$\infty$ 

Department of the Treasury

Internal Revenue Service

### Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No 1545-0047

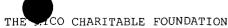
06/30, 20 17 A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending D Employer identification number C Name of organization B Check if applicable THE AYCO CHARITABLE FOUNDATION 14-1782466 Address Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite 25 BRITISH AMERICAN BLVD. (800) 335 -5353Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated G Gross receipts \$ 1,078,294,070. LATHAM, NY 12110 Application pending F Name and address of principal officer H(a) Is this a group return for Yes X No JOHN MASTRIANI 25 BRITISH AMERICAN BLVD. LATHAM, NY 12110 Yes H(b) Are all subordinates included? If "No." attach a list (see instructions) Tax-exempt status 501(c) ( ) (insert no ) 4947(a)(1) or Website ► N/A H(c) Group exemption number NY Form of organization | X | Corporation | Association L Year of formation 1995 M State of legal domicile Trust Other > Part i Summary Briefly describe the organization's mission or most significant activities OUR PRIMARY PURPOSE IS TO ENCOURAGE AND PROMOTE PHILANTHROPY AND CHARITABLE GIVING. Activities & Governance 2 Check this box ▶ \_\_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . . . 0. 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7*a* 0. **b** Net unrelated business taxable income from Form 990-T, line 34 . . . . . . Current Year 169,466,800. 254,333,500. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,112,700. 26,556,600. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) n Ω 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 188,579,500. 280,890,100. 141,655,800. 159,450,600. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) Ο. 68,000.59,000. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,796,000. 4,367,300. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 145,510,800. 163,885,900. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 43,068,700. 117,004,200. Revenue less expenses Subtract line 18 from line 12 . . . . . . Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 538,416,600. 683,818,100. 21 Total liabilities (Part X, line 26) 1,649,500. 1,322,100. 682,496,000. Net assets or fund balances Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that thave examined true, correct, and complete Declaration of preparer (other) in his return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is han officer) is based on all information of which preparer has any knowledge examined Sign Here TIMOTHY MITH VICE PRESIDENT/CFO Type or print name and title Print/Type preparer's name Preparer's sign PAUL TANIS 03/12/2018 self-employed P01441612 Preparer Firm's name PRICEWATERHOUSECOOPERS LI Firm's EIN ▶ 13-4008324 Use Only Firm's address ▶101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 617-530-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

6E1010 1 000 4631MN 7377

For Paperwork Reduction Act Notice, see the separate instructions.

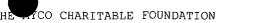


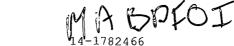
Form 990 (2016)



			4	
1CO	CHARITABLE	FOUNDATION		ļ

	930 (2016)	Page Z
Par	Statement of Program Service Accomplishments	r—
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
	riefly describe the organization's mission	
0	UR PRIMARY PURPOSE IS TO ENCOURAGE AND PROMOTE PHILANTROPY AND	
C	HARITABLE GIVING.	
_		
D	id the organization undertake any significant program services during the year which were not listed on the	(77)
pi If	rior Form 990 or 990-EZ? Yes," describe these new services on Schedule O	X No
D	d the organization cease conducting, or make significant changes in how it conducts, any program	
	ervices?Yes	X No
If	"Yes," describe these changes on Schedule O	
D	escribe the organization's program service accomplishments for each of its three largest program services, as mea	sured by
	xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others
th	e total expenses, and revenue, if any, for each program service reported	
	Code) (Expenses \$159,450,600   including grants of \$159,450,600   ) (Revenue \$)	_)
_	HE AYCO CHARITABLE FOUNDATION ("ACF") ACCOMPLISHES ITS CHARITABLE	
P	URPOSE BY RECEIVING CHARITABLE CONTRIBUTIONS AND MAKING GRANTS.	
_	CF LIMITS ITS GRANT MAKING TO INTERNAL REVENUE CODE (THE "CODE")	
_	ECTION 501(C)(3) ORGANIZATIONS CLASSIFIED AS A PUBLIC CHARITY,	
Pl	RIVATE OPERATING FOUNDATIONS UNDER CODE SECTION 170(B)(1)(A)(7),	
A	ND GOVERNMENTAL UNITS DESCRIBED UNDER CODE SECTION 170(C)(1)	
W.	HICH HAVE CERTIFIED THAT THE FUNDS GRANTED WILL BE USED	
E	XCLUSIVELY FOR A PUBLIC PURPOSE. ACF OPERATES AS A "SPONSORING	
O	RGANIZATION" WITHIN THE MEANING OF CODE SECTION 4966 AND	
_	AINTAINS DONOR ADVISED FUNDS. SEE SCHEDULE I FOR A LISTING OF	
_	ONATIONS AND CHARITIES.	
_		
<b>b</b> (C	Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		•
_		
_		
_		
_		
_		
_	<del></del>	
_		
_		
		<del></del>
; (C	code) (Expenses \$including grants of \$) (Revenue \$	)
_		
_		
_		
_		
_		
_		
10	ther program services (Describe in Schedule O)	
	ixpenses \$\frac{\text{including grants of \$}}{159,450,600}. (Revenue \$\text{New New New New New New New New New New	
_ ' '	Authoriting expenses > 103,400,000.	



