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DLN: 93491211002179

OMB No 1545-0052

2018

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-	2018	, aı	nd er	nding 12-31-	2018	
		Indation				A Employer id	entification numbe	er
11	EKCS	MITH FOUNDATION INC				20-1893940		
		d street (or P O box number if mail is not delivered to street addre MAIN STREET PO BOX 552	ess) Roon	n/suite		B Telephone nu	mber (see instructio	ins)
3) WEST	MALIN STREET FO BOX 332				(607) 336-5850)	
		n, state or province, country, and ZIP or foreign postal code NY 13815				C If exemption	application is pendir	ng, check here
G Cl	neck al	l that apply 🔲 Initial return 🔲 Initial return of	f a forme	r public charity		D 1. Foreign or	ganizations, check h	ere . \square
		☐ Final return ☐ Amended retu	rn				ganizations meeting	
		Address change Name change					k here and attach co	–
H C	neck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt priva	te founda	ation			ındatıon status was n 507(b)(1)(A), che	
<u></u>	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxa	able priva	ate foundation				
		xet value of all assets at end J Accounting method	✓ C:	ash 🗌 Accru	al		ation is in a 60-mont	
		from Part II, col (c), ▶\$ 16,417,178 (Part I, column (d) mix	ust be on	cash basis)		under sectio	n 507(b)(1)(B), che	ck here
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	(c) Adjusted net	for charitable
		equal the amounts in column (a) (see instructions))		books		income	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)						
	2	Check ► ✓ If the foundation is not required to attach						
	_	Sch B	.					
	3	Interest on savings and temporary cash investments		F20 407		520 407		
	4	Dividends and interest from securities	·	528,407		528,407		
	5a b	Net rental income or (loss)	·					
a.	6a	Net gain or (loss) from sale of assets not on line 10	_	199,094				
Ĭ		• , ,						
Revenue	b	Gross sales price for all assets on line 6a5,871,9	910					
ĕ	7	Capital gain net income (from Part IV, line 2)	•			199,094		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances	ļ					
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)	'					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		727,501		727,501		
	13	Compensation of officers, directors, trustees, etc		45,990		22,995		22,995
	14	Other employee salaries and wages	·					
ses	15	Pension plans, employee benefits	·					
ē	16a	Legal fees (attach schedule)						
Expenses	b	Accounting fees (attach schedule)	· •	6,900				6,900
/e	С	Other professional fees (attach schedule)	• •	106,816		106,816		
and Administrative	17	Interest	06-1	2==		2=-		
<u> </u>	18	Taxes (attach schedule) (see instructions)	· 🕦	873		873		
Ξ	19	Depreciation (attach schedule) and depletion	·					
들	20	Occupancy	·					
5	21	Travel, conferences, and meetings	'					
	22	Printing and publications		40.610	_	2.45		10.41
Ĕ	23	Other expenses (attach schedule)	• •	13,612		3,167		10,445
Operating	24	Total operating and administrative expenses.		474404		100.051		40.040
<u>ಹ</u>	35	Add lines 13 through 23	·	174,191		133,851		40,340
_	25	Contributions, gifts, grants paid	`. 	852,038	-			852,038
	26	Total expenses and disbursements. Add lines 24 and 25	a	1,026,229		133,851		892,378
	27	Subtract line 26 from line 12		· · · · ·				
	а	Excess of revenue over expenses and disbursements		-298,728				
	ь	Net investment income (if negative, enter -0-)		230,720		593,650		
	c	Adjusted net income (if negative, enter -0-)				333,030		
Ea-	Dane-	work Doduction Act Notice see instructions						000 PF (2242)

Form 990-PF (2018) Page 2 Attached schedules and amounts in the description column Beginning of year End of year Part II Balance Sheets 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 589,420 857,621 857,621 630,759 2 Savings and temporary cash investments 306,621 306,621 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ Pledges receivable 4 Less allowance for doubtful accounts ▶ Grants receivable 5 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)

962,040

500,156

2,629,903

13.091.166

18,403,444

18,403,444

18,403,444

18,403,444

813,187

484,571

2,613,958

11.341.220

16,417,178

16,417,178

16,417,178

16,417,178

18,403,444

18,104,716

1,687,538

16,417,178

Form **990-PF** (2018)

-298,728

1

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813,187

2,613,958

11.341.220

16,417,178

484,571

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Assets	9
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Part III

2

3

4

Liabilities

Fund Balances

ō

Net Assets

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

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

Accounts payable and accrued expenses

Deferred revenue

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

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).

