NYS ATTORNEY GENERAL MISCELLANEOUS	250	•	250.	0.
TO FORM 990-PF, PG 1, LN 23	3,441	3,	441.	0.
FORM 990-PF OTHER DECREASE	ES IN NET AS	SSETS OR F	UND BALANCES	STATEMENT 6
DESCRIPTION				AMOUNT
BOOK/TAX DIFFERENCE IN CONTR	IBUTION INCO	ME		60,729
TOTAL TO FORM 990-PF, PART I	II, LINE 5			60,729
FORM 990-PF U.S. AND	STATE/CITY (OVERNMENT	OBLIGATIONS	STATEMENT '
			-	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
			BOOK VALUE 263,344.	VALUE
GOV. OBLIGATIONS	GOV			265,216
	GOV X TIONS	'T GOV'T -	263,344.	265,216
GOV. OBLIGATIONS TOTAL U.S. GOVERNMENT OBLIGATIONAL GOVERNMENT OBLIGATIONAL GOVERNMENT	GOV X TIONS VERNMENT OB	'T GOV'T -	263,344.	VALUE 265,216 265,216
GOV. OBLIGATIONS TOTAL U.S. GOVERNMENT OBLIGATIONAL GOVERNMENT OBLIGATIONAL GOVERNMENT	GOV X TIONS VERNMENT OBI I, LINE 10A	GOV'T	263,344.	VALUE 265,216 265,216
TOTAL STATE AND MUNICIPAL GOTAL TO FORM 990-PF, PART I	(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES 2,677. 2,677. 0. 250. 250. 0. 514. 514. 0. 3 3,441. 3,441. 0. ASSES IN NET ASSETS OR FUND BALANCES STATEMENT 6 TRIBUTION INCOME 60,729. 111, LINE 5 60,729. U.S. OTHER GOV'T GOV'T BOOK VALUE VALUE X 263,344. 265,216. GATIONS 263,344. 265,216. GOVERNMENT OBLIGATIONS 11, LINE 10A 263,344. 265,216.			
GOV. OBLIGATIONS TOTAL U.S. GOVERNMENT OBLIGATIONAL STATE AND MUNICIPAL GOTOTAL TO FORM 990-PF, PART INTOTAL TO FORM 990-PF, PART INTOTAL TO FORM 990-PF	GOV X TIONS VERNMENT OBI I, LINE 10A	GOV'T	263,344. 263,344. 263,344. BOOK VALUE	VALUE 265,216 265,216 265,216 STATEMENT FAIR MARKET VALUE

FORM 990-PF	CORPOR	RATE BONDS		STATEMENT	9
DESCRIPTION			BOOK VALUE	FAIR MARKE	т
CORPORATE BONDS		•	25,762.	2,0	90.
TOTAL TO FORM 990-PF, PART II,	LINE 10)C =	25,762.	2,0	90.
FORM 990-PF	OTHER I	INVESTMENTS		STATEMENT	10
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE	Т
OTHER INVESTMENTS		COST	572,594.	593,9	76.
TOTAL TO FORM 990-PF, PART II,	LINE 13	- 3	572,594.	593,9	76.

20

LIPPES FAMILY CHARITABLE FOUNDATION
FEIN: 22-3019880
ATTACHMENT TO FORM 990-PF, PAGE 3, PART IV

Decocods		3/15/2016 10/24/2016 183.000 2,302 1,882 420	1/20/2016 125.000 3,580 4,660 (1	9/19/2016 9/23/2016 0.829 27 27	5,000.000 126,543 102,628	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			VARIOUS 10/24/2016 650.000 8,176 9,203 (1,027)	7/22/2016 400.000 10,322 11,702	3/27/2014 4/1/2016 200.000 6,500 6,914 (414)	S 7/29/2016 70.000 7,381	2,686	VARIOUS 7/29/2016 70.000 7,328 4,088 3,240	2/11/2015 3/15/2016 19.000 922 909 13	VARIOUS 5/10/2016 225.000 8,000 9,386 (1,386)	6/18/2014 3/15/2016 44.000 1,882 1,680 202	6/18/2014 11/17/2016 206.000 9,740 7,867 1,873	6/21/2012 7/15/2016 10,000.000 63 66	7/26/2012 7/15/2016 28,000.000 843 846	3/23/2010 9/26/2016 13,000.000 3,324 3,328	7/16/2013 10/17/2016 20,000.000 172 126	200 4 00000
SHODE TERM TEAM TO ANS A CITIONS	AINSACTIONS	NOTHINGIANII AUVISUTS ALPS ETF TRUST ALERIAN MLP 3/1.		ECT SECTOR SPDR TRUST REAL ESTATE SLCT SPDR ETF		GIBRALTAR INDUSTRIES INC TOTAL SHORT TERM	LONG TERM TRANSACTIONS	Nottingham Advisors	IST ALERIAN MLP	DEUTSCHE X-TRACKERS MSCI EAFE HEDGED EQUITY EFT 2/2/	DEUTSCHE X-TRACKERS MSCI JAPAN HEDGED EQUITY EFT 3/2'	ISHARES RUSSELL 1000 VALUE EFT	ISHARES RUSSELL 1000 GROWTH EFT 12/	ISHARES RUSSELL 1000 GROWTH EFT	ISHARES MSCI EAFE SMALL-CAP ETF 2/1		SELECT SECTOR SPDR TRUST TECHNOLOGY SELECT INDEX 6/19	SELECT SECTOR SPDR TRUST TECHNOLOGY SELECT INDEX 6/18	FHLMC 4059 WA 6/2	FHLMC 4077 HA	FNMA 10-9 UC 3/2:	GNMA 13-110 ET 7/10	MUTH DIO 1 11 HOH