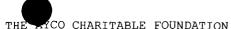


Page 3

Par	Checklist of Required Schedules			age J
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		_ X
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,			,
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		x	
_	"Yes," complete Schedule D, Part I	6	^	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<del> </del>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	ļ	Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	, *		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		Х
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		Χ
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	_	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
15	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	X	
16	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		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1,7
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		Х

ACO CHARITABLE FOUNDATION

**Checklist of Required Schedules** (continued) Part IV No X 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 Χ domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II........ 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 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 Х 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ 25a 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? Χ 25b 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 Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L. Part III............ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV . . . . . . . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . . . . . . 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. III. X 34 Χ Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . . . . . . . . 35 a 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 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



CO CHARITABLE FOUNDATION

Form	990 (2016)		١	⊃age <b>5</b>
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • •	<del>- ` · ·</del>	<u>.   X  </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	{		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			i
_	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	otatements, med for the calendar year ending with or within the year covered by this return.	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		-
22	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
<b>-</b> a	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			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			Ì
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<del>,</del>
7	Organizations that may receive deductible contributions under section 170(c).			}
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
а	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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		Х
9	Sponsoring organizations maintaining donor advised funds.			]
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			- 1
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		i	
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders		Ì	
D	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	
40-	against amounts due or received from them )			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			İ
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form **990** (2016)

JSA 6E1040 1 000 4631MN 7377

Page 6

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	i		
b	Enter the number of voting members included in line 1a, above, who are independent 1b			i
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	X	
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		Х
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			i
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			ĺ
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
þ	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	3.5	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	<u>×</u> _	<del></del>
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
Þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		.,	
	rise to conflicts?	12b	×	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	×	
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by	1		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		
a	The organization's CEO, Executive Director, or top management official	15a 15b		<u>x</u>
b	Other officers or key employees of the organization	130		<del></del>
464	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
100	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		<u>x</u>
h	with a taxable entity during the year?	IVa		
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	1/310	only)
. •	available for public inspection. Indicate how you made these available. Check all that apply	301(0	.,( .) /3	J.115/
	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 interest of interest of the conflict of the con	erect	nalicy	and
-	financial statements available to the public during the tax year	001	, J U	,
20		s <b>&gt;</b>		
	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 800-335-5353			

JSA 6E1042 1 000

## 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	box, office	unle	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 12 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)TIMOTHY O'HARA	1.00									
DIRECTOR/CHAIRMAN	0.	Х		x				0.	0.	0.
(2)DAVID GOLUB	1.00									<del></del>
DIRECTOR	0.	х						16,000.	0.	0.
(3)PETER HEERWAGEN	1.00									
DIRECTOR/TREASURER	0.	Х		Х				16,000.	0.,	0.
(4)JOHN MASTRIANI	2.00									
DIRECTOR/PRESIDENT	0.	Х		Х				16,000.	0.	0.
(5)LEE MCELROY	1.00							-		
DIRECTOR	0.	Х						16,000.	0.	0.
(6)JAN SMITH	1.00									
DIRECTOR (SINCE 5/15/2017)	0.	Х						0.	0.,	0.
(7)MAE CAVOLI	1.00									
VICE PRESIDENT/SECRETARY	0.			Х			[	0.	0.	<u> </u>
(8)TIMOTHY SMITH	1.00									
VICE PRESIDENT/CFO	0.			Х				0.	0.	0.
(9)KELLY ANDERSON	1.00									
VICE PRESIDENT (UNTIL 2/10/17)	0.			Χ				0.	0.	<u> </u>
(10)SEAN LEONARD	1.00						7			
VICE PRESIDENT	0.			Х				0.	0.	
(11)										
(12)										
(13)										
(14)					 					

Form 990 (2016)

	CO CHARIT	ABLE	FC	OUN	D <b>A</b> T	ION			14-1782	466		- 0
Part VII Section A. Officers, Directors, T	rustone Ka	w En	nlo	W06	-	and l	Jial	hoet Companyat	od Employees (	ontinu		Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(do r box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			one an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation		f	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f orç ar	rom the ganization of relate anization	en d
						·						
										_		
										-		
										<del></del>		
						-						
										<del></del>		
					-							
										_		
		-									<del>-</del>	
	- <del></del>	İ			-							
4h 0uh 4uh							Ļ	64,000.	0.		_	0.
to Sub-total continuation sheets to Part VII,			· · ·			• •	<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)	t limited to t	hose I	ste					64,000.	0.  \$100,000 of			0.
reportable compensation from the organization	on 🕨	0.									Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, directo	r, or chindi	tru vidu	stee ıal .	e, k	еу е 	mp	loyee, or highest	compensated	3		X
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	0,00	)O?	If	"Yes	," c	complete Schedul	e J for such			
<ul><li>individual</li></ul>	r accrue co	mpens	 satıc	on f	rom	 any	unr	elated organization	on or individual	4		Х
for services rendered to the organization? If " Section B. Independent Contractors	Yes," comple	te Sch	edu	le J	for	such	pers	son		5		X

