# Form 990-PF

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

OMB No 1545 0052

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

Open to Public Inspection

	For cal	endar year 2018 or tax year beginning	_, 2018	, and ending	1					
		CARLILIAN FOUNDATION		A	Employer identification nui					
		TROY SCHENECTADY ROAD, BLDG AM, NY 12110	3 #202	В	Telephone number (see instructions) 518-374-2397					
		,	c	If exemption application is	pending, check here 🕨 🔲					
	<b>G</b> Che	eck all that apply Initial return Final return	Initial return of a form	mer public charity D	1 Foreign organizations, chec	ck here				
		Address change	Name change		2 Foreign organizations meeting the 85% test, che here and attach computation					
	H Che	eck type of organization.    X   Section 50		private foundation   E	If private foundation status under section 507(b)(1)(A)	s was terminated				
		market value of all assets at end of year n Part II, column (c), line 16)	counting method. XC	ash Accrual F	If the foundation is in a 60					
	► \$ Part I	3/330/311	, column (d) must be or	cash basis)	under section 507(b)(1)(B)	<del></del>				
	<u> Faiti</u>	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)				
`		1 Contributions, gifts, grants, etc., received (attach schedule)	560,042.	الم يون	y amin'ny y And	+ 417 ft 14 614 5 1				
1	į	2 Check ► if the foundation is not required to attach Sch. B		, , ,	36 · · · · · · · · · · · · · · · · · ·	41 A1				
		3 Interest on savings and temporary cash investments.								
		4 Dividends and interest from securities	101,347.	101,347	101,347.	البياف م				
		5 a Gross rents b Net rental income		m. /	Star Strain and America	1, 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	മ	b Net rental income or (loss)  6 a Net gain or (loss) from sale of assets not on line 10.	283,168.		14 20 0 14 2 14 14 14 14 14 14 14 14 14 14 14 14 14	With the second of the second				
	nue	b Gross sales price for all 202 160	203,100.	- Abriggt   1 415 <sup>50</sup>	A DECE	VED 35 6 3%				
	Revenue	assets on line 6a 203, 100.  7 Capital gain net income (from Part IV, line 2)		283,168	HLU12	VED OF				
	<u> </u>	8 Net short term capital gain		. •	0					
		9 Income modifications 10a Gross sales less	7		1 19 NOV (2 5	)2019 MON 6				
		allowances	44 3	De lange to when the Co.		DOME TO THE LEW STATE OF				
		b Less Cost of goods sold.			NO.	Join the Marie				
		C Gross profit or (loss) (attach schedule)		" b r : "	Adhe	The Later Control				
		11 Other income (attach schedule)				7				
		12 Total Add lines 1 through 11	944,557.	384,515	101,347.	इ.१८ इ.स. १६५० हो				
•		13 Compensation of officers, directors, trustees, etc	0.							
		14 Other employee salaries and wages 15 Pension plans, employee benefits								
	ses	16a Legal fees (attach schedule) SEE ST 1	11,238.		<del>                                     </del>	11,238.				
	ens	b Accounting fees (attach sch) SEE ST 2	2,000.							
	Expenses	c Other professional fees (attach sch)								
	ve	17 Interest 18 Taxes (attach scheduleXsee instrs) SEE STM 3	106							
	rati	18 Taxes (attach schedule)(see instrs) SEE SIM 3 19 Depreciation (attach	126.			*				
	nist	schedule) and depletion				はを発えていた				
	Įmi	20 @cupancy. 21 Frayel, conferences, and meetings								
	Α	22 Printing and publications								
	anc	23 Other expenses (attach schedule)				5 500				
	ng	SEE STATEMENT 4	14,931.			7,500.				
	rat	24 Total operating and administrative expenses Add lines 13 through 23	28,295.			18,738.				
	Operating and Administrative	25 Contributions, gifts, grants paid PART XV	283,217.	1	はない アップラウ	18,738. 283,217.				
		26 [Tiptal expenses and disbursements.  Cadd lines 24 and 25	311,512.	0.	0.	301,955.				
•		27 Subtract line 26 from line 12	311,312.	~ · · · · · · · · · · · · · · · · · · ·		7. 45.00 CO. 11				
		a. Excess of revenue over expenses and disbursements	633,045.	,	The state of the s					
		Net investment income (if negative, enter 0).	033,043.	384,515.	THE SAME OF	A CHANGE TO THE PERSON OF THE				
		GAdjusted net income (if negative, enter -0-)	,	•	101,347.	1 10000 1000				

