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DLN: 93491201005108

2017

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017 A Employer identification number THE R C SMITH FOUNDATION INC Number and street (or P O box number if mail is not delivered to street address) 35 WEST MAIN STREET PO BOX 552 Room/suite B Telephone number (see instructions) (607) 336-5850 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NORWICH, NY 13815 ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ Final return Amended return ☐ Name change Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here J Accounting method of year (from Part II, col (c), line 16)▶\$ 18,403,444 Other (specify) (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 514,388 514,388 5a Net rental income or (loss) 401,005 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 401,005 Net short-term capital gain Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) Other income (attach schedule) ارچە 50,000 12 **Total.** Add lines 1 through 11 965.393 915.393 45,440 22,720 Compensation of officers, directors, trustees, etc 22,720 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . . رو Accounting fees (attach schedule) 6,500 6,500 89,453 Other professional fees (attach schedule) ارچە 89,453 17 [چە 1.144 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . 22 Printing and publications . . . 23 Other expenses (attach schedule) 6,871 6,871 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 149.408 36,091 113,317 25 Contributions, gifts, grants paid 927.833 927,833 26 Total expenses and disbursements. Add lines 24 and 1,077,241 113,317 963,924 27 Subtract line 26 from line 12 Excess of revenue over expenses and -111,848 disbursements 802,076 Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-) For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2017) Cat No 11289X

	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)	1,159,717	962,040	962,040
	ь	Investments—corporate stock (attach schedule)	3,106,797	2,629,903	2,629,903

13.091,166

18,403,444

18,403,444

18,403,444

18,403,444

17,221,383

-111,848

1,293,909

18,403,444

18,403,444 Form **990-PF** (2017)

1

2

3

4

5

6

17,221,383

17,221,383

17,221,383

500,156

13.091,166

18,403,444

Investments—corporate stock (attach schedule) 3,106,797 584,010 Investments—corporate bonds (attach schedule) . C Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ Investments-mortgage loans 11,758,421 Investments—other (attach schedule) Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) Other assets (describe > _ Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 17,221,383 Accounts payable and accrued expenses .

11

12

13 14

15 16

17 18

19

20 21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

Liabilities

or Fund Balances

Net Assets

Grants pavable.

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted
Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Deferred revenue

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

		(a) (s) of property sold (e g , re or common stock, 200 shs		(b) How acquii P—Purcha D—Donati	se	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SEC	URITIES -	Р		2000-01-01	2017-12-31		
b PUBLICLY TRADED SEC	URITIES -	- LB		Р		2000-01-01	2017-12-31
c PUBLICALLY TRADED S	ECURITIE	S - WF		Р		2000-01-01	2017-12-31
d Capital Gain Dividends							
e							
(e) Gross sales price		(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	h) r (loss)) minus (g)
a 1,:	325,624			1,33	7,603		-11,979
b 2,	577,864			2,41	3,743		164,121
c 1,:	168,177			1,019	9,730		148,447
d							100,416
e							
Complete only for asse	ts showin	g gain in column (h) and ow	ned by the foundation	on 12/31/69		1	I)
(i) F M V as of 12/31/6		(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (յ), ıf any		Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a							-11,979
b							164,121
c							148,447
d							
e							
•	l gaın or (capital loss)		Part I, line 7	}	3	401,005
Part V Qualification	Under	Section 4940(e) for Re	duced Tay on Net	Investmen	t Inc	ome	
For optional use by domestic							
ror optional use by domestic	private ic	oundations subject to the sec	Lion 4940(a) tax on ne	t investment	income	:)	
if section 4940(d)(2) applies,		•					
Was the foundation liable for if "Yes," the foundation does				ın the base p	eriod?	∐ Ye	es 🔽 No
1 Enter the appropriate a	amount in	each column for each year,	see instructions before	making any e	entries		
(a) Base period years Calendar year (or tax year beginning in)	Adju	(b) sted qualifying distributions	(c) Net value of noncharitab	le-use assets		(d) Distribution rati (col (b) divided by c	
2016		1,053,173		16,742,201			0 06291
2015	1	940,337		17,297,861			0 05436
2014		939,165		18,240,323			0 05149
2013		849,982		17,600,869			0 04829