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation	
ATTACHMENT 2			
2 Total number of independent contractors (including but not limited	d to those listed above) who received		

more than \$100,000 in compensation from the organization

Form **990** (2016)

Part VIII Statement of Revenue
Check if Schedule O contain

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tau under sections 512-514
इं इ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
A B	c	Fundraising events	1 .					
ig gi	d	<del>-</del>						
S E	e	Government grants (contribu						i
ig s	f	All other contributions, gifts,						
ا≩ق	•	and similar amounts not include	- 1	254,333,500	1			
털	_							
ပိ ခြ	g h	Total. Add lines 1a-1f			254 222 500			
- <u>e</u>		Total / tot mice fa ii		Business Code	254,333,500			
e l	2-							
8	2a						<del></del>	
<u>.</u>	b							<del></del>
ē	C			-				
S	d				-		<del> </del>	
jra	e						<del></del>	
Program Service Revenue	f	All other program service rev						
<del></del>	9	Total Add lines 2a-2f			0		<del></del>	<del></del>
	3	Investment income (inc						
ľ		and other similar amounts).			10,067,100			10,067,100
	4	Income from investment of			0			
	5	Royalties			0			
			(i) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss).		<b>▶</b> [	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other	İ			
		assets other than inventory	813,893,470					
	b	Less cost or other basis						
		and sales expenses	797,403,970		ľ			
- }	С	Gain or (loss)	16,489,500					
	d	Net gain or (loss)		▶	16,489,500.			16, 489, 500.
	8a	Gross income from fundra						13, 13,73301
enne		events (not including \$						
ě		of contributions reported on	line 1c)					
<u> </u>		See Part IV, line 18		0				
Other Rev	b	Less direct expenses		l i				
٦,	c	Net income or (loss) from full			0	1		
	9a	Gross income from gaming						<del> </del>
		See Part IV, line 19		0				
	b	Less direct expenses		i I		1		
		Net income or (loss) from ga				-	· · · · · · · · · · · · · · · · · · ·	_
ء ا				·····	0.			<del>                                     </del>
'	0a	Gross sales of inventor returns and allowances						
	p	Less cost of goods sold	b					
-	<u> </u>	Net income or (loss) from sale Miscellaneous Revenue			0			<del></del>
-				Business Code				<b></b>
1	1a			<del> </del>				<del> </del>
	b	<del></del>						
	С			<del>-</del>				
	d	All other revenue		L <u> </u>				
- 1		Total. Add lines 11a-11d			0			
1:		Total revenue See instruction			280,890,100.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Check if Schedule O contains a response			<u></u>	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	159,377,700.	159,377,700.		
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				
individuals See Part IV, lines 15 and 16	72,900.	72,900.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	68,000.	f	68,000.	
trustees, and key employees	00,000.	-	00,000.	
6 Compensation not included above, to disqualified	Į.			
persons (as defined under section 4958(f)(1)) and	0			
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.			
0 Payroll taxes	0.			
1 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.			1 000 000	<del></del>
f Investment management fees	1,220,300.		1,220,300.	
g Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)	0.			
2 Advertising and promotion	0.			
3 Office expenses	0.			
4 Information technology	0.			
5 Royalties,	0.			
6 Occupancy	0.			
7 Travel	0.			
B Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.1			
	0.			
	0.			
Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	0.			
Insurance	<u></u>			
Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column		1		
(A) amount, list line 24e expenses on Schedule (O)			<u></u>	
aADMINISTRATIVE SUPPORT SRVCS	3,147,000.		3,147,000.	
b				
c				
d				
e All other expenses			-	
	163,885,900.	159,450,600.	4,435,300.	
Total functional expenses Add lines 1 through 24e  3 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental control of the con	103,003,300.	100,400,000.	4,455,500.	
fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	0.			Form <b>990</b> (2