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<u> </u>	¥ 11 2	Balance Sheets  Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year	Ena Ena	or year
Par	τIIS	Balance Sheets  Attached schedules and amounts in the description column should be for end of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,104.	4,910	. 4,910.
	2	Savings and temporary cash investments	283,513.	448,690	. 448,690.
	3	Accounts receivable	REAL PROPERTY OF	発表的ない。自己は	
		Less: allowance for doubtful accounts			
	4	Pledges receivable	产业产品的工程的企业 SA	THE STATE OF THE S	TANKE THE PARTY OF
		Less allowance for doubtful accounts			
	5	Grants receivable	· · · · · · · · · · · · · · · · · · ·		
	6	Receivables due from officers, directors, trustees, and other		,	
	. ਁ	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)	<b>全个个多种的工作工程的</b>	<b>自己的人员,在中国企业</b>	I WAR ARREST
		Less allowance for doubtful accounts ▶			
sts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			·
_	10:	a Investments — U.S. and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule) STATEMENT 5	2,249,443.	2,713,505	. 3,484,711.
	(	c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis ►	A CONTRACT OF		
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis▶	深	SECURITY AND	THE PROPERTY OF THE PARTY OF TH
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe Total assets (to be completed by all filers —			
		see the instructions. Also, see page 1, item l)	2,534,060.	3,167,105	
	17	Accounts payable and accrued expenses			em principal
S	18	Grants payable			Z.TAMANTIES
ii:	19	Deferred revenue	ļ		ten in the second
Liabilities	20	Loans from officers, directors, trustees, & other disqualified persons			· 图 · · · · · · · · · · · · · · · · · ·
⋍	21	Mortgages and other notes payable (attach schedule)			TANKE OF STREET
	22	Other liabilities (describe			2名的第三年四月四
	23	Total liabilities (add lines 17 through 22)	0.	0	<b>网络小鸡科</b>
es		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
ances	24	Unrestricted			
	25	Temporarily restricted			A HERESEN A
- E	26	Permanently restricted.			NEW WEATHERN
Net Assets or Fund Bal		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	·		
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			DESTRUCTION OF
SS	29	Retained earnings, accumulated income, endowment, or other funds	2,534,060.	3,167,105	Tan was to be
ţ	30	Total net assets or fund balances (see instructions)	2,534,060.	3,167,105	こうない かんかん かいかんは
Ž	31	Total liabilities and net assets/fund balances (see instructions)	2,534,060.	3,167,105	MESS SECTION
Par	ŧIII].	Analysis of Changes in Net Assets or Fund Balanc			
1	Total	net assets or fund balances at beginning of year — Part II, colu	umn (a), line 30 (must a	aree with	
•	end-	of-year figure reported on prior year's return)	(2), mio oo (maat a	1	2,534,060.
2	Ente	r amount from Part I, line 27a		2	633,045.
3	Other	increases not included in line 2 (itemize)	<b></b> =	3	
4		lines 1, 2, and 3		4	3,167,105.
5		ases not included in line 2 (itemize)		5,	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	) – Part II, column (b), !	ine 30 6	3,167,105.