Total liabilities(add lines 17 through 22)

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Temporarily restricted Permanently restricted . .

Page **3**

		the kınd(s) of property sold (e g , house, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED SECURI	TIES - NBT		Р	2015-01-01	2018-01-01
b	PUBLICLY TRADED SECURI	TIES - LB		Р	2015-01-01	2018-01-01
С	PUBLICALLY TRADED SECU	RITIES - WF		Р	2015-01-01	2018-01-01
d	500 TC PIPELINES, LP - LB			Р	2015-01-01	2018-07-23
e	Capital Gain Dividends					
	(e) Gross sales price	(f) Depreciation allowed		(g) other basis	Gain o	h) r (loss)
	Cross sales price	(or allowable)	plus exp	pense of sale	(e) plus (f) minus (g)
a	2,538,	518		2,479,598		58,920
b	2,568,8	833		2,546,479		22,354
С	662,	711		625,976	i	36,735
d	17,4	480		20,763	i l	-3,283
е						84,368
	Complete only for assets sl	howing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Exces	(k) s of col (ı) bl (j), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
а						58,920
b						22,354
С						36,735
d						-3,283
e						·
2	Capital gain net income or	, , ,	If (loss), enter -0- in	Part I, line 7	2	199,094
	Net short-term capital gai If gain, also enter in Part in Part I, line 8	n or (loss) as defined in sections 1 I, line 8, column (c) (see instructions 1	1222(5) and (6) ons) If (loss), enter -	0-	3	199,094
3 Part	Net short-term capital gai If gain, also enter in Part in Part I, line 8	n or (loss) as defined in sections 1 I, line 8, column (c) (see instruction of the column (c)) der Section 4940(e) for Re	1222(5) and (6) ons) If (loss), enter -	0- 	3 come	199,094
3 Part For op	Net short-term capital gain If gain, also enter in Part in Part I, line 8 V Qualification Unstional use by domestic private in Part I and I are the private in Part I and I are the private in Part I are the part I are	n or (loss) as defined in sections 1 I, line 8, column (c) (see instruction	1222(5) and (6) ons) If (loss), enter -	0- 	3 come	199,094
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Part For op f secti Was th f "Yes	Net short-term capital gain If gain, also enter in Part I in Part I, line 8 V Qualification Unitional use by domestic privion 4940(d)(2) applies, leave e foundation liable for the site the foundation does not desire the soundation does not desired.	n or (loss) as defined in sections 1 I, line 8, column (c) (see instruction of the section 4940(e) for Refer to the section 4942 tax on the distributal qualify under section 4940(e) Do	table amount of any year not complete this par	0- t Investment In net investment incon ir in the base period	3 come ne)	
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Part For op f secti Vas th f "Yes 1 Bas	Net short-term capital gain If gain, also enter in Part I in Part I, line 8 V Qualification Unitional use by domestic privational use by domestic privational use by domestic privational use foundation liable for the self-the foundation does not contact the appropriate amount (a) e period years Calendar	n or (loss) as defined in sections 1 I, line 8, column (c) (see instruction of the section 4940(e) for Research foundations subject to the section 4942 tax on the distributal qualify under section 4940(e) Dount in each column for each year,	L222(5) and (6) cons) If (loss), enter - cduced Tax on Ne ction 4940(a) tax on ne cole amount of any yea not complete this par see instructions befor	t Investment In iet investment incom ir in the base period t e making any entrie	come ne) 2	es 🗸 No
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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	✓ 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 b	If yes, did the foundation receive a				⊥ res ⊔	✓ No	7b		No
8	Is the foundation subject to the sec		· · · · · · · · · · · · · · · · · · ·				 		- ''
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) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans a 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 more than \$50,000	paid	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred		Expen ther all		
			devoted to position		compensation				
NON	E								
Tota	I number of other employees paid or	er \$5	0,000		<u> </u>				
						Fo	rm 99 1	0-PF	(201