6E1052 1 000

	90 (2016) X Balance Sheet			Page 1 '
0.10	Check if Schedule O contains a response or note to any line in this Pa	art X		X
	Check in Concount & Contains a respense of fisterio any line in allo it	(A)	<del>: : :</del>	(B)
		Beginning of year	}	End of year
$\top$	1 Cash - non-interest-bearing	0.	1	0
ŀ	2 Savings and temporary cash investments	0.	2	0
	3 Pledges and grants receivable, net	0.	3	0
	4 Accounts receivable, net	1,350,700.	4	2,854,500
	5 Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
		0.	5	0
	Complete Part II of Schedule L  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		1	
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0
Assets	7 Notes and loans receivable, net	0.	-	0
SS	8 Inventories for sale or use	0.		0
- 1	9 Prepaid expenses and deferred charges	0.		0
	Da Land, buildings, and equipment cost or		<u> </u>	
	other basis Complete Part VI of Schedule D 10a			
	b Less accumulated depreciation	0.	10c	0
1	· · · · · · · · · · · · · · · · · · ·	537,065,900.		680,963,600.
1			12	0
1		0.		0
1.		0.	14	0
1		0.		0
1		538,416,600.	–	683,818,100.
1		1,649,500.		1,322,100.
1:		0.		0
1		0.	19	0
2		0.		0
2	Escrow or custodial account liability Complete Part IV of Schedule D	0.	ì	0
1_				
	trustees, key employees, highest compensated employees, and			
ã	disqualified persons Complete Part II of Schedule L	0.	22	0
ຶ່ງ   <sub>2∶</sub>	· ·		23	
2		0.		0
2			~~	
-	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	0.	25	0.
20		1,649,500.	26	1,322,100.
┯,	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			1,022,100.
g	complete lines 27 through 29, and lines 33 and 34.			
آ ڏ	- · · · · · · · · · · · · · · · · · · ·	536,767,100.	27	682,496,000.
≣   2∶		0,	28	0
21 21		0.	29	0
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		U al	2.7	
20 21 21 21 21 21 21 21 21 21 21 21 21 21	Permanently restricted net assets			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			_29	
	Permanently restricted net assets	0.		
25 25 25 25 25 25 25 25 25 25 25 25 25 2	Permanently restricted net assets  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	0.	30	
	Permanently restricted net assets  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  Paid-in or capital surplus, or land, building, or equipment fund	0.	30 31	
2 30	Permanently restricted net assets 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 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	536,767,100.	30	682,496,000.

Form **990** (2016)



			4
11CO	CHARITABLE	FOUNDATION	

Form 9	90 (2016)			Pa	ge 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>	<u>.</u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		280,8		
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>	163,8		
3	Revenue less expenses Subtract line 2 from line 1		117,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	536 <b>,</b> 7		
5	Net unrealized gains (losses) on investments	5	_28,7	724,	700.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	682 <b>,</b> 4	96,0	000.
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın ın	1		
	Schedule O			İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both		ļ		ļ
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both		J		
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight	1		<u> </u>
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain in			
	Schedule O		1		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Form	990	(2016)

JŞA





#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

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.

OMB No 1545-0047

20 16

Open to Public Inspection

Name of the organization Employer identification number THE AYCO CHARITABLE FOUNDATION 14-1782466 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (III) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total



CO CHARITABLE FOUNDATION

Schedule A (Form 990 or 990-EZ) 2016 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 ) Part II

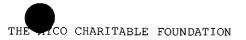
<u>Sec</u>	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	145,409,400	163,338,100	198,596,000.	169,466,800	254,333,500	931, 143, 800
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	 					0
4	Total. Add lines 1 through 3	145,409,400	163,338,100	198,596,000	169,466,800	254,333,500	931, 143, 800
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)						20,418,428
_6_	Public support. Subtract line 5 from line 4						910,725,372
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	145,409,400 5,674,503	163,338,100 7,407,200	198,596,000 7,797,000	169, 466, 800. 9, 145, 154.	254,333,500	931,143,800
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 [						971,233,400
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13 —	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>	<u></u> <u>.</u> <u>.</u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
<u>Sec</u>	tion C. Computation of Public Supp						
14	Public support percentage for 2016 (lin						93.77%
15	Public support percentage from 2015						93.43%
16a	331/3% support test - 2016. If the or						
	this box and stop here. The organization						
b	331/3% support test - 2015. If the o						
4	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, che	eck this box ar	nd <b>stop here</b> . E	xplain in
	Part VI how the organization meets the						
	organization					· · · · · · · · · · · · · · · · · · ·	▶ ∟
D	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization					•	, , , , , , , , , , , , , , , , , , , ,
18	supported organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	
	instructions	<u>,</u> .	<u> </u>		<u> </u>	<u></u>	🕨 📖

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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)