<u>  Par</u>	(a) List and describe	Losses for Tax on Investmenth the kind(s) of property sold (for example arehouse, or common stock, 200 st	ole, real estate,	(b) How acquire P — Purchase D — Donation	d (C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a	TR UW CHARLES W CAF	RI. I.TCG		D	VARIOUS	VARIOUS
	CAPITAL GAIN DIVIDE					
c						
d	l					<u>-</u>
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	ninus (g))
а	106,864.					106,864.
b	)					
	··· ··· · · · · · · · · · · · · · · ·					
d						
е			40/01/60		<del></del>	
	Complete only for assets showing	g gain in column (h) and owned by the	· · · · · · · · · · · · · · · · · · ·		(I) Gains (Col gain minus col (k), b	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		than -0-) or Losses (fi	
a						106,864.
b	<del></del>					176,304.
d						
е						
2	Capital gain net income or (ne	t capital loss).	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		283,168.
3	Net short-term capital gain or	(loss) as defined in sections 1222(5	<b>—</b>			• • • • •
	If gain, also enter in Part I, lin in Part I, line 8	e 8, column (c) See instructions If	(loss), enter -0-			0.
Par	t.V■ Qualification Under	r Section 4940(e) for Reduce	d Tax on Net Investm	ent Incom	e	
(For o	optional use by domestic private f	oundations subject to the section 4940	(a) tax on net investment inc	ome )		
16	sking 4040(d)(0) analysis lague	this part blook				
ii sec	ction 4940(d)(2) applies, leave t	this part blank				
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	mount of any year in the b	ase period?	Yes	X No
If 'Ye	s,' the foundation doesn't quali	fy under section 4940(e) Do not co	mplete this part			
1	Enter the appropriate amount in	each column for each year, see the in	structions before making any	entries	<del> </del>	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets	(d) Distribution (col (b) divided	
	2017	153,491.	3,640	0,228.		0.042165
	2016	90,003.		3,214.		0.027330
	2015	138,500.	3,33	1,344.		0.041575
	2014	158,000.	3,350	6,653.		0.047071
	2013	131,640.	3,05	6,681.		0.043066
2	Total of line 1, column (d)			2		0.201207
	Average distribution ratio for the	5-year base period – divide the total of	on line 2 by 5.0, or by the			
	number of years the foundation	n has been in existence if less than	5 years	3	<del></del>	0.040241
4	Enter the net value of nonchar	ritable-use assets for 2018 from Par	t X, line 5	4		1,025,138.
5	Multiply line 4 by line 3			5	<u> </u>	161,976.
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		3,845.
7	Add lines 5 and 6			7		165,821.
8	Enter qualifying distributions fr	rom Part XII, line 4		8		301,955.
	If line 8 is equal to or greater that Part VI instructions	in line 7, check the box in Part VI, line	1b, and complete that part u	ısıng a 1% tax	rate See the	

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ļ				r
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement See instructions	12		х
13		13	Х	
	Website address CARLILIANFOUNDATION.ORG			
14	The books are in care of ► RICHARD A. FUERST, ESQ. Telephone no ► 518-3	<u>74-2</u>	<u>397</u>	
	Located at ► 1202 TROY SCHENECTADY RD, BLDG 3, #202 LATHA ZIP + 4 ► 12110	,-, <del>-</del>		_—
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	Ņ/Ā	, <b>-</b>	$\coprod$
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	N/A No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	res	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country		•	\ 
Pai	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year, did the foundation (either directly or indirectly)		•	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	:	t	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			· .
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	.	1	15
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		*	, ë
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No	-	3	<b>3</b> (
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No		•	, i
b	olf any answer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1 b	<del></del>	
	Organizations relying on a current notice regarding disaster assistance, check here	. 10	- IN	/A
_			, (	·
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		£	
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?  Yes X No		-	
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	[.,]	_	v
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			لب
_	all years listed, answer 'No' and attach statement – see instructions )	2 b	N)	/A
С	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here		, ,3	ا - ا
_	► 20, 20, 20		.	- A-
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No		۱	
b	of 'Yes,' did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation	l. Ì		
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or			
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)	3 b	N	/A
		33	14	- 11
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could			•
~	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of	4 b	<del></del> [	<u></u> 1
BAA	the tax year beginning in 2018?	rm <b>99</b> 0	)-PF (	X 2018)
				_~ . ~ )

