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2018

OMB No 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For                     | caler   | ndar year 2018, or tax year beginning 01-01-20  | )18 , ar                     | nd en          | nding 12-31-            | 2018  |                         |
|-------------------------|---------|---|------------------------------|----------------|-------------------------|---|-------------------------|
|                         |         | indation<br>) A & ELIZABETH S   |                              |                | A Employer ide          | entification numbe                            | er                      |
|                         |         | UNDATION INC  |                              |                | 11-2800733              |   |                         |
|                         |         | l street (or P O box number if mail is not delivered to street address)<br>IRMOUNT AVE 2  | Room/suite                   |                | <b>B</b> Telephone nu   | mber (see instructio                          | ns)                     |
| 1.                      | )       | INTOON AVE 2  |                              | (716) 763-0823 |                         |   |                         |
|                         |         | , state or province, country, and ZIP or foreign postal code<br>, NY 14750  | 1                            |                | <b>C</b> If exemption   | application is pendir                         | ng, check here          |
| G Ch                    | neck al | l that apply 🔲 Initial return 🔲 Initial return of a   | former public charity        |                | <b>D 1.</b> Foreign org | ganizations, check h                          | ere $\square$           |
|                         |         | ☐ Final return ☐ Amended return   |                              |                |                         | ganızatıons meeting                           |                         |
|                         |         | Address change Name change  |                              |                | test, chec              | k here and attach co                          | omputation 🕨 🔃          |
| H Ch                    | eck ty  | pe of organization Section 501(c)(3) exempt private   | foundation                   |                |                         | ındatıon status was<br>n 507(b)(1)(A), che    |                         |
|                         | Section |   | e private foundation         |                | 411451 5551151          |   |                         |
| of y                    | year (f | tet value of all assets at end rom Part II, col (c),  \$\$\frac{35,999,434}{}\$ | Cash Accru                   | al             |                         | ation is in a 60-mont<br>n 507(b)(1)(B), chec |                         |
| Pa                      | rt I    | Analysis of Revenue and Expenses (The total   |                              |                |                         |   | (d) Disbursements       |
|                         |         | of amounts in columns (b), (c), and (d) may not necessarily   | (a) Revenue and expenses per | (b)            | Net investment income   | (c) Adjusted net income                       | for charitable purposes |
|                         |         | equal the amounts in column (a) (see instructions) )  | books                        |                | mesine                  | meome   | (cash basis only)       |
|                         | 1       | Contributions, gifts, grants, etc , received (attach schedule)  |                              |                |                         |   |                         |
|                         | 2       | Check ► ✓ If the foundation is <b>not</b> required to attach Sch B  |                              |                |                         |   |                         |
|                         | 3       | Interest on savings and temporary cash investments  | 289,851                      |                | 289,851                 |   |                         |
|                         | 4       | Dividends and interest from securities  | 461,142                      | :              | 461,142                 |   |                         |
|                         | 5a      | Gross rents   |                              |                |                         |   |                         |
|                         | ь       | Net rental income or (loss)   |                              |                |                         |   |                         |
| <u>e</u>                | 6a      | Net gain or (loss) from sale of assets not on line 10   | 1,633,968                    | 3              |                         |   |                         |
| Revenue                 | b       | Gross sales price for all assets on line 6a   |                              |                |                         |   |                         |
| Şe∨                     | _       | Capital gain net income (from Part IV, line 2)  |                              |                | 1,633,968               |   |                         |
| _                       | 7<br>8  | Net short-term capital gain   |                              |                | 1,033,908               |   |                         |
|                         | 9       | Income modifications  |                              |                |                         |   |                         |
|                         | 10a     | Gross sales less returns and allowances   |                              |                |                         |   |                         |
|                         | ь       | Less Cost of goods sold   |                              |                |                         |   |                         |
|                         | С       | Gross profit or (loss) (attach schedule)  |                              |                |                         |   |                         |
|                         | 11      | Other income (attach schedule)  |                              |                |                         |   |                         |
|                         | 12      | Total. Add lines 1 through 11   | 2,384,961                    |                | 2,384,961               |   |                         |
|                         | 13      | Compensation of officers, directors, trustees, etc  | 33,000                       | ,              | 1,650                   |   | 31,350                  |
|                         | 14      | Other employee salaries and wages   | 22,700                       | -              | •                       |   | 22,700                  |
| Š                       | 15      | Pension plans, employee benefits  |                              |                |                         |   |                         |
| 156                     | 16a     | Legal fees (attach schedule)  |                              |                |                         |   |                         |
| <u>a</u>                | ь       | Accounting fees (attach schedule)   | 5,830                        |                | 2,727                   |   | 3,103                   |
| Administrative Expenses | С       | Other professional fees (attach schedule)   |                              |                |                         |   |                         |
| tive                    | 17      | Interest  |                              |                |                         |   |                         |
| tra                     | 18      | Taxes (attach schedule) (see instructions)  | <b>%</b> 63,481              |                | 146                     |   | 4,715                   |
| II S                    | 19      | Depreciation (attach schedule) and depletion  | 213                          |                |                         |   |                         |
| ≣                       | 20      | Occupancy   | 9,540                        |                | 477                     |   | 9,063                   |
| Ă                       | 21      | Travel, conferences, and meetings   | ,                            |                |                         |   |                         |
| and                     | 22      | Printing and publications   |                              |                |                         |   |                         |
| Operating and           | 23      | Other expenses (attach schedule)  | <b>9</b> 56,791              |                | 40,737                  |   | 16,054                  |
| atıı                    | 24      | Total operating and administrative expenses.  |                              |                |                         |   |                         |
| ber                     |         | Add lines 13 through 23   | 191,555                      | ;              | 45,737                  |   | 86,985                  |
| ō                       | 25      | Contributions, gifts, grants paid   | 2,081,850                    |                |                         |   | 2,081,850               |
|                         | 26      | <b>Total expenses and disbursements.</b> Add lines 24 and 25  | 2,273,405                    |                | 45,737                  |   | 2,168,835               |
|                         | 27      | Subtract line 26 from line 12   |                              |                |                         |   | ,===,==                 |
|                         | а       | Excess of revenue over expenses and   |                              |                |                         |   |                         |
|                         | ь       | disbursements  Net investment income (if negative, enter -0-)   | 111,556                      |                | 3 330 331               |   |                         |
|                         | C       | Adjusted net income (if negative, enter -0-)  |                              |                | 2,339,224               |   |                         |
| -or                     |         | work Reduction Act Notice, see instructions.  |                              | Щ,             | + No 11280V             | <u> </u>                                      | rm <b>000-PE</b> (2018  |

Form 990-PF (2018) Page 2 Beginning of year End of year Attached schedules and amounts in the description column Part II Balance Sheets should be for end-of-year amounts only (See instructions ) (a) Book Value (b) Book Value (c) Fair Market Value 311,764 Cash—non-interest-bearing 34,112 34,112 1 2 Savings and temporary cash investments . . . . . 1,214,123 2,003,395 1,971,592 3 Accounts receivable Less allowance for doubtful accounts ▶ Pledges receivable 4 Less allowance for doubtful accounts ▶ 5 

1,994,822

6,515,017

22,329,525

33,110,469

33.110.469

33,110,469

33,110,469

214

745,004

2,102,886

6,572,436

21,731,948

33,222,025

33.222.025

33,222,025

33,222,025

2

3

4

5

6

33,110,469

33,222,025

33,222,025 Form 990-PF (2018)

111,556

777,248

2,076,968

6,287,583

24,854,392

35,999,434

774,787

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . .

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule) ▶ 4,123

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

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 ▶

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) .