	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received (Do not include any "unusual grants ")					ľ	1
2	Gross receipts from admissions, merchandise						//
-	sold or services performed, or facilities					/	
	·			}	}	/	
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose					,"	ļ
3	Gross receipts from activities that are not an					1	
	unrelated trade or business under section 513.					/	
4	Tax revenues levied for the					ĺ	1
	organization's benefit and either paid				· /		
	to or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to the		1				
	organization without charge				4		
6	Total. Add lines 1 through 5				,'		
_	Amounts included on lines 1, 2, and 3	<del></del>		,			
	received from disqualified persons			/	]		]
b	Amounts included on lines 2 and 3	<del></del>	<del>                                     </del>				<del>                                     </del>
	received from other than disqualified			, r'		(	ļ
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year	<del></del>					<del>                                     </del>
С	Add lines 7a and 7b	<del></del>	<del></del>	, 3			<del> </del>
8	Public support. (Subtract line 7c from		ļ ,	ľ			
	line 6)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,		/			Ī	İ
	payments received on securities loans, rents, royalties and income from similar sources	· 	1				
ь	Unrelated business taxable income (less	- /					
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975		İ				
_				<u> </u>			
	Add lines 10a and 10b	<del>'</del>			<del></del>		-
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 for	ı					
	loss from the sale of capital assets	1	1				
	(Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11,						
	and 12)	ı					
14	First five years. If the Form 990 is f	or the organiza	ition's first seco	nd third fourth	or fifth tay ve	par as a section	501(c)(3)
17	organization, check this box and stop here						
Seci	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	· · · · · <u>-</u> _
15	Public support percentage for 2016 (line 8	<del></del>		mn (fl)		15	%
16	,					<del></del>	
	Public support percentage from 2015 Sche			· · · · · · · · · · · ·	· · · · · · · · ·	16	
	tion D. Computation of Investmen				<del></del>	<del></del>	
17	Investment income percentage for 2016 (lin					17	<u>%</u>
18	Investment income percentage from 2015					18	<u>%</u>
19 a	331/3% support tests - 2016. If the org	ganization did ni	ot check the box	on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and sto	<b>p here</b> . The orga	anization qualifies	s as a publicly	supported organ	ıızatıon ▶ L
b	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
SA			U JUN OIL HING	, 100, 01 100		Schedule A (Form	
E122	11000 / 463/1MN 7377				`	Sio A (i oill	
	100/11111 1011						
	/						

Page 4



**Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

secu	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> 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 <b>Part VI.</b>	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 7? 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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI.</b>	9c		
10 a		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		

•	

CO CHARITABLE FOUNDATION

	ile A (Form 990 or 990-EZ) 2016			Page 5
Part	Supporting Organizations (continued)		126	
4.4	Here the control of a method a method and the fell of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	•		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		l
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	TIC	L	<u> </u>
0000	on b. Type reapporting enganizations		Yes	No
	Did the develop develop as a second as how of the second as a seco		100	1.00
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	ļ		
	controlled the organization's activities of the organization had more than one supported organization,	]		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	}		
	the supported organization(s)	1	<u> </u>	
Secti	on D. All Type III Supporting Organizations			<del></del>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	·	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		_
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstruç		
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	. 1		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		

Page 6

<b>\</b>			
co	CHARITABLE	FOUNDATION	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
<u> </u>			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		<del></del>
3 Other gross income (see instructions)	3		<u> </u>
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) Curre nt Year (optio nal)
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)	- 1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	<del></del>	
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	<del></del>	
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	v intear	ated Type III supporting	organization (see
instructions)	, 3.	71	(===

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

CO CHARITABLE FOUNDATION Schedule A (Form 990 or 990-EZ) 2016

Schedu	ule A (Form 990 or 990-EZ) 2016			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		<del>-</del>	
<del>7</del>	Total annual distributions. Add lines 1 through 6		<del></del>	
	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
<u>—</u>	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount fo <b>r</b> 2016
	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b		-		
	From 2013			
d	From 2014		7	
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years	, <u>.</u>		
b	Applied to 2016 distributable amount		_	
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			_
7	Excess distributions carryover to 2017 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
đ	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016





Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

JSA 6E1225 2 000

Schedule A (Form 990 or 990-EZ) 2016

#### **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Nam	ne of the organization		Employer identification number
TH	E AYCO CHARITABLE FOUNDATION		14-1782466
P	art I Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3,690.	
2	Aggregate value of contributions to (during year)	254,333,500.	
3	Aggregate value of grants from (during year)	159,440,600.	
4	Aggregate value at end of year	682,453,600.	
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benefit		any other purpose
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	X Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e.g., reci	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i	n the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified it		2c
d	Number of conservation easements included in (c)		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or termi	nated by the organization during the
	tax year ▶		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		
6	violations, and enforcement of the conservation eas		
Ü	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ung bondling of wolctions, and autorian	
•	S	ing, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of soci	non 170(h)(4)(P)(i)
_	and section 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	Yes No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue on	Yes No
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easemen	nts	sar statements that describes the
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered	'Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition, edu	ication, or research in furtherance of
h	If the organization closted as permitted under S	CASC 446 (ASC 059) As assessed in the	scribes these items
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila	r assets held for public exhibition, add	revenue statement and balance sheet
	public service, provide the following amounts relating	ng to these items	deadon, or research in fulfillerance of
	(i) Revenue included in Form 990, Part VIII, line 1.		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
	following amounts required to be reported under SF	FAS 116 (ASC 958) relating to these item	ıs
а	Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
<u>b</u>	Assets included in Form 990, Part X		<b>▶</b> \$
FOR F	Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2016