2012 892,588 16,795,286 0 05315 0 270191 2 Total of line 1, column (d) . . . 2 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 3 0 054038 number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 17,224,859 5 **5** Multiply line 4 by line 3 930,797 6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 8,021

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

7 Add lines 5 and 6 . .

instructions

8 Enter qualifying distributions from Part XII, line 4

938,818

963,924

7

8

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			compensation	
See Additional Sata Table				
2 Compensation of five highest-pai	d employees (other than t	hose included on line 1	—see instructions). If nor	ne, enter "NONE."
(a)	Title, and average		Contributions to	
Name and address of each employee pa	ıd hours per week	(c) Compensation	employee benefit plans and deferred	Expense account, (e) other allowances
more than \$50,000	(b) devoted to position		(d) compensation	(c) other unonunces
NONE				
	±50.000			
Total number of other employees paid over				-u
3 Five highest-paid independent co (a) Name and address of each persor			e of service	(c) Compensation
NONE	paid more than \$50,000	(6) 199	e or service	(c) compensation
NONE		1		
		1		
		1		
Total number of others receiving over \$50				
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, cont	activities during the tax year Incl erences convened, research paper	ude relevant statistical inforn s produced, etc	nation such as the number of	Expenses
1	erenees conveneu, recearen paper	o producedy etc		
2				
3				
4				
	n-Related Investments			
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
2				
All other program-related investments	See instructions			
3	JUST HIST GOLD IS			
Total. Add lines 1 through 3 .				

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

963.924

8.021

955,903

Form **990-PF** (2017)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Page 9

903,222

903,222

Form 990-PF (2017)

Form 990-PF (20	017)
Part XIII	Undis

KIII	Undistributed Income (see instruc	tions)
rıbutab	e amount for 2017 from Part XI, line 7	

1 Distr

om Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. (a)

Corpus

442.344

60.702

503,046

68.253

434,793

68.253

60 354

86.896

60,354 86.896

226.841

60.702

(b)

Years prior to 2016

(c)

2016

b Total for prior years a From 2012.

Excess distributions carryover, if any, to 2017

b From 2013. . . . c From 2014. . d From 2015. . . . e From 2016.

226,841 XII, line 4 🕨 \$

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part a Applied to 2016, but not more than line 2a

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

indicated below:

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

(Election required—see instructions).

b Applied to undistributed income of prior years c Treated as distributions out of corpus (Election

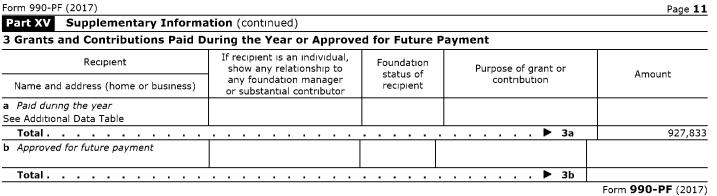
required—see instructions).

d Applied to 2017 distributable amount. . . .

same amount must be shown in column (a))

CHARITABLE AND RELIGIOUS PURPOSES BENEFITING THE PEOPLE OF CHENANGO COUNTY

factors



Form 990-PF (2017)	Astivities				Page 12
Part XVI-A Analysis of Income-Producing	Activities		1		
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
d e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities5 Net rental income or (loss) from real estate			14	514,388	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income 8 Gain or (loss) from sales of assets other than					
inventory			18	401,005	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a RECOVERY OF QUAL DISTRB					50,000
b					30,000
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).13 Total. Add line 12, columns (b), (d), and (e)				915,393 L 3	50,000 965,393
(See worksheet in line 13 instructions to verify calcu					203,323
Part XVI-B Relationship of Activities to th	e Accomplisi	nment of Exem	pt Purposes		
Explain below how each activity for which the accomplishment of the foundation's exinstructions)	income is report empt purposes	ed in column (e) o (other than by pro	f Part XVI-A contrib viding funds for suc	uted importantly to h purposes) (See	
					rm 990-PF (2017)
				Εn	rm uull-be (2017)