Analysis of Changes in Net Assets or Fund Balances

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

Land, buildings, and equipment basis ▶ \_

instructions Also, see page 1, item I)

Other assets (describe > \_

Grants pavable

Deferred revenue .

Other liabilities (describe ▶\_

Unrestricted . . .

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

Less allowance for doubtful accounts

Inventories for sale or use . . . . . .

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

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

Mortgages and other notes payable (attach schedule). . . . . .

| Assets |  |
|--------|--|
| A      |  |

6

7

8

9 10a

h

C

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

26

28

29

31 Part III

Liabilities

Balances

Fund

ö

Assets 27

Net 30

2

|  | ee the kınd(s) of property sold (e g ,<br>arehouse, or common stock, 200 shs                                     | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr )            | (d)<br>Date sold<br>(mo , day, yr )               |  |  |
|--|--|--|--|---|--|--|
| 1 a NET REALIZED GAINS &                                       | LOSSES COURIER CAP   | Р                                      | 2000-01-01                                   | 2018-12-31  |  |  |
| b  |  |  |  |   |  |  |
| С  |  |  |  |   |  |  |
| d  |  |  |  |   |  |  |
| e  |  |  |  |   |  |  |
| (e)<br>Gross sales price                                       | (f) Depreciation allowed (or allowable)  | Cost or                                | (g)<br>other basis<br>ense of sale           | (h) Gain or (loss) (e) plus (f) minus (g)         |  |  |
| <b>a</b> 7,84  | 1,202  |  | 6,207,234                                    | 4   | 1,633,968  |  |
| b  |  |  |  |   |  |  |
| С  |  |  |  |   |  |  |
| d  |  |  |  |   |  |  |
| e  |  |  |  |   |  |  |
| Complete only for assets                                       | s showing gain in column (h) and ow  | ned by the foundation                  | on 12/31/69                                  |   | (I)  |  |
| (i)<br>F M V as of 12/31/69                                    | (j)  | Excess                                 | ( <b>k)</b><br>s of col (ı)<br>l (յ), ıf any | Gains (Col (<br>col (k), but not                  | h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |  |
|  |  |  | 7  |   | 1,633,968  |  |
| b  |  |  |  |   |  |  |
| c  |  |  |  |   |  |  |
| d  |  |  |  |   |  |  |
| e  |  |  |  |   |  |  |
| •  | gain or (loss) as defined in sections :<br>irt I, line 8, column (c) (see instructi                              |  | · · · · · }                                  | 3   |  |  |
| -  | Under Section 4940(e) for Reprivate foundations subject to the sec   |  |  |   |  |  |
|  | -  | 2001 +3+0(a) tax 011 1N                | et investment incor                          | ne )  |  |  |
|  | ne section 4942 tax on the distributal of qualify under section 4940(e) Do                                       |  |  | Y Y   | es 🔽 No  |  |
| 1 Enter the appropriate an                                     | nount in each column for each year,  | see instructions before                | e making any entrie                          | es  |  |  |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitat        | ole-use assets                               | <b>(d)</b> Distribution rat (col (b) divided by o |  |  |
| 2017   | 2,007,974  |  | 38,007,920                                   | · · · · · · · · · · · · · · · · · · ·             | 0 05283  |  |
| 2016   | 1,930,188  |  | 35,298,841                                   |   | 0 05468  |  |
| 2015   | 1,945,819  |  | 37,075,884                                   |   | 0 05248  |  |
| 2014   | 1,808,808  |  | 34,664,213                                   |   | 0 05218  |  |
| 2013   | 1,022,064  |  | 19,115,762                                   |   | 0 05347  |  |
| 2 Total of line 1, column (                                    | •  |  | 2  |   | 0 265641   |  |
| number of years the four                                       | o for the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2018 fron | than 5 years                           |  |   | 0 053128<br>39,257,297                                   |  |
| <b>5</b> Multiply line 4 by line 3                             |  |  | 5  |   | 2,085,662  |  |
| 6 Enter 1% of net investme                                     | ent income (1% of Part I, line 27b)  |  | 6  |   | 23,392   |  |
| <b>7</b> Add lines 5 and 6                                     |  |  | 7  |   | 2,109,054  |  |
|  | ions from Part XII, line 4 ,<br>eater than line 7, check the box in Pa   |  | 8<br>nplete that part us                     | ng a 1% tax rate Se                               | 2,168,835<br>e the Part VI                               |  |

Page **6** 

| Pai     | Statements Regard  | ding    | Activities for Which  | Form 4720 May Be                          | Required (continued)  | )           |  |          |   |
|---------|--|---------|---|---|---|-------------|--|----------|---|
| 5a      | During the year did the foundation                                 | pay o   | r incur any amount to   |   |   |             |  | Yes      | No  |
|         | (1) Carry on propaganda, or other                                  | vise a  | ttempt to influence legisl  | ation (section 4945(e))?                  | ☐ Yes 5   | ✓ No        |  |          |   |
|         | (2) Influence the outcome of any s                                 | pecıfı  | c public election (see sect   | ion 4955), or to carry                    |   |             |  |          |   |
|         | on, directly or indirectly, any vo                                 | oter re | egistration drive?  |   | · · 🗌 Yes 🛭   | ✓ No        |  |          |   |
|         | (3) Provide a grant to an individua                                |         |   |   | ☐ Yes 5   | ✓ No        |  |          |   |
|         | (4) Provide a grant to an organizat                                |         |   | · -                                       |   |             |  |          |   |
|         | in section 4945(d)(4)(A)? See i                                    |         |   |   | · · Yes   | ✓ No        |  |          |   |
|         | (5) Provide for any purpose other t                                |         |   |   |   |             |  |          |   |
|         | educational purposes, or for the                                   |         | · ·   |   | ∟ Yes Ľ   | ✓ No        |  |          |   |
| b       | If any answer is "Yes" to 5a(1)-(5)                                |         | =   |   |   |             |  |          |   |
|         | Regulations section 53 4945 or in a                                |         |   |   | _   | -           | 5b   |          | No  |
| _       | Organizations relying on a current i                               |         |   |   |   |             |  |          |   |
| С       | If the answer is "Yes" to question 5                               |         |   | •   |   |             |  |          |   |
|         | tax because it maintained expendit                                 |         |   |   | · · L Yes   | <b>✓</b> No |  |          |   |
| _       | If "Yes," attach the statement requ                                |         | · -   |   |   |             |  |          |   |
| 6a      | Did the foundation, during the year                                | -       |   |   | ums on  |             |  |          |   |
| L       | a personal benefit contract?                                       |         |   |   | · Yes   | ✓ No        | 6  |          | l NI  |
| D       | Did the foundation, during the year If "Yes" to 6b, file Form 8870 | , pay   | premiums, directly or ind   | irectiy, on a personal be                 | nerit contract/   |             | 6b   |          | No  |
| 7-      | At any time during the tax year, wa                                | c tha   | foundation a party to a n   | robibited tay chalter trai                | ncaction? $\Box$  | _           |  |          |   |
| 7a<br>b | If yes, did the foundation receive a                               |         |   |   | ⊥ res ⊔   | ✓ No        | 7b   |          | No  |
| 8       | Is the foundation subject to the sec                               |         |   |   |   |             | <del>                                     </del> |          | <b>-</b> ''                                   |
| 0       | excess parachute payment during t                                  |         |   |   |   | <u> </u>    |  |          |   |
|         |  |         |   |   | res_L   |             |  | <u> </u> |   |
| Pai     | and Contractors  | JIIIC   | ers, Directors, Trust   | ees, roundation Ma                        | anagers, Highly Paid  | Emplo       | уссь,  | •        |   |
| 1       | List all officers, directors, truste                               |         |   | •   |   |             |  |          |   |
|         | (a) Name and address   | (       | <b>b)</b> Title, and average<br>hours per week<br>devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to<br>employee benefit plans a<br>deferred compensation | nal , ;     | Experother a                                     |          |   |
| See /   | Additional Data Table  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
| _2_     | Compensation of five highest-pa                                    | id er   | nployees (other than th   | nose included on line :                   | 1-see instructions). If i   | none, e     | nter "   | NONE     | <u>."                                    </u> |
| (a)     | Name and address of each employee<br>more than \$50,000            | paid    | (b) Title, and average hours per week                                 | (c) Compensation                          | (d) Contributions to<br>employee benefit<br>plans and deferred            |             | Expen<br>ther all                                |          |   |
|         |  |         | devoted to position   |   | compensation  |             |  |          |   |
| NON     | E  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
|         |  |         |   |   |   |             |  |          |   |
| Tota    | I number of other employees paid or                                | er \$5  | 0,000   |   | <u> </u>  |             |  |          |   |
|         |  |         |   |   |   | Fo          | rm <b>99</b> 1                                   | 0-PF     | (201  |