JSA



		4
ITABLE	FOUNDATION	

Sche	edule D (Form 990) 2016											P	oge ∠
Pa	rt III Organizations Maintainin	g Colle	ections of	f Art, His	torical 1	reasu	res,	or Ot	her Simi	ar Asse	ts (con	tinue	ed)
3	Using the organization's acquisitio	n, acces	ssion, and	other reco	rds, chec	k any o	of the	follov	ving that	are a sig	nificant i	use c	of its
	collection items (check all that appl	y)											
а	Public exhibition			d [	Loan	or exch	ange	progra	ms				
b	Scholarly research			e	Other			_					
С	Preservation for future gener	ations		_	_								
4	Provide a description of the organ		collections	s and expl	ain how	they fu	rther	the or	ganization	's exemp	t purpos	e in	Part
	XIII			•		•			•	·	•		
5	During the year, did the organizatio	n solicit	or receive	donations o	of art, hist	orical ti	reasu	res, or	other sımı	lar			
	assets to be sold to raise funds rath										Yes		No
Pai	rt IV Escrow and Custodial Ari	rangem	ents.										
	Complete if the organizati	on ansv	wered "Ye	s" on Forr	n 990, P	art IV,	line 9	9, or re	ported a	n amoun	t on For	m	
	990, Part X, line 21								•				
1a	Is the organization an agent, truste	e, custo	dian or oth	er intermed	diary for o	ontribu	tions	or othe	r assets no	ot			
	included on Form 990, Part X?										Yes		No
b	If "Yes," explain the arrangement in						•						-
	, ,		•	•	Ū					mount			
С	Beginning balance ,						1c						
	Additions during the year												
	Distributions during the year												
f	Ending balance												
2a	Did the organization include an amount							stodial	account lia	ability?	Yes		No
	If "Yes," explain the arrangement in									_			1
_	rt V Endowment Funds.												
	Complete if the organizati	on ansv	wered "Yes	s" on Forn	n 990, P	art IV, I	ine 1	10					
		(a) Cu	rrent year	(b) Prid	or year	(c) Tv	vo year	rs back	(d) Three	years back	(e) Four	years	back
12	Beginning of year balance		<del></del>				_						
	Contributions												
	Net investment earnings, gains,									-			
·	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
Ŭ	and programs					1							
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of			end balanc	o (lino 1a	column	(2))	hold as					
a	Board designated or quasi-endowm		mem year	%	e (iiile 19,	Column	ı (a <i>))</i>	neia as					
	Permanent endowment ▶	%											
С	Temporarily restricted endowment	<u> </u>	%										
	The percentages on lines 2a, 2b, a		ould equal	100%									
3a	Are there endowment funds not in t				ation that	are hei	d and	d admir	nstered for	the			
	organization by	•		ŭ							[S	es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u												
Par	t V Land, Buildings, and Equi	pment.		-									
	Complete if the organizat	ion ans											
	Description of property		(a) Cost or (inves	other basis stment)	(b) Cost (	or other ba ther)	asis		cumulated eciation	(0	i) Book val	пе	
1a	Land		, , , , , , , , , , , , , , , , , , ,		1 <del>-</del>								
b	Buildings												
C	Leasehold improvements			-			$\dashv$						
d	Equipment												
е	Other												
Tota	I. Add lines 1a through 1e. (Column			n QQO Part	Y colum	n (B) Ju	10 10	(C.)			-		

Schedule D	(Form 990) 2016			Page
Part VII				
	Complete if the organization answered	1 "Yes" on Form 99	00, Part IV, line 11b See Form 990, Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financ	al derivatives			
	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)		<u></u>	
Part VIII				40
		1 "Yes" on Form 99	0, Part IV, line 11c See Form 990, Part X, line	<del>3</del> 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
_(3)				
<u>(4)</u>				
(5)				
<u>(6)</u>				
_(7)				
(8)				
<u>(9)</u>				
-	nn (b) must equal Form 990, Part X, col (B) line 13 )	<u> </u>	<u>_l</u>	
Part IX	Other Assets.  Complete if the organization answered	d "Yes" on Form 99	i0, Part IV, line 11d See Form 990, Part X, line	<u>-</u> 15
		escription	(b) Book	
(1)	(u) 50	Soription	(5) 5551	- Gide
(2)				
(3)				
(4)				
(5)		<del></del>		
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col (B) I	ine 15)		
Part X	Other Liabilities.	<u> </u>		
	Complete if the organization answered line 25	J "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Par	tΧ,
1	(a) Description of liability	(b) Book val	lue	
(1) Fede	ral income taxes			
(2)		_		
(3)				
(4)				
(5)		·		

	(a) Description of liability	(b) Book value
(1) Feder	ral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	_	
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 25	5) ▶

<sup>2.</sup> 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) 2016 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 309,614,800. 1 Amounts included on line 1 but not on Form 990. Part VIII, line 12 28,724,700. 2b 2c 28,724,700. 2e 280,890,100. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . 280,890,100. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 163,885,900. 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 2a 2b 2c c Other losses...... 163,885,900. Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b..... 4c 163,885,900. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information SEE PAGE 5

ISA 6E1271 1 000 OUNDATION

ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES ("ASC 740")
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 FINACIAL STATEMENTS. SUCH OPEN TAX YEARS REMAIN SUBJECT TO EXAMINATION AND ADJUSTMENT BY TAX AUTHORITIES.