orm 99	90-PF (2	2017)											Pa	ge 13
Part	XVII	Information Re Exempt Organia		ransfe	ers To a	and Transact	tions	and	Relatio	nships With No	ncharita	able		
		anization directly or incode (other than section									ion 501		Yes	No
a Trai	nsfers f	om the reporting foun	dation to a n	oncharı	table exe	empt organizati	on of							
(1)	Cash.										.	1a(1)		No
(2)	Other	assets									.	1a(2)		No
		actions												
		of assets to a nonchari	•	-								1b(1)		No
		ases of assets from a n			-							1b(2)		No
		of facilities, equipmen	•									1b(3)		No
		ursement arrangemen										1b(4)		No
		or loan guarantees.									F	1b(5)		No
٠.		nance of services or m	•		_							1b(6)		No
	_	facilities, equipment, m er to any of the above									•	1c		No
in a (a) Line		saction or sharing arra (b) Amount involved			-	l) the value of t				ts, or services receitransfers, transactions		ng arrar	ngemen	ts
des	cribed ii	dation directly or indire in section 501(c) of the implete the following so (a) Name of organizatio	Code (other		ection 50		ection					Yes	✓	No
	of my	r penalties of perjury, knowledge and belief preparer has any kno	, it is true, co											
Sign Here	-	****	rustoo			2018-07-18		- •	****		return	e IRS dis e prepar		
	s	ignature of officer or ti	ustee			Date			itle		(see ins	str)? 🖪	∠ Yes	□No
		Print/Type preparer's	name	Prepar	er's Sign	nature		ate		Check if self-	PTIN	200005	269	

employed ▶ 📙 ROY E FULLER CPA Paid **Preparer** Firm's name ▶ Piaker & Lyons PC Firm's EIN ▶16-1152552 **Use Only**

Firm's address ▶ PO Box 190 5862 County Rd 32

Norwich, NY 13815

Phone no (607) 336-8908 Form **990-PF** (2017)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If Expense account, (d) Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position employee benefit plans -0-) and deferred compensation JOHN FRANCO Director 3 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 WILLIAM ACEE Treasurer 3 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 BETSY BAIO Vice President 3 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 GARY BROOKINS Director 3 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 MARY W DAVIS O Director 3 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 THOMAS C EMERSON 0 Secretary 3 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 NANCY RITZEL Director 3 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 RICHARD M RUNYON 45,440 **ADMINISTRATOR** 12 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 WILLIAM TROXELL President 0 3 00 35 WEST MAIN STREET PO BOX 552 NORWICH, NY 13815 PEGLS LOPRESTI ٥ Director 3.00 35 WEST MAIN STREET PO BOX 552

NORWICH, NY 13815

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
ST PAULS CATHOLIC CHURCH 30 PLEASANT STREET NORWICH, NY 13815	NONE	PC	CHURCH NEEDS AND PROGRAMS	180,000				
HOLY FAMILY CATHOLIC CHURCH 17 PROSPECT ST NORWICH, NY 13815	NONE	PC	STUDENT SCHOLARSHIPS, RELIGIOUS EDUCATION INSTRUCTION AND FACILITY NEEDS	180,000				
EMMANUAL EPSICOPAL CHURCH 37 W MAIN STREET NORWICH, NY 13815	NONE	PC	FOOD PANTRY, MILK VOUCHERS	46,000				
EMMANUAL EPISCOPAL CHURCH 37 W MAIN STREET NORWICH, NY 13815	NONE	PC	HEATING ASSISTANCE PROGRAM	15,000				
CHENANGO ARTS FESTIVAL COLORSCAPE PO BOX 624 NORWICH, NY 13815	NONE	PC	SUPPORT ARTS FESTIVAL	7,000				
Total				927,833				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
NORWICH BUSINESS IMPROVEMENT DISTRI 1 CITY PLAZA NORWICH, NY 13815	NONE	PC	PUMPKIN FESTIVAL AND FREE MOVIES IN THE PARK	6,000				
CHENANGO COUNTY BLUES FEST 54 BORDEN AVE B22 NORWICH, NY 13815	NONE	PC	SUPPORT CONCERT SERIES	12,500				
CITY OF NORWICHONE CITY PLAZA NORWICH, NY 13815	NONE	GOV	NORWICH CITY BAND	1,725				
COMMON CENTS THRIFT SHOP 64 NORTH CANAL STREET NORWICH, NY 13815	NONE	PC	FOOD PANTRY	10,000				
NORTHEAST CLASSIC CAR MUSEUM INC 24 REXFORD STREET	NONE	PC	GREAT RACE EVENT	5,500				