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|---|------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)   | oundation Managers, Highly Pa      | aid Employees,            |
| 3 Five highest-paid independent contractors for professional services   | (see instructions). If none, enter | "NONE".                   |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                | (c) Compensation          |
| NONE  |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
| Total number of others receiving over \$50,000 for professional services  |                                    | •                         |
| Part IX-A Summary of Direct Charitable Activities   |                                    |                           |
| List the foundation's four largest direct charitable activities during the tax year Include releva organizations and other beneficiaries served, conferences convened, research papers produce: |                                    | r of Expenses             |
| 1   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
| 2   |                                    |                           |
|   |                                    |                           |
| 3   |                                    |                           |
| <u> </u>  |                                    |                           |
|   |                                    |                           |
| 4   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
| Part IX-B Summary of Program-Related Investments (see ins   | tructions)                         |                           |
| Describe the two largest program-related investments made by the foundation during the  | ax year on lines 1 and 2           | Amount                    |
| 1   |                                    |                           |
|   |                                    |                           |
| 2   |                                    |                           |
|   |                                    |                           |
|   |                                    |                           |
| All other program-related investments See instructions  |                                    |                           |
| 3   |                                    |                           |
|   |                                    |                           |
| Total. Add lines 1 through 3  |                                    | <b>•</b>                  |
| Iotal. Add lines 1 through 3  |                                    | Form <b>990-PF</b> (2018) |

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

2.168.835

2.145.443

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23.392

2018

Page 9

1,939,473

1,939,473

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|   |   |   |   |   | ٠, |   |
|---|---|---|---|---|----|---|
| ī | į | X | П | ı | I  | I |
|   |   |   |   |   |    |   |

**b** Total for prior years

a From 2013. . . . .

**b** From 2014. . . . c From 2015. . .

d From 2016. . . . .

e From 2017. . . . .

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . . 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 2013 not

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

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

**b** Excess from 2015. .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

97.054 111,919

183 233

212.010 139,212

111.919 183,233

212.010

139.212

229.362

(a)

Corpus

743.428

229.362

972,790

97.054

875,736

(b)

Years prior to 2017

(c)

2017

| Form 990-PF (20 | 018)                 |                    |
|-----------------|----------------------|--------------------|
| Part XIII       | Undistributed Income | (see instructions) |

other conditions, complete items 2a, b, c, and d See instructions

EMPHASIS GIVEN TO SUCH ORGANIZATIONS LOCATED IN THE SW NEW YORK STATE AREA

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JOSEPH JOHNSON PO BOX 13 LAKEWOOD, NY 14750 (716) 763-0823

b The form in which applications should be submitted and information and materials they should include IN WRITING - DETAIL OF REQUESTING ORGANIZATION'S NEED AND CHARITABLE, RELIGIOUS, ETC PURPOSE

c Any submission deadlines MARCH 31 AND JULY 31

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors GRANTS, GIFTS AND LOANS WITHOUT INTEREST WILL BE MADE TO SEC 501(C)(3) ORGANIZATIONS LOCATED WITHIN THE US, WITH



| Enter gross amounts unless otherwise indicated            |  | Unrelated business income                        |                                | Excluded by section                   | (e)<br>Related or exempt |  |
|---|--|--|--------------------------------|---------------------------------------|--------------------------|--|
| _   | n service revenue  | (a)<br>Business code                             | <b>(b)</b><br>Amount           | (c)<br>Exclusion code                 | <b>(d)</b><br>Amount     | function income<br>(See instructions ) |
|   |  |  |                                |                                       |                          |  |
|   |  |  |                                |                                       |                          |  |
|   |  | <del>                                     </del> |                                |                                       |                          |  |
|   |  |  |                                |                                       |                          |  |
|   |  |  |                                |                                       |                          |  |
|   | and contracts from government agencies   |  |                                |                                       |                          |  |
| <b>2</b> Memb   | ership dues and assessments  |  |                                |                                       |                          |  |
|   | st on savings and temporary cash   |  |                                |                                       |                          |  |
| ınvest  |  |  |                                | 14                                    | 289,851                  |  |
|   | nds and interest from securities   | -  |                                | 14                                    | 461,142                  |  |
|   | ntal income or (loss) from real estate<br>-financed property.  |  |                                |                                       |                          |  |
|   | lebt-financed property.  |  |                                |                                       |                          |  |
|   | ntal income or (loss) from personal property   |  |                                |                                       |                          |  |
|   | nvestment income   |  |                                |                                       |                          |  |
|   | r (loss) from sales of assets other than   |  |                                |                                       |                          |  |
| ınvent  | •  |  |                                | 18                                    | 1,633,968                |  |
|   | come or (loss) from special events   |  |                                |                                       |                          |  |
|   | profit or (loss) from sales of inventory   | <u> </u>   |                                |                                       |                          |  |
|   | revenue <b>a</b>   |  |                                |                                       |                          |  |
|   |  |  |                                |                                       |                          |  |
|   |  |  |                                |                                       |                          |  |
| a   |  |  |                                |                                       |                          |  |
| a<br>e  |  |  |                                |                                       |                          |  |
| е   | al Add columns (b), (d), and (e).  |  |                                |                                       | 2,384,961                |  |
| e<br>2 Subto<br>3 Total.                                  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)  |  |                                | 13                                    | 2,384,961<br><b>3</b>    |  |
| e<br>2 Subto<br>3 Total.<br>(See w                        | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu   | lations )  |                                |                                       |                          |  |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV             | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu   | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,963                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,963                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV             | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,963                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exemed in column (e) c | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |
| e<br>2 Subto<br>3 Total.<br>(See w<br>Part XV<br>Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex | lations )<br>ne Accomplish<br>income is reporti  | ment of Exem                   | pt Purposes<br>of Part XVI-A contribu | ted importantly to       | 2,384,961                              |

| . , | ,  |
|-----|--|
| П   | Information Regarding Transfers To and Transactions and Relationships With Noncharitable<br>Exempt Organizations |