Form 990-PF (2018)		Page 7
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		•
Iotal. Add lines 1 through 3		Form 990-PF (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

2

3a 3h

4

5

892.378

892,378

Form 990-PF (2018)

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

2018

Page 9

840,976

840.976

Form **990-PF** (2018)

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

b Total for prior years

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

d From 2016. . . .

e From 2017.

From 2013.

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 —see instructions 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) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

d Excess from 2017. . .

e Excess from 2018. .

c Excess from 2016. . . .

b Excess from 2015. .

Subtract lines 7 and 8 from line 6a

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).

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

60,354

86 896

60.354 86,896

226.841

60.702

51.402

226.841 60,702 (a)

Corpus

434.793

51.402

486,195

486,195

(b)

Years prior to 2017

(c)

CHARITABLE AND RELIGIOUS PURPOSES BENEFITING THE PEOPLE OF CHENANGO COUNTY



Form 990-PF (2018)					Page 12
Part XVI-A Analysis of Income-Pi	oducing Activities				
Enter gross amounts unless otherwise indicate	ed Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a	_				
b					
c					
e					
f					
g Fees and contracts from government ag2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities.5 Net rental income or (loss) from real estate			14	528,407	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal7 Other investment income.	property				
8 Gain or (loss) from sales of assets other t	han				
inventory			18	199,094	
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventor	Dr.V				
11 Other revenue a	Si y				
b	_				
cd					
e	_				
12 Subtotal Add columns (b), (d), and (e).				727,501	
13 Total. Add line 12, columns (b), (d), and			1	3	727,501
(See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instructions to very selection of Activity (See worksheet in line 13 instruction)		ment of Exem	npt Purposes		
Line No. Explain below how each activity the accomplishment of the foun instructions)					
				Fo	rm 990-PF (2018)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable		/
Exempt Organizations	Ή	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVI	Exempt Organi	zations				•				
	rganization directly or in r than section 501(c)(3)						on 501	Yes	No	
a Transfers	from the reporting foun	dation to a nor	ncharitable exe	empt organization	of					
(1) Cash	h						. 1a(1)		No	
(2) Othe	er assets						. 1a(2)		No	
b Other transactions										
	es of assets to a nonchari	•	-				. 1b(1)		No	
	chases of assets from a n						1b(2)		No	
` '	tal of facilities, equipmer	•					1b(3)		No	
	nbursement arrangemen						. 1b(4)		No	
	ns or loan guarantees.						. 1b(5)		No	
• •	ormance of services or m	•	-				. 1b(6)		No No	
-	of facilities, equipment, n swer to any of the above		•						NO	
of the go in any tra	ods, other assets, or ser ansaction or sharing arra	vices given by ngement, shov	the reporting f v in column (d	foundation If the f i) the value of the	foundation recei goods, other as	ved less than fair mark sets, or services receiv	ket value ved			
a) Line No	(b) Amount involved	(c) Name of no	oncharitable exer	mpt organization	(d) Description	of transfers, transactions,	and sharing arrai	ngement	ts	
	undation directly or indire	•	•	•			es 🔽 No			
	in section 501(c) (other complete the following so		501(c)(3)) or i	n section 5277.			S 🖭 140			
D II Tes,	(a) Name of organization		l (b) Type of organizatio	n I	(c) Description	of relationship			
	(2) Hamb of or gameato	···		, , , po or organization		(0) 2 303				
	der penalties of perjury,									
I	my knowledge and belief ich preparer has any kno	y knowledge and belief, it is true, correct, and com h preparer has any knowledge			nplete Declaration of preparer (other than taxpayer) is			mation	of	
Sign	*****	-						scuss th	15	
lere 👠	****	*****		2019-07-26	\		return with the prepar	er show	/n	
	Signature of officer or ti	Signature of officer or trustee		Date	Title		below	_		
	Signature of officer of the	datee		Date	ride		(see instr)?	∠ _{Yes} [□No	
	Print/Type preparer's	name F	reparer's Sign	nature	Date	-	PTIN			
			. 3			Check if self-	P00005	268		
	ROY E FULLER CPA					employed ▶ 🔲	F00003	200		
Paid										
Prepare	Third Strainer Harv	er & Lyons PC			•	F	- Fırm's EIN ▶16-	11525	52	
Jse Only		Box 190 5862	County Rd 32)						
			·	_			Phone no (607)	336-8	3908	
	No	Norwich, NY 13815						hone no (607) 336-8908		