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Part VII-B   Statements Regarding Activit		n 4720 May Be Req	uired (continue	d)		
5 a During the year, did the foundation pay or incur a	-	- (t 404F(-))2	□ <b>v</b>	₩.	-4	Yes No
(1) Carry on propaganda, or otherwise attempt			∐ Yes	X No	-	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		Yes	X No	1	
(3) Provide a grant to an individual for travel,	Yes	X No	,			
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	Yes	X No				
(5) Provide for any purpose other than religio educational purposes, or for the prevention	Yes	X No				
<b>b</b> If any answer is 'Yes' to 5a(1)—(5), did <b>any</b> of described in Regulations section 53 4945 or in a see instructions	-	5 b	N/A			
Organizations relying on a current notice rega	rding disaster assistan	ce, check here	•	$\sqcap$	,	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Regi	sibility for the grant?	,	N/A Yes	□ No	•	
			_		<u> </u>	
<ul> <li>6 a Did the foundation, during the year, receive all on a personal benefit contract?</li> <li>b Did the foundation, during the year, pay prem</li> </ul>			Yes	XNo	, 6b	<u></u>
If 'Yes' to 6b, file Form 8870.	idinis, directly of manee	ay, on a personal bene	The contract.	<u> </u>		,, A
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proceed			L	X No N/A	7 b	<u> </u>
8 Is the foundation subject to the section 4960 tax of	on payment(s) of more th	an \$1,000,000 in remune		1521	,	
or excess parachute payment(s) during the ye	ar <sup>7</sup>		Yes	X No		
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Pai	d Emplo	yees	'9
and Contractors  1 List all officers, directors, trustees, and found	dation managers and the	neir compensation. See	instructions.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee bene plans and deferi compensation	fit   (e) 당		e account, lowances
SEE STATEMENT 6						
		0.		0.		0.
						-
2 Compensation of five highest-paid employees (of	her than those included	on line 1 – see instruction	l ns), If none, enter 'NC	ONE.'		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee bene plans and deferr compensation	o fit (e) Ex	pense her all	e account, lowances
NONE				1		
	<u> </u>			-		
Total number of other employees paid over \$50,000				•		0
DAA	TEE A020CL 17	2/12/10		Form	n DON E	DE /2019\

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H and Contractors (continued)	lighly Paid Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter	er 'NONE.'
(a) Name and address of each person paid more than \$50,000 (b) Type of ser	rvice (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	<u>►</u> 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc	ber of Expenses
1 N/A	
2	
3	
4	
Doubly D. Common of Dunman Deleted Investments (see materials)	<u> </u>
Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	2 Amount
	Amount
1 <u>N/A</u>	
2	<del></del>
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.
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see instructions.)	Siete tris part. Foreign roundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., po a Average monthly fair market value of securities	urposes 1 a 3,605,34
<b>b</b> Average of monthly cash balances	1b 481,09
c Fair market value of all other assets (see instructions)	1 c
d Total (add lines 1a, b, and c)	1d 4,086,43
e Reduction claimed for blockage or other factors reported on lines 1a and	
1c (attach detailed explanation)	0.
2 Acquisition indebtedness applicable to line 1 assets	2
3 Subtract line 2 from line 1d	3 4,086,43
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 61,29
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Pa	
6 Minimum investment return. Enter 5% of line 5.	6 201,25
PartXI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j) and certain foreign organizations, check here and do not company and certain foreign organizations.	(5) private operating foundations
1 Minimum investment return from Part X, line 6	1 201,25
2a Tax on investment income for 2018 from Part VI, line 5	3,845.
b Income tax for 2018 (This does not include the tax from Part VI ).	
c Add lines 2a and 2b	2c 3,84
3 Distributable amount before adjustments. Subtract line 2c from line 1	3 197,41
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5 197,41
6 Deduction from distributable amount (see instructions)	6
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XI	II, line 1 7 197, 41
RartiXIII Qualifying Distributions (see instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a 301,95
<b>b</b> Program-related investments — total from Part IX-B.	1b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable,	etc , purposes 2
3 Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required)	3 a
<b>b</b> Cash distribution test (attach the required schedule)	3 b
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and	Part XIII, line 4 4 301, 95
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment inc Enter 1% of Part I, line 27b See instructions	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 298,110
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated qualifies for the section 4940(e) reduction of tax in those years.	<del></del>

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	<b>(c)</b> 2017	<b>(d)</b> 2018
Distributable amount for 2018 from Part XI, line 7				197,412.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			144,004.	- v
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013				
<b>b</b> From 2014			1	• '
c From 2015				
<b>d</b> From 2016				
e From 2017				
f Total of lines 3a through e.	0.			
4 Qualifying distributions for 2018 from Part				
XII, line 4 <sup>.</sup> ▶ \$ 301, 955.				
a Applied to 2017, but not more than line 2a			144,004.	
<ul> <li>b Applied to undistributed income of prior years (Election required – see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2018 distributable amount	<u> </u>			157,951.
e Remaining amount distributed out of corpus	0.			131, 331.
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the	0.			
same amount must be shown in column (a) )		i		
6 Enter the net total of each column as indicated below:				į
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
· ' '	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a) [				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount – see instructions.		0.		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
inie za Takapie amobiit — see instructions			0.	i
f Undistributed income for 2018 Subtract lines				
4d and 5 from line 1 This amount must be distributed in 2019				39,461.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				, ,
may be required — see instructions).	0.			• }
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	0.			,
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				,
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				i
e Excess from 2018.				Form <b>990-PF</b> (2018)