| Fait           | VATT                | Exempt Organia  | zations              |                            |  |                                    |                        |  |               |      |
|----------------|---------------------|---|----------------------|----------------------------|--|------------------------------------|------------------------|--|---------------|------|
|                |                     | ianization directly or in<br>than section 501(c)(3)                         | directly engage i    |                            |  |                                    |                        | tion 501                               | Yes           | No   |
| <b>a</b> Tra   | nsfers f            | from the reporting foundation to a noncharitable exempt organization of     |                      |                            |  |                                    |                        |  |               |      |
| (1)            | (1) Cash            |   |                      |                            |  |                                    |                        |  | )             | No   |
| (2)            | Other               | Other assets  |                      |                            |  |                                    |                        |  |               | No   |
|                |                     | sactions  |                      |                            |  |                                    |                        |  |               |      |
|                |                     | of assets to a nonchari   |                      |                            |  |                                    |                        | 1b(1                                   | -             | No   |
|                |                     | ases of assets from a n   |                      |                            |  |                                    |                        | 1b(2                                   | -             | No   |
|                |                     | l of facilities, equipmer   | •                    |                            |  |                                    |                        | . 1b(3                                 | <del>'</del>  | No   |
|                |                     | oursement arrangemen  |                      |                            |  |                                    |                        | . 1b(4                                 | _             | No   |
|                |                     | or loan guarantees.   |                      |                            |  |                                    |                        | 1b(5                                   | -             | No   |
| ٠.             |                     | nance of services or m  | •                    | _                          |  |                                    |                        | . 1b(6                                 | <del>' </del> | No   |
|                | -                   | facilities, equipment, n<br>er to any of the above                          |                      | -                          |  |                                    |                        | . 1c                                   |               | No   |
| of t           | he good<br>iny tran | is, other assets, or ser<br>saction or sharing arra<br>(b) Amount involved  | vices given by th    | e reporting<br>n column (d | foundation If the digital forms of the digital form | foundation rece<br>goods, other as | ived less than fair ma | arket value<br>eived                   | angemer       | nts  |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                | _                   |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                | _                   |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
| <b>2a</b> Is t | he foun             | dation directly or indire   | ectly affiliated wit | h, or relate               | ed to, one or more   | tax-exempt org                     | anızatıons             |  |               |      |
| des            | cribed i            | n section 501(c) (other   | r than section 50    | 1(c)(3)) or                | in section 527? .  |                                    |                        | Yes 🗹 No                               |               |      |
| b If "         | Yes," co            | mplete the following so   | chedule              |                            |  |                                    |                        |  |               |      |
|                | ,                   | (a) Name of organization  |                      | (                          | <b>b)</b> Type of organization   | on                                 | (c) Description        | on of relationship                     |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                |                     |   |                      |                            |  |                                    |                        |  |               |      |
|                | of my               | r penalties of perjury,<br>y knowledge and belief<br>n preparer has any kno | , it is true, correc |                            |  |                                    |                        |  |               |      |
| Sign<br>Here   | *                   | ****  |                      |                            | 2019-05-02   | *****                              | :                      | May the IRS<br>return<br>with the prep |               |      |
|                | s                   | ignature of officer or t  | rustee               |                            | Date   | Title                              |                        | below<br>(see instr )?                 | <b>✓</b> Yes  | □ No |
|                |                     | Print/Type preparer's   | name Pre             | parer's Sıgı               | nature   | Date                               | Check if self-         | PTIN                                   |               |      |
| Paid           |                     | Carol M Drake CPA   |                      |                            |  |                                    | employed ▶ ☑           |  | 33293         |      |
| -              | arer<br>Only        | Firm's name ► CAR   | OL MONTGOMER         | / DRAKE CP                 | PA PLLC  |                                    |                        | Fırm's EIN ▶5                          | 1-04908       | 813  |
|                | -                   | Firm's address ► 56   | 90 E Lake Rd C-      | LO PO Box 3                | 340  |                                    |                        |  |               |      |
|                |                     | De  | ewittville, NY 147   | 728                        |  |                                    |                        | Phone no (71                           | 6) 338-       | 3917 |

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 (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation DR JOHN LAMANCUSO Director 1 00 15 S MAIN ST JAMESTOWN, NY 14701 JOSEPH C JOHNSON President 33,000 15 00 3637 MORLEY ROAD ASHVILLE, NY 14710 RANDY ORDINES VP, Treas O 2 00 214 WEST FIFTH ST JAMESTOWN, NY 14701 FLORENCE CASS Secretary 1 00 72 PEARL FREWSBURG, NY 14738 TOM PRICE Director 1 00 PO BOX 854 CHAUTAUQUA, NY 14722 ANNE KOHL Director 1 00 3923 FARVIEW LANE

LAKEWOOD, NY 14750

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or cubetantial contributor

Name and address (home or business)

Total.

|   | or substantial contributor |     |  |        |
|---|----------------------------|-----|--|--------|
| a Paid during the year                                |                            |     |  |        |
| YWCA OF JAMESTOWN401 N MAIN ST<br>JAMESTOWN, NY 14701 |                            | N/A | SUPERVISED VISITATION/TEAM OPERATIONAL SUPPORT | 65,000 |
| INFINITY VISUAL AND PERFORMING                        |                            | N/A | OPERATIONAL SUPPORT/ART                        | 32,000 |

| INFINITY VISUAL AND PERFORMING<br>ARTS<br>301 E 2ND ST SUITE 101<br>JAMESTOWN, NY 14701 | N/A | OPERATIONAL SUPPORT/ART<br>SUPPLIES | 32 |
|---|-----|-------------------------------------|----|
|   |     |                                     |    |

| 301 E 2ND ST SUITE 101<br>JAMESTOWN, NY 14701                      |     |                                  |        |
|--|-----|----------------------------------|--------|
| ROGER TORY PETERSON INSTITUTE 311 CURTIS STREET JAMESTOWN NY 14701 | N/A | FUNDRAISING SOFTWARE UPDATES/COO | 45,500 |

| JAMESTOWN, NY 14701   |     |  |        |
|---|-----|--|--------|
| ROGER TORY PETERSON INSTITUTE<br>311 CURTIS STREET<br>JAMESTOWN, NY 14701 | N/A | FUNDRAISING SOFTWARE<br>UPDATES/COO<br>SUPPORT/GENERAL SUPPORT | 45,500 |
|   |     |  |        |

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)

Total .

|  | or substantial contributor |     |  |        |
|--|----------------------------|-----|--|--------|
| a Paid during the year                             |                            |     |  |        |
| THE RELIEF ZONE5 FREW RUN ROAD FREWSBURG, NY 14738 |                            | N/A | OPERATIONAL<br>SUPPORT/GENERAL SUPPORT | 21,000 |
| JAMESTOWN COMMUNITY LEARNING                       |                            | N/A | OPERATIONAL SUPPORT                    | 26,000 |

| COUNCI<br>301 FRONT STREET<br>JAMESTOWN, NY 14701 |  | 0.2.00.000              | 20,000 |
|---|--|-------------------------|--------|
| COMMUNITY MUSIC PROJECT                           |  | OPERATIONAL SUPPORT/CMP | 4,650  |

| JAMESTOWN, NY 14701  |     |   |       |
|--|-----|---|-------|
| COMMUNITY MUSIC PROJECT<br>715 FALCONER ST BUILDING D<br>JAMESTOWN, NY 14701 | 1 ' | OPERATIONAL SUPPORT/CMP<br>CORALE/GENERAL SUPPORT | 4,650 |
|  |     |   |       |