NORWICH, NY 13815

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHRISTIAN NEIGHBORHOOD CENTER NONE PC YOUTH PHILANTHROPY GROUP 2,500 OF NO PO BOX 509 NORWICH, NY 13815

NORWICH CITY SCHOOLS 89 MIDLAND DRIVE NORWICH, NY 13815	NONE	GOV	HOLIDAY CLOTHING PROGRAM	3,000
UHS CHENANGO MEMORIAL HOSPITAL INC 179 NORTH BROAD STREET NORWICH, NY 13815	NONE	PC	UPGRADE DENTAL EQUIPMENT	50,000
CHENANGO COUNTY AGRICULTURAL SOCIET 168 EAST MAIN STREET NORWICH, NY 13815	NONE	PC	REMODELING OF GRANDSTAND	25,000
CHENANGO SPCA6160 COUNTY RD 32 NORWICH, NY 13815	NONE	PC	EQUIPMENT	9,162

927,833

Total .

3a

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
Paid during the year				
T BARTHOLOMEW'S CHURCH D PLEASANT STREET ORWICH, NY 13815	NONE	PC	ROOF REPAIR	75,000
T THERESA'S CATHOLIC CHURCH 4 N MAIN STEET EW BERLIN, NY 13411	NONE	PC	HELP NEEDY	3,000
T PAUL'S EPISCOPAL CHURCH OXFORD 2 E MAIN STREET XFORD, NY 13830	NONE	PC	MEAL PROGRAM	2,000
HE IMPACT PROJECT CLINTON STREET REENE, NY 13778	NONE	PC	HOME REPAIRS FOR LOW INCOME HOUSING HOMEOWNERS	45,000
NITED PRESBYTERIAN CHURCH OF E UI O BOX 147 IDNEY, NY 13838	NONE	PC	KITCHEN RENOVATIONS	10,000
UI O BOX 147	· · · · · · · · · · · · · · · · · · ·			92

За

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
YMCA OF NORWICH68 N BROAD STREET NORWICH, NY 13815	NONE	PC	YOUTH TRAINING	8,250		
CHENANGO FOUNDATION INC 15 SOUTH BROAD STREET NORWICH, NY 13815	NONE	PC	SCHOLARSHIPS	3,200		
NORWICH CITY YOUTH BUREAU ONE CITY PLAZA NORWICH, NY 13815	NONE	GOV	YOUTH PROGRAMS	3,981		
OXFORD ACADEMY CENTRAL SCHOOLS PO BOX 192 OXFORD, NY 13830	NONE	GOV	YOUTH EMPLOYMENT PROGRAM	108,449		
6 ON THE COHARES LAFAVETTE DARK	NONE	DC.	EDEE CONCEDES	2 212		

NONE PC FREE CONCERTS

2,312

6 ON THE SQUARE6 LAFAYETTE PARK OXFORD, NY 13830

Total . . .

927,833 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CATHOLIC CHARITIES OF CHENANGO NONE PC SUPPORT HEALTH DAY 500 COUN 3 OHARA DRIVE NORWICH, NY 13815 ST MALACHY'S CHURCHPO BOX 722 NONE PC PRINTER, COPIER, AND FAX 2,500 CUEDDLIDNE NV 424CO

SHERBURNE, NY 13460			MACHINE	
AFTON COMMUNITY THEATER PO BOX 355 AFTON, NY 13730	NONE	PC	PERFORMING ARTS	1,500
AFTON PRESBYTERIAN CHURCH PO BOX 377 AFTON, NY 13730	NONE	PC	NEW ROOF	28,000

NC

IMPROVEMENTS

5,000

927,833

NONE

AMERICAN LEGION POST 189

29 SHELDON STREET NORWICH, NY 13815

Total .