Form 990-PF (2018) THE CARLILIAN FO	UNDATION			14-604944	4 Page 10		
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)							
1 a If the foundation has received a ruling or dete is effective for 2018, enter the date of the	rmination letter that ruling	it is a private operati	ng foundation, and th	e ruling			
<b>b</b> Check box to indicate whether the foundat	ion is a private op	erating foundation d	escribed in section	4942(J)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	······································		
<b>b</b> 85% of line 2a							
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>							
d Amounts included in line 2c not used directly for active conduct of exempt activities				-			
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>							
3 Complete 3a, b, or c for the alternative test relied upon:							
a 'Assets' alternative test - enter	_						
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>							
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c 'Support' alternative test - enter							
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public and 5 or more exempt/organizations as provided in section 4942(j)(3)(B)(III).		,					
(3) Largest amount of support from an exempt organization							
(A) Gross investment income	(O   - 4 - 4   - 1		formulation bod	¢5 000 au mana	1		
Part XV   Supplementary Information assets at any time during th	e year — see in	structions.)	iounuation nau	\$5,000 or more	111		
Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have NONE	contributed more t	han 2% of the total co than \$5,000) (See	ontributions received t section 507(d)(2))	by the foundation befo	ore the		
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporation 0% or greater interes	n (or an equally large est	portion of the owner	ship of		
2 Information Regarding Contribution, Grant, 0	Sift Loan Scholars	hin atc Programs:					
Check here  if the foundation only ma requests for funds. If the foundation makes 2a, b, c, and d. See instructions.	kes contributions to	preselected charitable	_				
a The name, address, and telephone number or	email address of th	ne person to whom ap	plications should be a	addressed	<del>.</del>		
SEE STATEMENT 7							
<b>b</b> The form in which applications should be s	submitted and info	mation and materia	ls they should includ	de			
SEE STATEMENT FOR LINE 2A			· ·				
c Any submission deadlines							
SEE STATEMENT FOR LINE 2A							
<b>d</b> Any restrictions or limitations on awards, s	such as by geograp	hical areas, charitat	ole fields, kinds of i	nstitutions, or other	factors		
SEE STATEMENT FOR LINE 2A		<del></del>					

Page 11

Total  b Approved for future payment  Total	Recipieni	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Total  b Approved for future payment  28:		or substantial contributor	recipient		
b Approved for future payment		any foundation manager or substantial contributor	recipient	contribution	
b Approved for future payment				•	
	Total	. •		► 3a	283,217
Otal   3 b	Total			► 3b	

Enter gros	s amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
1 Prog	ıram service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
a						
b		<u> </u>		<del>-     -</del>		
с				·· <del>   </del>		· · · · · · · · · · · · · · · · · · ·
ď		<del>                                     </del>				
е						
f					-	
g Fees	and contracts from government agencies	† †				
-	bership dues and assessments		·· <del>· · · · · · · · · · · · · · · · · · </del>			
	st on savings and temporary cash investments					
	lends and interest from securities		·	14	101,347.	
	ental income or (loss) from real estate:			<del>                                     </del>	101,047.	
	-financed property					
	debt-financed property			<del>                                     </del>		
	ental income or (loss) from personal property			<del></del>		
	r investment income			<del>-  </del>		<del></del>
	or (loss) from sales of assets other than inventory			18	283,168.	
	ncome or (loss) from special events		··· · · · · · · · · · · · · · · · · ·	1 10	203,100.	· · · · · · · · · · · · · · · · · · ·
	s profit or (loss) from sales of inventory					
	r revenue.	<del>                                     </del>			······································	- , ,
a		· · · · · · · · ·	<del></del>	<del></del>		
Б <u> —</u>		+ +		+ +		<del></del>
č		+ +		+ +		
ď		<del> </del>		+ +		<del> </del>
ĕ		+ +		<del>                                     </del>		
		1		+		
12 Subt	otal Add columns (b) (d) and (a)				204 515	
	otal Add columns (b), (d), and (e)	<u> </u>			384,515.	204 515
13 Total	Add line 12, columns (b), (d), and (e)	one )			384,515. 13 _	384,515.
<b>13 Total</b> See works	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate		hment of Even	nt Purnose	<sup>13</sup> -	384,515.
13 Total See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
<b>13 Total</b> See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  Relationship of Activities to the	Accomplis	<del></del>	<del></del>	13 <u>-</u>	