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

121,500

1,000

2,081,850

| a raid during the year              |     |                                   |  |
|-------------------------------------|-----|-----------------------------------|--|
| ROBERT H JACKSON CENTER FOR JUSTICE | N/A | GENERAL SUPPORT/EXECUTIVE SUPPORT |  |
| 305 EAST FOURTH STREET              |     |                                   |  |
| JAMESTOWN, NY 14701                 |     |                                   |  |

a Paid during the year

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

|  |     |                 | l . |
|--|-----|-----------------|-----|
| JAMESTOWN COMMUNITY COLLEGE<br>FDN<br>525 FALCONER ST<br>JAMESTOWN, NY 14701 | N/A | GENERAL SUPPORT |     |
| AMESTOWN, NT 14701   |     |                 |     |
|  |     |                 |     |

|                  | FALCONER ST<br>ESTOWN, NY 14701 |     |                                |        |
|------------------|---------------------------------|-----|--------------------------------|--------|
| UNI <sup>*</sup> | TED WAY OF SO CHAUTAUQUA<br>Y   | N/A | BUILDING<br>RENOVATIONS/ANNUAL | 50,000 |
| 413              | N MAIN ST                       |     | CAMPAIGN/OPERATIONAL           |        |

| JAMESTOWN, NY 14701   |     |   |        |
|---|-----|---|--------|
| UNITED WAY OF SO CHAUTAUQUA<br>CNTY<br>413 N MAIN ST<br>JAMESTOWN, NY 14701 | N/A | BUILDING<br>RENOVATIONS/ANNUAL<br>CAMPAIGN/OPERATIONAL<br>SUPPORT | 50,000 |

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   |     |                          | į.     |
|--|-----|--------------------------|--------|
| CHAUTAUQUA LAKE ASSOCIATION<br>429 E TERRACE<br>LAKEWOOD, NY 14750 | N/A | 2018 OPERATIONAL SUPPORT | 15,000 |

| •  |     |   |        |
|--|-----|---|--------|
| CHAUTAUQUA STRIDERS<br>101 EAST FOURTH ST<br>JAMESTOWN, NY 14701 | N/A | SOUTH COUNTY MENTORING &<br>LIFE SKILLS PROGRAM | 28,000 |
| JAMESTOWN YMCA   | N/A | EASTSIDE YMCA                                   | 65,000 |

| JAMESTOWN, NY 14701  |     |  |        |
|--|-----|--|--------|
| JAMESTOWN YMCA<br>101 EAST 4TH STREET<br>JAMESTOWN, NY 14701 | N/A | EASTSIDE YMCA SUPPORT/OPERATIONAL SUPPORT/CAMP ONYAHSA LODGING/INCOME BASED MEMBERSHIP PROGRAM | 65,000 |

| JAMESTOWN YMCA<br>101 EAST 4TH STREET<br>JAMESTOWN, NY 14701 | N/A  | EASTSIDE YMCA SUPPORT/OPERATIONAL SUPPORT/CAMP ONYAHSA LODGING/INCOME BASED MEMBERSHIP PROGRAM | 65,000    |
|--|------|--|-----------|
| Total  | <br> | ▶ 3a   | 2,081,850 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

|  | or substantial contributor |     |                  |        |
|--|----------------------------|-----|------------------|--------|
| a Paid during the year                             |                            |     |                  |        |
| LUCILLE BALL LITTLE THEATRE OF JAME<br>18 E 2ND ST |                            | N/A | BUILDING REPAIRS | 40,000 |

| JAMESTOWN, NY 14701   |     |                 |       |
|---|-----|-----------------|-------|
| ST SUSAN CENTER<br>31 WATER STREET SUITE 130<br>JAMESTOWN, NY 14701 | N/A | GENERAL SUPPORT | 2,500 |
|   | ı   | I               |       |

| 31 WATER STREET SUITE 130<br>JAMESTOWN, NY 14701                        |     |                                     |       |
|---|-----|-------------------------------------|-------|
| GIRL SCOUTS OF WESTERN NY<br>3332 WALDEN AVE STE 106<br>DEPEW, NY 14043 | N/A | PROGRAMMING IN<br>CHAUTAUQUA COUNTY | 7,500 |

| JAMESTOWN, NY 14701   |      |                                     |           |
|---|------|-------------------------------------|-----------|
| GIRL SCOUTS OF WESTERN NY<br>3332 WALDEN AVE STE 106<br>DEPEW, NY 14043 | ,    | PROGRAMMING IN<br>CHAUTAUQUA COUNTY | 7,500     |
| Total   | <br> | ▶ 3a                                | 2,081,850 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount 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

73,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| JAMESTOWN, NY 14701            |       | GRANT/GENERAL<br>SUPPORT/OPERATIONAL<br>SUPPORT |  |
|--------------------------------|-------|---|--|
| JAMESTOWN, NY 14701            |       | GRANT/GENERAL                                   |  |
| 509 CHERRY ST                  | ·     | CONSTRUCTION '                                  |  |
| JAMES PRENDERGAST LIBRARY ASSN | I N/A | I NEW MATERIALS/MATCHING NYS I                  |  |

|   |     | SUPPORT             |
|---|-----|---------------------|
| ENTAL HEALTH ASSN CHAUTAUQUA<br>DUNT<br>WATER ST<br>MESTOWN, NY 14701 | N/A | OPERATIONAL SUPPORT |

| MENTAL HEALTH ASSN CHAUTAUQUA<br>COUNT<br>31 WATER ST<br>JAMESTOWN, NY 14701 | N/A | OPERATIONAL SUPPORT | 62,000 |
|--|-----|---------------------|--------|
| MEALS ON WHEELS JAMESTOWN AREA   | N/A | OPERATIONAL         | 8.500  |

| JAMESTOWN, NY 14701                                |     |  |       |
|--|-----|--|-------|
| MEALS ON WHEELS JAMESTOWN AREA<br>INC<br>PO BOX 56 | N/A | OPERATIONAL<br>SUPPORT/GENERAL SUPPORT | 8,500 |

| MEALS ON WHEELS JAMESTOWN AREA INC | 7 | OPERATIONAL<br>SUPPORT/GENERAL SUPPORT | 8,500 |
|------------------------------------|---|--|-------|
| INC                                |   | SUPPORT/GENERAL SUPPORT                |       |
| PO BOX 56                          |   |  |       |
| JAMESTOWN, NY 14702                |   |  |       |
| *                                  |   | l .                                    | 1     |

| INC<br>PO BOX 56<br>JAMESTOWN, NY 14702 | SUPPORT/GENERAL SUPPORT |           |
|---|-------------------------|-----------|
|   | <b>.</b>                | 2 001 050 |
| Total                                   | <br>3a                  | 2,081,850 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

| ·  |      |   |        |
|--|------|---|--------|
| W CRAWFORD DIBERT BOYS GIRLS<br>CLUB<br>62 ALLEN ST<br>JAMESTOWN, NY 14701 | N/A  | GREAT KIDS WORKING TOWARD<br>GREAT FUTURES/GENERAL<br>SUPPORT | 26,500 |
| THE LAWSON BOATING HEBITAGE  | NI/A | CENERAL SURBORT/STORACE                                       | 46 000 |

| THE LAWSON BOATING HERITAGE<br>CENTER<br>PO BOX 10<br>BEMUS POINT, NY 14712 | N/A | GENERAL SUPPORT/STORAGE<br>BUILDING | 46,000 |
|---|-----|-------------------------------------|--------|
| JAMESTOWN RENAISSANCE   | N/A | BLOCK CHANGE 2 0                    | 50,000 |

| BEMUS POINT, NY 14712   |     |                  |        |
|---|-----|------------------|--------|
| JAMESTOWN RENAISSANCE<br>CORPORATION<br>119 W 3RD STREET<br>JAMESTOWN, NY 14701 | N/A | BLOCK CHANGE 2 0 | 50,000 |

| JAMESTOWN RENAISSANCE<br>CORPORATION<br>119 W 3RD STREET<br>JAMESTOWN, NY 14701 | N/A  | BLOCK CHANGE 2 0 | 50,00     |
|---|------|------------------|-----------|
| Total   | <br> | ▶ 3a             | 2,081,850 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount 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                    |     |                 |       |
|---|-----|-----------------|-------|
| FENTON HISTORY CENTER<br>67 WASHINGTON ST | N/A | GENERAL SUPPORT | 1,000 |

| JAMESTOWN, NY 14701                                     |     |                 |  |
|---|-----|-----------------|--|
| NATIONAL COMEDY CENTER2 W 3RD ST<br>JAMESTOWN, NY 14701 | N/A | GENERAL SUPPORT |  |