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 ST PAULS CATHOLIC CHURCH NONE PC CHURCH NEEDS AND PROGRAMS 180,000 30 PLEASANT STREET NODWICH NV 1201E

NORWICH, NT 13015				
HOLY FAMILY CATHOLIC CHURCH 17 PROSPECT ST NORWICH, NY 13815	NONE	PC	STUDENT SCHOLARSHIPS, RELIGIOUS EDUCATION INSTRUCTION AND FACILITY NEEDS	180,000

NORWICH, NY 13815			INSTRUCTION AND FACILITY NEEDS	
CATHOLIC CHARITIES OF CHENANGO COUN 3 OHARA DRIVE	NONE	PC	DRIVEWAY REPAIRS	10,0

NORWICH, NY 13815			INSTRUCTION AND FACILITY NEEDS	
CATHOLIC CHARITIES OF CHENANGO COUN 3 OHARA DRIVE	NONE	PC	DRIVEWAY REPAIRS	10,0

·			NEEDS	
CATHOLIC CHARITIES OF CHENANGO COUN 3 OHARA DRIVE NORWICH, NY 13815	NONE	PC	DRIVEWAY REPAIRS	10,000

LOUN		
3 OHARA DRIVE		
NORWICH, NY 13815		

3 OHARA DRIVE NORWICH, NY 13815		
Total	 ▶ 3a	852,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EMMANUAL EPSICOPAL CHURCH NONE PC HEATING ASSISTANCE 10,000

EMMANUAL EPISCOPAL CHURCH 37 W MAIN STREET NORWICH, NY 13815 NONE PC MILK VOUCHERS 6	37 W MAIN STREET NORWICH, NY 13815			PROGRAM	
	37 W MAIN STREET	NONE	PC	MILK VOUCHERS	6,0

37 W MAIN STREET NORWICH, NY 13815	NONE	FC	MIER VOOCHERS	0,000
NORWICH BUSINESS IMPROVEMENT DISTRI 1 CITY PLAZA	NONE	PC	PUMPKIN FESTIVAL, FREE MOVIES IN THE PARK, CHRISTMAS LIGHTS	15,000

NORWICH, NY 13815				
NORWICH BUSINESS IMPROVEMENT DISTRI 1 CITY PLAZA NORWICH, NY 13815	NONE	PC	PUMPKIN FESTIVAL, FREE MOVIES IN THE PARK, CHRISTMAS LIGHTS	15,000
Total			▶ 3a	852,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation 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 CHENANCO COUNTY BLUEC FECT NONE CLIDDODT CONCEDT CEDIES 1 E 000

54 BORDEN AVE B22 NORWICH, NY 13815	NONE	PC	SUPPORT CONCERT SERIES	15,000
HOSPICE PALIATIVE CARE OF CC	NONE	PC	PURCHASE PATIENT MEDICATION AND SUPPLIES	15,000

HOSPICE PALIATIVE CARE OF CC 21 HAYES ST NORWICH, NY 13815	NONE	PC	PURCHASE PATIENT MEDICATION AND SUPPLIES	15,000

NORWICH, NY 13815			MEDICATION AND SUFFEILS	
CITY OF NORWICHONE CITY PLAZA	NONE	GOV	SUMMER CONCERTS	1,430

CITY OF NORWICHONE CITY PLAZA	NONE	GOV	SUMMER CONCERTS	1
IODMICH NV 1201E				ĺ

Total .