Form 9	90-PF (2018) THE CA	RLILIAN FO	UNDATION						-6049		Pa	ige 1
Part )	(VII Information Re Exempt Organi	garding Trar zations	sfers to and	Transaction	s and	Relation	ships	With No	onchari	table		
1 0	id the organization directly	. or indirectly or	agage in any of t	he following w	th any o	ther organ	nization				Yes	No
de	escribed in section 617ectly escribed in section 501(c) lating to political organiza	(other than sec	tion 501(c)(3) or	ganizations) or	in section	on 527,	nzation					
a Ti	ansfers from the reporting	g foundation to	a noncharitable e	exempt organiz	ation of				.			
(1	) Cash								_	1 a (1)		X
(2	) Other assets								L	1 a (2)		X
_	ther transactions								-			
•	) Sales of assets to a nor								-	1 b (1)		X
•	) Purchases of assets fro			nization						1 b (2)		X
•	) Rental of facilities, equi	•	assets						-	1 b (3)		X
•	) Reimbursement arrange								-	1 b (4)		X
•	) Loans or loan guarantee		o or fundraioina	caliaitations					-	1 b (5) 1 b (6)		X
•	<ul> <li>Performance of services</li> <li>naring of facilities, equipment</li> </ul>		_		,00¢					1 c		x
· ·	ianing or racinties, equipm	ierit, mailing iis	is, utilet assets,	or paid employ	663				L	10		
th	the answer to any of the a e goods, other assets, or se ny transaction or sharing a	ervices aiven by t	he reportina found	dation If the fou	ndation re	eceived les	ss than fa	ır market	value in		ue of	
(a) Line			noncharitable exemp		~	Description					ngement	iS
N/A												
					<u> </u>	_						
_					<u> </u>			_	-			
	··· · · · · · · · · · · · · · · · · ·	-										
	_	1			<del></del>							
			<del> </del>	<del>.</del>								
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		+										
	<del></del>									-		
			<del></del>				<del></del>			·		
								· ·				
de	the foundation directly or in escribed in section 501(c) 'Yes,' complete the follow	(other than sect				ot organiza	tions			Yes	X	No
	(a) Name of organizat	<del></del>	(b) Type	of organization			(c) D	escription	n of relat	ionship		
N/A	( <b>2</b> )		(-) )							·		
,												
		-										
]	Under penalties of perjury, I decla correct, and complete Declaration	ire that I have examin n of preparer (other th	ed this return, including taxpayer) is based	ng accompanying so I on all information	hedules an of which pre	d statements eparer has ar	, and to the ly knowledg	best of my e	knowledge a	and belief, i	t is true,	
Sign Here	222	P		11/14/201	<u>q</u> •	2 trus	10 + T	tpasa	rov	May the I this return preparer See instri	n with th shown b uctions r	elow?
	Signature of officer or trustee		Preparer's si	Date	Tı	tle	<del>.</del>	T	1 1	X NITE	Yes	Νо
	Print/Type preparer's na	IIIIC	Letebarer 2/8/	griature		Date	i -	Check	4 lif ['			

GLENN R. WINTER, CPA 11 13 19 self employed P00287362 Paid GLENN R. WINTER, CPA Firm's EIN 14-1767196 Preparer T M BYXBEE CO., CPAS, NY, P.C. **Use Only** Firm's address 18 COMPUTER DRIVE EAST STE 101 ALBANY, NY 12205-1111 (518) 458-2213