Total .

| NATIONAL COMEDY CENTER2 W 3RD ST | N/A | GENERAL SUPPORT     | 1,000  |
|----------------------------------|-----|---------------------|--------|
| JAMESTOWN, NY 14701              |     |                     |        |
| JUNIOR ACHIEVEMENT OF WESTERN NY | N/A | OPERATIONAL SUPPORT | 15,000 |

| JUNIOR ACHIEVEMENT OF WESTERN NY | N/A | OPERATIONAL SUPPORT | 15,000 |
|----------------------------------|-----|---------------------|--------|
| 275 OAK ST SUITE 222             |     |                     | ĺ      |
| BUFFALO, NY 14203                |     |                     |        |

| DOMICK ACTIEVENENT OF WESTERN INT | I IV/A | OPERATIONAL SUPPORT | 13,0 |
|-----------------------------------|--------|---------------------|------|
| 275 OAK ST SUITE 222              |        |                     |      |
| BUFFALO, NY 14203                 |        |                     |      |
|                                   |        |                     |      |

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

Total .

| a Paid during the year                                  |     |                 |       |
|---|-----|-----------------|-------|
| MARIA HOUSE PROJECT<br>1218 FRENCH ST<br>ERIE, PA 16501 | N/A | GENERAL SUPPORT | 1,000 |

| ···/····  |     |  |  |
|---|-----|--|--|
| ST BONAVENTURE UNIVERSITY<br>1261 WEST STATE ROAD<br>NLLEGANY, NY 14778 | l ' | SCHOLARSHIP<br>ENDOWMENTS/GIRLS DAY<br>PROGRAM |  |

| 3261 WEST STATE ROAD<br>ALLEGANY, NY 14778         |     | ENDOWMENTS/GIRLS DAY<br>PROGRAM |         |
|--|-----|---------------------------------|---------|
| REG LENNA CENTER FOR THE ARTS<br>116 EAST THIRD ST | N/A | OPERATIONAL<br>SUPPORT/CAPITAL  | 615,500 |
| IAMECTOWN NV 14701                                 |     | DBO1ECT/CENEDAL CUDDODT         |         |

80,000

| 7.12.22.07.1117.111   |     | 1110 010 111  |         |
|---|-----|---|---------|
| REG LENNA CENTER FOR THE ARTS<br>116 EAST THIRD ST<br>JAMESTOWN, NY 14701 | N/A | OPERATIONAL<br>SUPPORT/CAPITAL<br>PROJECT/GENERAL SUPPORT | 615,500 |
|   |     |   |         |

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

|  | or substantial contributor |     |  |       |
|--|----------------------------|-----|--|-------|
| a Paid during the year                                     |                            |     |  |       |
| FOOD BANK OF WESTERN NY<br>91 HOLT ST<br>BUFFALO, NY 14206 |                            | N/A | 2018 PARTNERS FIGHTING<br>HUNGER IN CHAUTAUQUA<br>COUNTY | 2,500 |
| CHAUTAUOUA REGION COMMUNITY                                |                            | N/A | GENERAL SUPPORT/1HS                                      | 5.000 |

recipient

2,081,850

| FOUNDAT<br>418 SPRING ST<br>JAMESTOWN, NY 14701 |      | PROMISE FUND      |
|---|------|-------------------|
| DATTEDCON LIBRARYAG C DORTAGE CT                | NI/A | CAMING COLLECTION |

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

| 418 SPRING ST<br>JAMESTOWN, NY 14701 |     |                   |    |
|--------------------------------------|-----|-------------------|----|
| PATTERSON LIBRARY40 S PORTAGE ST     | N/A | GAMING COLLECTION | 2, |

|   | 418 SPRING ST       |         | PROMISE FUND |  |
|---|---------------------|---------|--------------|--|
|   | JAMESTOWN, NY 14701 |         |              |  |
| 1 |                     | <br>i i |              |  |

| FOUNDAT             | · | PROMISE FUND | • |
|---------------------|---|--------------|---|
| 418 SPRING ST       |   |              |   |
| JAMESTOWN, NY 14701 |   |              |   |

| 1 00110/11          |  | I KOI IIOL I OIID | 1 |
|---------------------|--|-------------------|---|
| 418 SPRING ST       |  |                   | 1 |
| JAMESTOWN, NY 14701 |  |                   |   |
|                     |  |                   |   |

| AMESTOWN, NY 14701              |     |                   |       |
|---------------------------------|-----|-------------------|-------|
| ATTERSON LIBRARY40 S PORTAGE ST | N/A | GAMING COLLECTION | 2,900 |

| WESTFIELD, NY 14787 |  |  |
|---------------------|--|--|
|                     |  |  |

Recipient If recipient is an individual, show any relationship to status of recontribution Spaid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

any foundation manager

Name and address (home or husiness)

8 NORTH MAPLE AVE ASHVILLE, NY 14710

Total .

| Name and address (nome or business)                                     | or substantial contributor | ·   |                 |     |
|---|----------------------------|-----|-----------------|-----|
| a Paid during the year  |                            |     |                 |     |
| LAKEWOOD MEMORIAL LIBRARY<br>12 W SUMMIT ST<br>LAKEWOOD, NY 14750       |                            | N/A | GENERAL SUPPORT | 500 |
| CASA OF CHAUTAUQUA CO INC<br>2 ACADEMY ST SUITE 5<br>MAYVILLE, NY 14757 |                            | N/A | GENERAL SUPPORT | 500 |
| ASHVILLE FREE LIBRARY   |                            | N/A | GENERAL SUPPORT | 500 |

recipient

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                                       |     |  |        |
|--|-----|--|--------|
| ALLEGHANY HIGHLAND BOY SCOUTS<br>OF AM<br>50 HOUGH HILL ROAD | 1 ' | TENTS \$8,000/ANNUAL<br>CAMPAIGN \$4,000 | 12,000 |

| FALCONER, NY 14733                                   |     |           |       |
|--|-----|-----------|-------|
| HAZELTINE PUBLIC LIBRARY<br>891 BUSTI SUGAR GROVE RD | N/A | MATERIALS | 5,000 |
| JAMESTOWN, NY 14701                                  |     |           |       |

| 891 BUSTI SUGAR GROVE RD<br>JAMESTOWN, NY 14701 | N/A | MATERIALS       | 3,000 |
|---|-----|-----------------|-------|
| ELLINGTON FARMAN FREE LIBRARY                   | N/A | GENERAL SUPPORT | 1,000 |

| JAMESTOWN, NY 14701                              |     |                 |       |
|--|-----|-----------------|-------|
| ELLINGTON FARMAN FREE LIBRARY<br>760 THORNTON RD | N/A | GENERAL SUPPORT | 1,000 |
| FLITHCTON NV 14722                               |     |                 |       |

| *   |     |                 |       |
|---|-----|-----------------|-------|
| ELLINGTON FARMAN FREE LIBRARY<br>760 THORNTON RD<br>ELLINGTON, NY 14732 | N/A | GENERAL SUPPORT | 1,000 |
|   |     |                 |       |