NORWICH, NY 13815		,	

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

or substantial contributor

Name and address (home or business)

				6.010
COMMON CENTS THRIFT SHOP 64 NORTH CANAL STREET NORWICH, NY 13815	NONE	PC	FOOD PANTRY	10,000
a Paid during the year				

recipient

	<u> </u>			
NORWICH JUNIOR FOOTBALL INC 287 AURORA DRIVE NORWICH, NY 13815	NONE	PC	PURCHASE EQUIPMENT	6,610
NORWICH CITY SCHOOLS	NONE	GOV	HOLIDAY CLOTHING PROGRAM	3,000

	NORWICH JUNIOR FOOTBALL INC 287 AURORA DRIVE NORWICH, NY 13815	NONE	PC	PURCHASE EQUIPMENT	6,61
ı	NORWICH CITY SCHOOLS 89 MIDLAND DRIVE NORWICH NV 13815	NONE	GOV	HOLIDAY CLOTHING PROGRAM	3,00

287 AURORA DRIVE NORWICH, NY 13815				5,525
NORWICH CITY SCHOOLS 89 MIDLAND DRIVE NORWICH, NY 13815	NONE	GOV	HOLIDAY CLOTHING PROGRAM	3,000
Total			▶ 3a	852,038

HORMICH, III 15015				
NORWICH CITY SCHOOLS 89 MIDLAND DRIVE NORWICH, NY 13815	NONE	GOV	HOLIDAY CLOTHING PROGRAM	3,000

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)

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

or substantial contributor

Total .

	or substantial continuator			
a Paid during the year				
UHS CHENANGO MEMORIAL HOSPITAL INC	NONE	PC	NURSING HOME EQUIPMENT AND RENOVATE PHARMACY	55,000

179 NORTH BROAD STREET NORWICH, NY 13815			RENOVATE FRANCISCI	
CHENANGO ARTS COUNCIL 27 W MAIN STREET 8	NONE	PC	PERFORMANCE/WORKSHOP	4,000

NORWICH, NT 13615				
CHENANGO ARTS COUNCIL 27 W MAIN STREET 8 NORWICH, NY 11381	NONE	PC	PERFORMANCE/WORKSHOP	4,000
CHENANGO SPCA6160 COUNTY RD 32	NONE	PC	FOUIPMENT	9.556

27 W MAIN STREET 8 NORWICH, NY 11381	NONE	PC	PERFORMANCE/ WORKSHOP	4,000
CHENANGO SPCA6160 COUNTY RD 32	NONE	PC	EQUIPMENT	9,556

NORWICH, NY 11381				
CHENANGO SPCA6160 COUNTY RD 32 NORWICH, NY 13815	NONE	PC	EQUIPMENT	9,556

CHENANGO SPCA6160 COUNTY RD 32 NON IORWICH, NY 13815	ONE	PC	EQUIPMENT	9,5
---	-----	----	-----------	-----

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CATHOLIC CHARITIES OF DELAWARE NONE PC VICTIM IMPACT PANEL 3,300

176 MAIN STREET ONEONEONTA, NY 13820				
HOLY FAMILY SCHOOL 17 PROSPECT STEET NORWICH, NY 13815	NONE	PC	PLAYGROUND, BOILER	50,000

HOLY FAMILY SCHOOL 17 PROSPECT STEET NORWICH, NY 13815	NONE	PC	PLAYGROUND, BOILER	50,000
ST BARTHOLOMEW'S CHURCH 30 PLEASANT STREET NORWICH NY 13815	NONE	PC	YOUTH EVANGELIZATION	1,000

ST BARTHOLOMEW'S CHURCH NONE PC YOUTH EVANGELIZATION 1,000 1	NORWICH, NY 13815				
	30 PLEASANT STREET	NONE	PC	YOUTH EVANGELIZATION	1,000

ST BARTHOLOMEW'S CHURCH 30 PLEASANT STREET NORWICH, NY 13815	NONE	FC	YOUTH EVANGELIZATION	1,000
Total			▶ 3a	852,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ST THERESA'S CATHOLIC CHURCH

Total .