BAA

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545 0047

2018

Name of the organization		Employer identification number
THE CARLILIAN FOUNDATION		14-6049444
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> tre	ated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	l as a private foundation
	501(c)(3) taxable private foundation	•
	So i (c)(c) taxable private loanidation	
Check if your organization is covered by the Genera	I Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Ru	le and a Special Rule. See instructions.
General Rule		
	Z, or 990-PF that received, during the year, contrib	utions totaling \$5,000 or more (in money or
property) from any one contributor Comple	ete Parts I and II. See instructions for determining	a contributor's total contributions.
Special Rules		
For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-	1/3% support test of the regulations
received from any one contributor, during t	that checked Schedule A (Form 990 or 990-EZ), Part I he year, total contributions of the greater of (1) \$5	,000, or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1 Complete Parts I and II	
For an organization described in section 50	1(c)(7) (8) or (10) filing Form 990 or 990-FZ that	received from any one contributor
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that than \$1,000 exclusively for religious, charitable, so	cientific, literary, or educational
contributor name and address), II, and III	o children or animals. Complete Parts I (entering 'N	I/A in column (b) instead of the
	(1(c)(7), (8), or (10) filing Form 990 or 990-EZ that or religious, charitable, etc., purposes, but no such	
	ne total contributions that were received during the	
	ny of the parts unless the General Rule applies to	
it received nonexclusively religious, charital	ble, etc., contributions totaling \$5,000 or more duri	ng the year
Caution: An organization that isn't covered by	the General Rule and/or the Special Rules doesn't	file Schedule B (Form 990, 990-EZ, or
990-PF), but it must answer 'No' on Part IV. Iir	ne 2. of its Form 990, or check the box on line H of	its Form 990-EZ or on its Form 990-PF.
	filing requirements of Schedule B (Form 990, 990-	
BAA For Paperwork Reduction Act Notice, see the instru	actions for Form 990, 990-EZ, or 990-PF. Sci	hedule B (Form 990, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018)		1 1 Page 2
Name of org	ARLILIAN FOUNDATION	, , ,	er identification number 049444
Part I.	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TR U/W C W CARL JR F/B/O H SLEIGHT  3 SARNOWSKI DRIVE  GLENVILLE, NY 12302	\$560,042.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )

Name of organization		Employer Identification (Idinber
THE CARLILIAN FOUR	DATION	14-6049444

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A	-	
	  \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-    \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	    \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	    \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	  \$ 	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	
	N/A  Description of noncash property given  Description of noncash property given	N/A

2018	FEDERAL STATEMENTS	PAGE 1
CLIENT 810062	THE CARLILIAN FOUNDATION	14-6049444
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES	(A) (B) NET (C)	(D)
LEGAL FEES	EXPENSES INVESTMENT ADJUSTED NET INCOME  \$ 11,238. TOTAL \$ 11,238. \$ 0. \$ 0.	CHARITABLE PURPOSES
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  TOTAL \$ 2,000. \$ 0. \$ 0. \$	(D) CHARITABLE PURPOSES 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
FOREIGN TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 126. TOTAL \$ 126. \$ 0. \$ 0. \$	(D) CHARITABLE PURPOSES  0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
GRANT MANAGEMENT COSTS INSURANCE OFFICE EXPENSE STATE FILING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 7,500. 2,837. 4,344. 250.  TOTAL \$ 14,931. \$ 0. \$ 0. \$	·

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## **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 810062** 

#### THE CARLILIAN FOUNDATION

14-6049444

#### STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD	 BOOK VALUE	FAIR MARKET VALUE
TRUSTCO BANK GENERAL ELECTRIC COMPANY	COST COST	\$ 41,471. 17,887.	\$ 70,363. 10,276.
WELLINGTON FUND	COST	1,244,929.	1,436,598.
VANGUARD MID-CAP INDEX FUND	COST	64,831.	119,528.
VANGUARD SM-CAP INDEX FUND	COST	65,238.	120,303.
VANGUARD TOTAL INTL STOCK INDEX FUND	COST	26,472.	25,386.
VANGUARD TOTAL INTL STOCK INDEX FUND	COST	26,182.	25,129.
WELLINGTON FUND	COST	994,393.	1,302,593.
VANGUARD MID-CAP INDEX FUND	COST	63,831.	117,636.
VANGUARD SM-CAP INDEX FUND	COST	64,224.	118,361.
GENERAL ELECTRIC COMPANY	COST	29,107.	16,030.
BERKSHIRE HATHAWAY INC.	COST	24,980.	40,836.
BERKSHIRE HATHAWAY INC.	COST	 <u>49,960.</u>	<u>81,672.</u>
	TOTAL	\$ 2,713,505.	\$ 3,484,711.