2,081,850

| ELLINGTON FARMAN FREE LIBRARY | N/A | GENERAL SUPPORT | 1,00 |
|-------------------------------|-----|-----------------|------|
| 760 THORNTON RD               |     |                 |      |
| ELLINGTON, NY 14732           |     |                 |      |
|                               |     |                 |      |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

| a Paid during the year                  |     |                 |       |
|---|-----|-----------------|-------|
| MYERS MEMORIAL LIBRARY<br>23 IVORY ROAD | N/A | GENERAL SUPPORT | 1,000 |

| REWSBURG, NY 14738  |     |                                |  |
|---|-----|--------------------------------|--|
| CHAUTAUQUA LAKE PARTNERSHIP<br>PO BOX 81<br>AKEWOOD, NY 14750 | N/A | GENERAL SUPPORT/WEED<br>SURVEY |  |

| PO BOX 81<br>LAKEWOOD, NY 14750                | IN/A | SURVEY            | 35,500 |
|--|------|-------------------|--------|
| JAMESTOWN COMMUNITY COLLEGE<br>525 FALCONER ST | N/A  | GENERAL ENDOWMENT | 50,000 |

| LAKEWOOD, NY 14750  |     |                   |        |
|---|-----|-------------------|--------|
| JAMESTOWN COMMUNITY COLLEGE<br>525 FALCONER ST<br>JAMESTOWN, NY 14701 | N/A | GENERAL ENDOWMENT | 50,000 |

| JAMESTOWN COMMUNITY COLLEGE<br>525 FALCONER ST<br>JAMESTOWN, NY 14701 | N/A  | GENERAL ENDOWMENT | 50,000    |
|---|------|-------------------|-----------|
| Total   | <br> | ▶ 3a              | 2,081,850 |

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 COMMUNITY HELPING HANDS l n/a PROJECT 15.000

| 31 WATER ST<br>JAMESTOWN, NY 14701  | .,, | DEVELOPMENT/GATEWAY LOFTS        | ,      |
|---|-----|----------------------------------|--------|
| CHAUTAUQUA REGINOAL YOUTH<br>BALLET<br>21 E 3RD ST 300<br>JAMESTOWN, NY 14701 | N/A | 2018-2019 OPERATIONAL<br>SUPPORT | 15,000 |

| BALLET<br>21 E 3RD ST 300<br>JAMESTOWN, NY 14701                            |     | SUPPORT                          |       |
|---|-----|----------------------------------|-------|
| CHAUTAUQUA REGIONAL YOUTH<br>SYMPHONY<br>PO BOX 3454<br>JAMESTOWN, NY 14702 | N/A | 2018-2019 DIRECTOR-<br>CONDUCTOR | 2,000 |

| CHAUTAUQUA REGIONAL YOUTH<br>SYMPHONY<br>PO BOX 3454<br>JAMESTOWN, NY 14702 | N/A  | 2018-2019 DIRECTOR-<br>CONDUCTOR | 2,000     |
|---|------|----------------------------------|-----------|
| Total   | <br> | ▶ 3a                             | 2,081,850 |

Recipient If recipient is an individual, show any relationship to status of status of

any foundation manager

Name and address (home or business)

JAMESTOWN, NY 14701

Total .

| ,   | or substantial contributor |     |                 |       |
|---|----------------------------|-----|-----------------|-------|
| a Paid during the year  |                            |     |                 |       |
| MARSHAL MARTZ ASTRONOMICAL<br>ASSOCIAT<br>PO BOX 14 176 ROBBIN HILL RD<br>FREWSBURG, NY 14738 |                            | N/A | GENERAL SUPPORT | 500   |
| CARROLL HISTORICAL SOCIETY<br>PO BOX 227<br>FREWSBURG, NY 14738                               |                            | N/A | GENERAL SUPPORT | 1,000 |
| STARFLIGHT INC133 ALLEN ST  |                            | N/A | GENERAL SUPPORT | 500   |

recipient

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

BI / A

19,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| ADDOBON COMMONITY NATURE<br>CENTER<br>.600 RIVERSIDE RD<br>AMESTOWN, NY 14701 | N/A | PROGRAMS/GENERAL SUPPORT |  |
|---|-----|--------------------------|--|
| AMESTOWN BABE RUTH WORLD  | N/A | 2018 BABE RUTH WORLD     |  |

|   | N1 / A | ODERATIONAL                    |
|---|--------|--------------------------------|
| MESTOWN BABE RUTH WORLD<br>FRIES<br>15 FALCONER ST<br>MESTOWN, NY 14701 | N/A    | 2018 BABE RUTH WORLD<br>SERIES |
| •   |        |                                |

| JAMESTOWN BABE RUTH WORLD<br>SERIES<br>485 FALCONER ST<br>JAMESTOWN, NY 14701 | N/A | 2018 BABE RUTH WORLD<br>SERIES         | 10,000 |
|---|-----|--|--------|
| UNITED CHRISTIAN ADVOCACY<br>NETWORK  | N/A | OPERATIONAL<br>SUPPORT/GENERAL SUPPORT | 31,000 |

| JAMESTOWN, NY 14701                                |     |  |        |
|--|-----|--|--------|
| UNITED CHRISTIAN ADVOCACY<br>NETWORK<br>7 W 1ST ST | N/A | OPERATIONAL<br>SUPPORT/GENERAL SUPPORT | 31,000 |

| Total                             |   | ▶ 3a                    | 2,081,850 |
|-----------------------------------|---|-------------------------|-----------|
| 7 W 1ST ST<br>JAMESTOWN, NY 14701 |   |                         |           |
| NETWORK                           | 1 | SUPPORT/GENERAL SUPPORT | ·         |

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

| UPMC CHAUTAUQUA WCA<br>51 GLASGOW AVE<br>JAMESTOWN, NY 14701 | N/A | LONG-TERM RESIDENTIAL<br>PROGRAMMING | 150,000 |
|--|-----|--------------------------------------|---------|
| FREDONIA COLLEGE FOUNDATION                                  | N/A | JCC TO FREDONIA                      | 100,000 |

| FREDONIA COLLEGE FOUNDATION<br>272 CENTRAL AVE<br>FREDONIA, NY 14063 | N/A | JCC TO FREDONIA<br>SCHOLARSHIP ENDOWMENT | 100,000 |
|--|-----|--|---------|
| CHAUTAUQUA COUNTY HISTORICAL<br>SOCIET<br>15 E MAIN ST               | N/A | MCCLURG MUSEUM BUILDING<br>RESTORATION   | 46,500  |

| Total   | <br> | ▶ 3a                                   | 2,081,850 |
|---|------|--|-----------|
| CHAUTAUQUA COUNTY HISTORICAL<br>SOCIET<br>15 E MAIN ST<br>WESTFIELD, NY 14787 | l '  | MCCLURG MUSEUM BUILDING<br>RESTORATION | 46,500    |
| FREDONIA, NY 14063  |      |  |           |

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 status of contribution

Purpose of grant or contribution

recipient

2,081,850

any foundation manager

or substantial contributor

Name and address (home or business)

197 MARTIN RD JAMESTOWN, NY 14701

Total .