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHENANGO COUNTY CHILD ADVOCACY NONE PC. RECORDING SYSTEM 6,000 CENT **8 SILVER STREET** NORWICH, NY 13815 CHENANGO COUNTY HABITAT FOR NONE PC **EOUIPMENT** 1,995 HUMANIT 272 STATE HIGHWAY 320 NORWICH, NY 13815 CHENANGO RIVER THEATERPO BOX 584 NONE PC PERFORMING ARTS 5,000 GREENE, NY 13778 CHURCH OF IMMACULATE CONCEPTION NONE PC **IMPROVEMENTS** 4.423 1180 STATE HIGHWAY 206 GREENE, NY 13778 NONE PC CHRIST EVANGELICAL LUTHERAN ROOF REPAIRS 28,836 CHURCH 94 N BROAD STREET

NORWICH, NY 13815

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MONDAY EVENING MUSIC CLUB NONE NC CONCERT 800 124 CASSIE DRIVE NORWICH, NY 13815 NONE PC OXFORD MEMORIAL LIBRARY **BOOKS FROM BIRTH PROGRAM** 21,200 8 FORT HILL PO BOX 552 OYEORD NV 13830

OXI OXD, N1 13030				
OXFORD METHODIST CHURCH PO BOX 506 OXFORD, NY 13830	NONE	PC	WEEKEND MEALS PROGRAM	3,000
SHERBURNE COOPERATIVE NURSERY SCHOO PO BOX 72 SHERBURNE, NY 13460	NONE	GOV	REPAIRS AND SUPPLIES	4,500

PO BOX 506 OXFORD, NY 13830		. •	, , , , , , , , , , , , , , , , , , ,	3,3
SHERBURNE COOPERATIVE NURSERY SCHOO PO BOX 72	NONE	GOV	REPAIRS AND SUPPLIES	4,5

Total .

За

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -			DLN: 9	3491201005108
TY 2017 Accounting Fees Schedule							
_							
	Name:	THE R C	SMITH	FOUNDATIO	N INC		
	EIN:	20-18939	940				
Softw	Software ID: 17005038						
Software V	/ersion:	2017v2.2	2				
Accounting Fees Schedule							
Category	Ame	ount		nvestment ncome	Adjusted Net Income		isbursements or Charitable Purposes
AUDIT & TAX PREP FEES		6,500		0		0	6,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	i: 93491201005108			
TY 2017 Other Expenses Schedule							
- I							
Name:	THE R C SMITH	FOUNDATION IN	IC				
EIN:	20-1893940						
Software ID:	D: 17005038						
Software Version:	2017v2.2						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
00	750			750			
INSURANCE	1,200			1,200			

935

3,986

935

3,986

MEMBERSHIPS

POSTAGE AND OFFICE EXPENSE

TY 2017 Other Income Schedule							
Name:	THE R C SM	ITH FOUNDATION	INC				
EIN:	20-1893940)					
Software ID:	17005038						
Software Version:	2017v2.2						
Other Income Schedule							
Description		Revenue And	Net Investment	Adjusted Net Income			

Expenses Per Books

50,000

Income

DLN: 93491201005108

RECOVERY OF QUAL DISTRB

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491201005108			
TY 2017 Other Professional Fees Schedule							
Na	me: THE R C SM	ITH FOUNDATION	INC				
EIN: 20-1893940							
Software	ID: 17005038						
Software Vers	Software Version: 2017v2.2						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ADVISORY FEES	89,453	89,453	0	0			

efile GRAPHIC print - DO NOT PR	OCESS	As Filed Data	-	DLI	N: 93491201005108			
TY 2017 Taxes Schedule	е							
I	Name:	THE R C SM	TH FOUNDATION	INC				
EIN: 20-1893940								
Softwa	Software ID: 17005038							
Software Ve	Software Version: 2017v2.2							
Category	A	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FOREIGN TAXES		1,144	1,144					