#### STATEMENT 6 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
JOEL HELFMAN 1560 REGENT STREET NISKAYUNA, NY 12309	CHAIRMAN 1.00	\$ 0.	\$ 0.	\$ 0.
VICTORIA J. GOLD 1560 REGENT STREET NISKAYUNA, NY 12309	SECRETARY 1.00	0.	0.	0.
CYNTHIA SHULTZ 1560 REGENT STREET NISKAYUNA, NY 12309	HONORARY TRUST	0.	0.	0.
HEATHER WARD 1560 REGENT STREET NISKAYUNA, NY 12309	HONORARY TRUST	0.	0.	0.
ROBERT CARREAU 1560 REGENT STREET NISKAYUNA, NY 12309	TRUSTEE 1.00	0.	0.	0.
RICHARD A. FUERST 1560 REGENT STREET NISKAYUNA, NY 12309	TREASURER 1.50	0.	0.	0.

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#### FEDERAL STATEMENTS

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**CLIENT 810062** 

#### THE CARLILIAN FOUNDATION

14-6049444

STATEMENT 6 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVE E. STRICHMAN 1560 REGENT STREET NISKAYUNA, NY 12309	TRUSTEE 1.00	\$ 0.	\$ 0.	\$ 0.
ALYSA BALL ARNOLD 1560 REGENT STREET NISKAYUNA, NY 12309	TRUSTEE 1.00	0.	0.	0.
	TOTAL	\$ 0.	<u>\$ 0.</u>	\$ 0.

# **STATEMENT 7** FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

ROBERT A. CARREAU

CARE OF:

2488 BROOKSHIRE DRIVE NISKAYUNA, NY 12309

STREET ADDRESS: CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

AN APPLICATION MUST BE COMPLETED INDICATING THE USE AND

AMOUNT OF THE REQUESTED FUNDS, TOGETHER WITH THE ORGANIZATION'S 501(C)(3) STATUS AND IDENTIFICATION NUMBER,

SUBMISSION DEADLINES:

IF ANY.
DECEMBER 1; MARCH 1; JUNE 1; SEPTEMBER 1
AT LEAST 25% OF MEMBERS, OR THOSE SERVED, MUST BE
RESIDENTS OF SCHENECTADY COUNTY, NEW YORK RESTRICTIONS ON AWARDS:

#### **STATEMENT 8** FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
ROSE GARDEN RESTORATION COMMITTEE PO BOX 3815 SCHENECTADY NY 12303	NONE	501 (C) (3)	MAINTAIN ROSE GARDEN	\$ 177,217.
SUNNYVIEW FOUNDATION 1270 BELMONT AVE SCHENECTADY NY 12308	NONE	501 (C) (3)	WHEELCHAIRS	20,000.

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#### STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
BOYS AND GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY NY 12301	NONE	501 (C) (3)	QUAKENBUSH	\$ 25,000.
EMPIRE STATE YOUTH ORCHESTRA 432 STATE STREET #230 SCHENECTADY NY 12305	NONE	501 (C) (3)	TECHNOLOGY UPGRADE	2,500.
MUSIC HAVEN 1929 UNION STREET SCHENECTADY NY 12309	NONE	501 (C) (3)	DIGITAL SPEAKERS	10,000.
SCHENECTADY FOUNDATION 376 BROADWAY SCHENECTADY NY 12305	NONE	501 (C) (3)	THRIVING NEIGHBORHOODS CHALLANGE	20,000.
FRIENDS OF GREENHOUSE, INC. PO BOX 1377 SCHENECTADY NY 12301	NONE	501 (C) (3)	STORAGE SHED CONSTRUCTION	12,500.
CITY OF SCHENECTADY 105 JAY STREET SCHENECTADY NY 12305	NONE	501 (C) (3)	GOOSEHILL SENIOR GARDEN AND VETERAN'S MEMORIAL	6,000.
SCCC FOUNDATION 78 WASHINGTON AVE SCHENECTADY NY 12305	NONE	501 (C) (3)	GARDEN/WALKING PATH BEAUTIFICATION PROJECT	10,000.
			TOTAL	\$ 283,217.