NONE

24 N MAIN STEET NEW BERLIN, NY 13411				ŕ
ST PAUL'S EPISCOPAL CHURCH OXFORD 32 F MAIN STREET	NONE	PC	MEAL PROGRAM	3,250

PC

HELP NEEDY

3,536

ST PAUL'S EPISCOPAL CHURCH OXFORD 32 E MAIN STREET OXFORD, NY 13830	NONE	PC	MEAL PROGRAM	3,250
THE IMPACT PROJECT 4 CLINTON STREET	NONE	PC	HOME REPAIRS FOR LOW INCOME HOUSING	25,000

32 E MAIN STREET OXFORD, NY 13830				
THE IMPACT PROJECT 4 CLINTON STREET GREENE, NY 13778	NONE	PC	HOME REPAIRS FOR LOW INCOME HOUSING HOMEOWNERS	25,000

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

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

NONE

YMCA OF NORWICH

NORWICH, NY 13815

Total .

68 N BROAD STREET NORWICH, NY 13815				
CHASE HEALTH REHAB RESIDENCE CENTER 1 TERRACE HEIGHTS PO BOX 250 NEW BERLIN, NY 13411	NONE	PC	WATER CONTROLS	10,765

PC

GUS MACKER

2,000

CHASE HEALTH REHAB RESIDENCE CENTER 1 TERRACE HEIGHTS PO BOX 250 NEW BERLIN, NY 13411	NONE	PC	WATER CONTROLS	10,765
NORWICH CITY YOUTH BUREAU ONE CITY PLAZA	NONE	GOV	YOUTH PROGRAMS	4,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation 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 CO1/

PO BOX 192 OXFORD, NY 13830	NONE	GOV	YOUTH EMPLOYMENT PROGRAM	27,519
6 ON THE SQUARE6 LAFAYETTE PARK OXFORD, NY 13830	NONE	PC	FREE CONCERTS	1,894

,				
6 ON THE SQUARE6 LAFAYETTE PARK OXFORD, NY 13830	NONE	PC	FREE CONCERTS	1,894
THE PLACE PO BOX 509 22 EAST MAIN STREET NORWICH, NY 13815	NONE	PC	Youth Philantropy Council	15,000

OXFORD, NY 13830				,
THE PLACE PO BOX 509 22 EAST MAIN STREET NORWICH, NY 13815	NONE	PC	Youth Philantropy Council	15,000
Total				852,038

Recipient
Recipi

NONE

AMEDICAN LECTON DOST 180

29 SHELDON STREET NORWICH, NY 13815	NONE	NC	EQUIFMENT	1,500
CHENANGO RIVER THEATERPO BOX 584 GREENE, NY 13778	NONE	PC	PERFORMING ARTS	5,000
OXFORD METHODIST CHURCH	NONE	PC	WEEKEND MEALS PROGRAM	3.000

I NC

ECHIDMENT

GREENE, NY 13778				
OXFORD METHODIST CHURCH PO BOX 506 OXFORD, NY 13830	NONE	PC	WEEKEND MEALS PROGRAM	3,000
Total			▶ 3a	852,038

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

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
BANDERA FAMILY COMMUNITY ALLIANCE 3015 HOWLETT HILL RD	NONE	PC	CHRISTMAS DINNER	5,000

recipient

CAMILLUS, NY 13031				
NORTHEAST CLASSIC CAR MUSEUM 24 REXFORD ST NORWICH, NY 13815	NONE	PC	BANNERS	2,500

NORTHEAST CLASSIC CAR MUSEUM 24 REXFORD ST NORWICH, NY 13815	NONE	PC	BANNERS	2,500
COLORSCAPEPO BOX 624	NONE	PC	FESTIVAL	7,000