#### DONOR ADVISED FUNDS

THE AMOUNTS SHOWN IN SCHEDULE D, PART I, LINE 4 DO 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

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization				}	Employer identifica	ation number
_	AYCO CHARITABLE FOUNDA					14-17824	
Par	General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete	f the orga	nızatıon answei	red "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to	substantiate the amount of	its grants	and other	
	assistance, the grantees' eligibili	ty for the gran	ts or assistanc	e, and the selection criteri	a used to		
	grants or assistance?					l	X Yes No
2	For grantmakers. Describe in		ganization's p	rocedures for monitoring	the use	of its grants a	and other
	assistance outside the United Sta	ates					
•	Actuation and Dagion (The follow	Deet I lees	2 4-61 6-			.11.	
3	Activities per Region (The follow	(b) Number of	(c) Number of	(d) Activities conducted in the		aea ) vity listed in (d) is	(f) Total
_		offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a prog describe	gram service, e specific type of (s) in the region	expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN			GRANTMAKING			1,000
(2)							
(4)	EAST ASIA AND THE PACIFIC		<u>-</u>	GRANTMAKING			2,500
(3)	EUROPE	ĺ		GRANTMAKING			8,400
	201012			CIGATIPACING	_		2,7400
(4)	NORTH AMERICA			GRANTMAKING	_		61,000
			-				
(5)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		_	301,217
(6)	EAST ASIA AND THE PACIFIC		<del></del>	INVESTMENTS			165,422
(7)	EUROPE						
77	EUROPE		<del></del>	INVESTMENTS			1,241,300
(8)	NORTH AMERICA			INVESTMENTS			39,115
							37,110
(9)	SOUTH AMERICA			INVESTMENTS			9,050
(10)	SOUTH ASIA			INVESTMENTS			12,073
(44)							
<u> </u>	SUB-SAHARAN AFRICA	<del></del>		INVESTMENTS			25,209
(12)	MIDDLE EAST AND NORTH AFRICA			INVESTMENTS			24,107
	No.			11110011151115			24,107
(13)							
		·				_	
14)							
461				}			
(15)							
16)							
<u>,-</u>							
17)							
3a	Sub-total,				<del></del>		1,890,393
þ	Total from continuation						
	sheets to Part I						
_ с	Totals (add lines 3a and 3b)						1,890,393.

THE AYCO CHARITABLE FOUNDATION

Schedule F (Form 990) 2016

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. line 15. for any recipient who received more than \$5.000. Part II can be duplicated if additional space is needed Part II

(a) Name of (b) RS sode (c) Region (d) Putpose of (e) Anno organization and Eilly (if applicable) (if applicab	(e) Amount of cash grant	(g) Amount of	(h) Description (l) Method of
NORTH AMERICA CHAR PROJ	dsb	noncash assistance	of noncash valuation assistance (book, FMV, appraisal, other)
NORTH AMERICA CHAR PROJ	PROJ 50,000 CHECK		FMV
(3) (5) (6) (7) (9) (10) (11)	PRQJ 10,000 CHECK		FMV
(6) (7) (8) (9) (10) (11)			
(5) (6) (7) (8) (9) (10) (11)			
(6) (8) (9) (10) (11)			
(7) (8) (9) (10) (11)			
(9) (10) (11)			
(10)			
(11)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			

Schedule F (Form 990) 2016

∾;

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

က

14-1782466

THE AYCO CHARITABLE FOUNDATION

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 Schedule F (Form 990) 2016

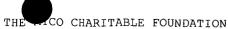
Part III Grants an

القا الا	pe auplicated it au	rait ill call de duplicateu il additional space is needed						
(a) Type of grant or assistance	or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(9)								
(9)								
(7)								
(8)								
(6)							;	
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)			,					
							Sche	Schedule F (Form 990) 2016

JSA 6E1276 1 000

Schedu	le F (Form 990) 2016				Page 4
Part	V 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) 2016





Schedule F (Form 990) 2016 Part V

Supplemental Information

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 INTERNAL REVENUE CODE ("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 CODE SECTION 170(C)(1) WHICH HAVE CERTIFIED THAT THE FUNDS GRANTED WILL BE USED EXCLUSIVELY FOR A PUBLIC PURPOSE. EACH GRANT 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 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