|   | or substantial continuator |     |                                       |        |
|---|----------------------------|-----|---------------------------------------|--------|
| a Paid during the year  |                            |     |                                       |        |
| SENECA TRAIL RCD COUNCIL<br>8 MARTHA ST PO BOX 756<br>ELLICOTTVILLE, NY 14731 |                            | N/A | CLEAR CREEK REHABILITATION<br>PROJECT | 17,300 |
| SHERMAN HISTORICAL SOCIETY<br>PARK ST<br>SHERMAN, NY 14781                    |                            | N/A | GENERAL SUPPORT                       | 1,000  |
| 1AMESTOWN PUBLIC SCHOOLS  |                            | N/A | SUMMER PROGRAM                        | 25,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

recipient

2,081,850

|  | or substantial contributor |     |  |        |
|--|----------------------------|-----|--|--------|
| a Paid during the year                 |                            |     |  |        |
| NATURAL HERITAGE TRUST<br>625 BROADWAY |                            | N/A | HISTORIC RIDE<br>PRESERVATION/INSTALLATION | 20,000 |

| ALBANY, NY 12238               |     | TRESERVATION/INSTALLATION |  |
|--------------------------------|-----|---------------------------|--|
| SEA LION PROJECT LTDPO BOX 339 | N/A | STOW FERRY                |  |

any foundation manager

or substantial contributor

Name and address (home or business)

Total.

| SEA LION PROJECT LTDPO BOX 339 | N/A | STOW FERRY | 7,500 |
|--------------------------------|-----|------------|-------|
| BEMUS POINT, NY 14712          |     |            |       |

| SEA LION PROJECT LTDPO BOX 339 | N/A | STOW FERRY | 7, |
|--------------------------------|-----|------------|----|
| DEMILIC DOTNET NIV 14713       |     |            |    |

| efile GRAPHIC print - DO NOT P     | ROCESS   | As Filed D | ata -                    | DI                     | LN: 93491122015139                          |
|------------------------------------|----------|------------|--------------------------|------------------------|---|
| TY 2018 Accounting Fe              | ees Sch  | edule      |                          |                        |   |
|                                    |          |            |                          |                        |   |
|                                    | Name:    | REGINAL    | _D A & ELIZABETH S       | ;                      | 1   |
| 1                                  |          | LENNA F    | OUNDATION INC            |                        | 1   |
| I                                  | EIN:     | 733        |                          | !                      |   |
| Softv                              | ware ID: | 1800721    | .8                       |                        | ı   |
| Software \                         | Version: | 2018v3.    | 1                        |                        |   |
| Category                           | Ame      | ount       | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| BUFFAMANTE WHIPPLE BUTTAFARO PC    |          | 400        | 12                       | 0                      | 388   |
| CAROL MONTGOMERY DRAKE CPA<br>PLLC |          | 2,480      | 1,240                    | 0                      | 1,240                                       |
| KELLY A DAWSON CPA                 |          | 2,950      | 1,475                    | 0                      | 1,475                                       |

| efile GRAPHIC pr  | int - DO NO      | OT PROCESS             | As Filed Data                  | -                  |                             |   |                          | DLN: 934               | 91122015139                           |
|---|------------------|------------------------|--------------------------------|--------------------|-----------------------------|---|--------------------------|------------------------|---------------------------------------|
| Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing. |                  |                        |                                |                    |                             |   |                          |                        |                                       |
| TY 2018 Depreciation Schedule   |                  |                        |                                |                    |                             |   |                          |                        |                                       |
|   |                  |                        | REGINALD A & I<br>LENNA FOUNDA |                    |                             |   |                          |                        |                                       |
|   |                  | _                      | 11-2800733                     | TITON INC          |                             |   |                          |                        |                                       |
|   | So               | ftware ID:             | 18007218                       |                    |                             |   |                          |                        |                                       |
|   | Software         | e Version: 2           | 2018v3.1                       |                    |                             |   |                          |                        |                                       |
|   | Deprecia         | ation Schedule         |                                |                    |                             |   |                          |                        |                                       |
| Description of<br>Property  | Date<br>Acquired | Cost or Other<br>Basis | Prior Years'<br>Depreciation   | Computation Method | Rate /<br>Life (# of years) | Current Year's<br>Depreciation<br>Expense | Net Investment<br>Income | Adjusted Net<br>Income | Cost of Goods<br>Sold Not<br>Included |

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| efile GRAPHIC print - DO NOT PRO | CESS As Filed Da       | ıta -                       | DLI        | N: 93491122015139                |  |  |
|----------------------------------|------------------------|-----------------------------|------------|----------------------------------|--|--|
| TY 2018 Land, Etc.<br>Schedule   |                        |                             |            |                                  |  |  |
| Na                               | me: REGINALD A         | & ELIZABETH S               |            |                                  |  |  |
|                                  | LENNA FOUN             | DATION INC                  |            |                                  |  |  |
|                                  | <b>EIN:</b> 11-2800733 |                             |            |                                  |  |  |
| Software                         | <b>ID:</b> 18007218    |                             |            |                                  |  |  |
| Software Version: 2018v3.1       |                        |                             |            |                                  |  |  |
| Category / Item                  | Cost / Other<br>Basis  | Accumulated<br>Depreciation | Book Value | End of Year Fair<br>Market Value |  |  |
| Furniture and Fixtures           | 4,123                  | 4,123                       |            |                                  |  |  |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491122015139 |                                      |                          |                        |   |  |  |
|--|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Sche  | dule                                 |                          |                        |   |  |  |
| I  |                                      |                          |                        |   |  |  |
| Name:  | REGINALD A & I                       | ELIZABETH S              |                        |   |  |  |
|  | LENNA FOUNDATION INC                 |                          |                        |   |  |  |
| EIN:   | IN: 11-2800733                       |                          |                        |   |  |  |
| Software ID:   | 18007218                             |                          |                        |   |  |  |
| Software Version:  | 2018v3.1                             |                          |                        |   |  |  |
| Other Expenses Schedule  |                                      |                          |                        |   |  |  |
| Description  | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| BUSINESS INSURANCE   | 642                                  | 321                      |                        | 321   |  |  |
| D&O LIABILITY INSURANCE  | 968                                  | 484                      |                        | 484   |  |  |

1,351

2,680

37,503

750

110

120

1,791

9,711

68

1,340

37,503

375

486

6

6

90

1,283

1,340

375

104

114

1,701

9,225

| 2010/01/1               |                                      |                          |                        |                      |  |  |  |  |
|-------------------------|--------------------------------------|--------------------------|------------------------|----------------------|--|--|--|--|
| Other Expenses Schedule |                                      |                          |                        |                      |  |  |  |  |
| Description             | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disburs<br>Cha<br>Pu |  |  |  |  |

MEETING EXPENSE

MGMT/CUSTODIAN FEES NYS DEPT OF LAW FILING FEE

POSTAGE & PO BOX RENTAL

MEMBERSHIPS

OFFICE EXPENSE

SUBSCRIPTIONS

**TELEPHONE** 

| •           |                                      |                          |                        | the state of the s | -4 |
|-------------|--------------------------------------|--------------------------|------------------------|--|----|
| Description | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable  |    |
|             | DOUKS                                |                          |                        | Purposes   |    |

|           | Expenses per<br>Books | Income | Income | Purpose |
|-----------|-----------------------|--------|--------|---------|
| UTILITIES | 1,165                 | 58     |        |         |

Other Expenses Schedule

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data      | -                        | DL                     | N: 93491122015139                           |
|-------------------------------------|----------------------|--------------------------|------------------------|---|
| TY 2018 Taxes Schedule              |                      |                          |                        |   |
|                                     |                      |                          |                        |   |
| Nam                                 | ie: REGINALD A       | A & ELIZABETH S          |                        |   |
|                                     | LENNA FOU            | NDATION INC              |                        |   |
| EI                                  | <b>N:</b> 11-2800733 | <b>;</b>                 |                        |   |
| Software I                          | <b>D:</b> 18007218   |                          |                        |   |
| Software Versio                     | n: 2018v3.1          |                          |                        |   |
| Category                            | Amount               | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| FEDERAL EXCISE TAXES                | 58,620               |                          |                        |   |
| PAYROLL TAXES                       | 4,861                | 146                      |                        | 4,715                                       |