NORTHEAST CLASSIC CAR MUSEUM 24 REXFORD ST NORWICH, NY 13815	NONE	PC	BANNERS	2,500
COLORSCAPEPO BOX 624	NONE	PC	FESTIVAL	7,000

NORWICH, NY 13815				
COLORSCAPEPO BOX 624 NORWICH, NY 13815	NONE	PC	FESTIVAL	7,000

COLORSCAPEPO BOX 624	NONE	PC	FESTIVAL	7
NORWICH, NY 13815				

Recipient Purpose of grant or If recipient is an individual, Foundation 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 EARLVILLE OPERA HOUSE NONE PC PERFORMING ARTS SERIES 7.000 18 EAST MAIN STREET/PO BOX 111 EARLVILLE, NY 13332

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

FORT HILL AMERICAN LEGION POST 376 3712 STATE HIGHWAY 220 OXFORD, NY 13830	NONE	NC	ROOF REPAIRS	12,000
CANASAWACTA VALLEY FREE METHODIST C	NONE	PC	RAMP	2,700

OXFORD, NY 13830				
CANASAWACTA VALLEY FREE METHODIST C 4299 STATE HIGHWAY 23 NORWICH, NY 13815	NONE	PC	RAMP	2,700

Total . .

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MOORE MEMORIAL LIBRARY NONE PC REPAIR ELEVATOR 1,500 59 GENESEE LIBRARY

GREENE, NY 13778				
OXFORD ACADEMY AND CENTRAL SCHOOL PO BOX 192 OXFORD, NY 13830	NONE	GOV	READINESS BOX PROGRAM	3,000

PO BOX 192 OXFORD, NY 13830				
ST BARTHOLOMEW'S CHURCH 30 PLEASANT STREET NORWICH, NY 13815	NONE	PC	REPOINT CHURCH AND ROOF REPAIRS	120,000
Total			▶ 3a	852,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation 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				
ST PAUL'S EPISCOPAL CHURCH OXFORD	NONE	PC	PAINTING/REPAIRS	8,058

32 E MAIN STREET OXFORD, NY 13830				
WSKG601 GATES ROAD	NONE	PC	PROGRAMMING	5,000

OXFORD, NY 13830				
WSKG601 GATES ROAD VESTAL, NY 13850	NONE	PC	PROGRAMMING	5,000

WSKG601 GATES ROAD VESTAL, NY 13850	NONE	PC	PROGRAMMING	5,000

852,038

Total.

efile GRAPHIC print - DO NOT I	PROCESS	As Filed D	ata -	DL	N: 93491211002179	
TY 2018 Accounting Fees Schedule						
_						
	NI	THE D.C.	CALTU FOUNDATIO	ANI TAIC		
	Name:	THERC	SMITH FOUNDATIO	ON INC		
EIN: 20-1893940						
Software ID: 18007218						
Software Version: 2018v3.1						
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
AUDIT & TAX PREP FEES		6,900	0	0	6,900	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLi	N: 93491211002179
TY 2018 Other Expenses Sche	dule:			
Name:	THE R C SMITH	FOUNDATION INC	С	
EIN:	20-1893940			
Software ID:	18007218			
Software Version:	2018v3.1			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GIFTS	261	1		261
INSURANCE	1,200			1,200
MEMBERSHIPS	1,685			1,685
NYS FEE	750			750
POSTAGE AND OFFICE EXPENSE	9,327	3,167		6,160

WEBSITE

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 934912110021 7 9	
TY 2018 Other Professional Fees Schedule					
Na	me: THE R C SM	ITH FOUNDATION	INC		
E	IN: 20-1893940	1			
Software ID: 18007218					
Software Version: 2018v3.1					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ADVISORY FEES	106,816	106,816	0	0	

efile GRAPHIC print - DO NOT PR	OCESS	As Filed Data	-	DL	N: 93491211002179
TY 2018 Taxes Schedule	9				
ı	Name:	THE R C SM	ITH FOUNDATION	INC	
	EIN:	20-1893940	ı		
Softwa	are ID:	18007218			
Software Ve	ersion:	2018v3.1			
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES		873	873		