THE AYCO CHARITABLE FOUNDATION

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Public 2016

Employer Identification number

14-1782466

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

å 2,818. (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form × 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) ĒΑ (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 150,414,216 (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table... the selection criteria used to award the grants or assistance? Part 1 General Information on Grants and Assistance (b) EIN TOTAL - RECIPIENTS REC'D MORE THAN \$5,000 1 (a) Name and address of organization or government (1) SEE ATTACHED SCHEDULE I-1 Part II 5 (2) 9 4 9 8 (6) (11) 12) က 9 9

4631MN 7377

JSA 6E1288 1 000

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. 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

	adaa	5050				
i	(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
-						
۰		_	-			
က						
4						
Le C						
9						
_						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	nformation rec	quired in Part I, I	ine 2, Part III, o	olumn (b), and any o	ther additional

THE AYCO CHARITABLE FOUNDATION LIMITS ITS GRANIMAKING TO INTERNAL REVENUE

GRANT MONITORING

CODE ("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 CODE SECTION

170(C)(1) WHICH HAVE CERTIFIED THAT THE FUNDS GRANTED WILL BE USED

EXCLUSIVELY FOR A PUBLIC PURPOSE. EACH GRANT 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 M (Form 990)

### **Noncash Contributions**

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

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE AYCO CHARITABLE FOUNDATION

14-1782466

Employer identification number

Pa	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 o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	6,227.	210,320,246.	FAIR MARK	ET V	ALUI	<u> </u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests				<u> </u>			
12	Securities - Miscellaneous			·				
13	Qualified conservation							
	contribution - Historic							
	structures				<u> </u>			
14	Qualified conservation							
4-	contribution - Other				<del>-</del>			
15	Real estate - Residential				<del> </del>			_
16 17	Real estate - Commercial							
18	Real estate - Other				<del> </del>			
19	Collectibles				-			
20	Food inventory							
21	Taxidermy		<del></del>					
22	Historical artifacts							
23	Scientific specimens		<del></del>					
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ▶()							
28	Other ▶()							
29	Number of Forms 8283 received	by the orga	Inization during the tax ve	ear for contributions for	<del></del>			
	which the organization completed F	orm 8283. I	Part IV. Donee Acknowledge	ement	29			3.
							Yes	No
30a	During the year, did the organizati	on receive l	ov contribution any proper	ty reported in Part I. line:	s 1 through			
	28, that it must hold for at least th							
	to be used for exempt purposes for					30a		Х
b	If "Yes," describe the arrangement in	n Part II						
31	Does the organization have a		ance policy that require	s the review of any i	nonstandard			
	contributions?			· · · · · · · · · · · · · · · ·		31	x	
32a	Does the organization hire or use	third partie	es or related organizations	s to solicit, process, or s	ell noncash			
	contributions?					32a	_x]	
b	If "Yes," describe in Part II				-			
33	If the organization didn't report an a	amount in c	olumn (c) for a type of prop	perty for which column (a)	ıs checked,			



Schedule M (Form 990) (2016)

Part II

Supplemental Information. 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

USE OF THIRD PARTY FOR NON CASH CONTRIBUTIONS 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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

14-1782466

Employer identification number

THE AYCO CHARITABLE FOUNDATION

PART V LINE 1A

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

PURSUANT TO AN ADMINISTRATIVE SERVICES AGREEMENT. THE FORMS 1099

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

NUMBER 13-4019460.

PART VI LINE 2

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, TIMOTHY SMITH, SEAN LEONARD, AND KELLY ANDERSON (THROUGH 2/10/2017).

PART VI SECTION A LINE 4

THE BOARD OF TRUSTEES OF AYCO CHARITABLE FOUNDATION VOTED TO AMEND AND RESTATE THE BYLAWS IN AUGUST 2016. SIGNIFICANT CHANGES INCLUDED: CHANGES IN QUALIFICATIONS FOR BOARD MEMBERS, AS WELL AS CHANGES IN ELECTION AND LENGTH OF TERM FOR OFFICERS AND BOARD MEMBERS.

PART VI SECTION B 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. THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF

DIRECTORS. PRICEWATERHOUSECOOPERS LLP THEN REVIEWS THE FORM 990 WITH THE

Employer identification number 14-1782466

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 OUESTIONNAIRE ASKS SPECIFIC OUESTIONS AND REQUESTS DISCLOSURE OF INFORMATION REGARDING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THE ORGANIZATION AND THEMSELVES. THESE OUESTIONNAIRES ARE REVIEWED ANNUALLY TO ENSURE COMPLIANCE WITH THE ORGANIZATION'S COMFLICT 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.

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, OR, PA,

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

ATTACHMENT 1





Name of the organization THE AYCO CHARITABLE FOUNDATION Employer identification number

14-1782466

ATTACHMENT 2

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

THE AYCO COMPANY, L.P.

ADMIN/INVST ADVISORY

3,921,166.

321 BROADWAY

SARATOGA SPRINGS, NY, NY 12866