

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
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 www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation THE SPREAD COMPASSION FOUNDATION		A Employer identification number 47-7005429	
Number and street (or P.O. box number if mail is not delivered to street address) 252 STONEHENGE DRIVE		B Telephone number (see instructions) (716) 860-3189	
City or town, state or province, country, and ZIP or foreign postal code ORCHARD PARK, NY 14127		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>14,337</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	3,625			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1		1	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	3,626		1		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	4		4	4
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	153		28	153
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	471			471
	24 Total operating and administrative expenses. Add lines 13 through 23	628		32	628
	25 Contributions, gifts, grants paid	20,043			20,043
26 Total expenses and disbursements. Add lines 24 and 25	20,671		32	20,671	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-17,045				
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	29,596	12,654	12,654
	2 Savings and temporary cash investments	1,686	1,683	1,683
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	100		
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	31,382	14,337	14,337	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	31,382	14,337	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	31,382	14,337		
31 Total liabilities and net assets/fund balances (see instructions) .	31,382	14,337		

Part III Analysis of Changes in Net Assets or Fund Balances			
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)		1	31,382
2 Enter amount from Part I, line 27a		2	-17,045
3 Other increases not included in line 2 (itemize) ▶ _____		3	
4 Add lines 1, 2, and 3		4	14,337
5 Decreases 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), line 30 .		6	14,337

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	3	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	27,700	47,358	0.584906
2016	14,048	15,171	0.925977
2015	16,007	10,995	1.455844
2014			
2013			
2 Total of line 1, column (d)			2.966727
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.988909
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			24,815
5 Multiply line 4 by line 3			24,540
6 Enter 1% of net investment income (1% of Part I, line 27b)			
7 Add lines 5 and 6			24,540
8 Enter qualifying distributions from Part XII, line 4			20,671

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and total credits and payments. Total amount owed is 100, with 100 overpaid and 100 credited to 2019 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, unrelated business income, and substantial contributors. Includes Yes/No columns for each question.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distribution to donor advised funds, public inspection requirements, and books in care of.

Located at 252 STONEHENGE DRIVE ORCHARD PARK NY ZIP+4 14127

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1	
2	
3	
4	

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	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	25,143
c	Fair market value of all other assets (see instructions).	1c	50
d	Total (add lines 1a, b, and c).	1d	25,193
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	25,193
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	378
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	24,815
6	Minimum investment return. Enter 5% of line 5.	6	1,241

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,241
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,241
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,241
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,241

Part XII 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	20,671
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).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	20,671
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	20,671

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,241
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.			15,457	
d From 2016.			13,289	
e From 2017.			25,360	
f Total of lines 3a through e.	54,106			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>20,671</u>				
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).				
d Applied to 2018 distributable amount.				1,241
e Remaining amount distributed out of corpus	19,430			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	73,536			
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				0
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).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	73,536			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.			15,457	
c Excess from 2016.			13,289	
d Excess from 2017.			25,360	
e Excess from 2018.			19,430	

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

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

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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

MARTHA CIPRIANI
252 STONEHENGE DRIVE
ORCHARD PARK, NY 14127
(716) 860-3189
SHELTONMARTHA87@GMAIL COM

b The form in which applications should be submitted and information and materials they should include

A FORM LISTING REASON FOR FINANCIAL DIFFICULTY SHOULD BE SUBMITTED IT SHOULD BE ACCOMPANIED BY A CASEWORKER'S STATEMENT AND A DISCLOSURE OF PERSONAL BALANCE SHEET AND SOURCES OF INCOME AND SUMMARY OF ANNUAL EXPENSES GENERALLY THE RECIPIENTS ARE PEOPLE SUFFERING FINANCIAL DIFFICULTIES AS A RESULT OF UNINSURED LARGE MEDICAL EXPENSES WHICH EITHER HAVE LIMITED THE ABILITY TO WORK OR HAVE OVERWHELMED THE ABILITY OF THE FAMILY TO STAY SOLVENT IN SOME CASES THE FINANCIAL DIFFICULTIES ARISE FROM OTHER UNEXPECTED INCOME INSUFFICIENCIES SUCH AS UNEMPLOYMENT OR JOB CHANGES

c Any submission deadlines

THERE IS NO SUBMISSION DEADLINE AS THESE EVENTS ARE PREDICATED GENERALLY ON AN INDIVIDUAL CONTRACTIN

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GENERALLY THE PARTIES SERVED ARE IN THE GREATER BUFFALO/NIAGARA AND WESTERN NEW YORK REGION

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARTHA CIPRIANI 252 STONEHENGE DRIVE ORCHARD PARK, NY 14127	PRESIDENT 000 00	0	0	0
JAMES CIPRIANI 252 STONEHENGE DRIVE ORCHARD PARK, NY 14127	VICE PRESIDE 000 00	0	0	0
RICHARD TEIBEL 120 VISCOUNT DRIVE WILLIAMSVILLE, NY 14221	TREASURER 000 00	0	0	0
ANNE DUNBAR 242 STONEHENGE DRIVE ORCHARD PARK, NY 14127	DIRECTOR 000 00	0	0	0
PARICIA VALTIN 56 COVENTRY LANE ORCHARD PARK, NY 14127	DIRECTOR 000 00	0	0	0
JONATHAN POLISENO 210 CURLEY DRIVE ORCHARD PARK, NY 14127	DIRECTOR 000 00	0	0	0

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BACKLAS CORY69 WESTBROOK DR CHEEKTOWAGA, NY 14225		I	HOMELESSNESS CRISIS	500
WRIGHT REGGIE51 SANDROCK RD BUFFALO, NY 14207		I	HOMELESSNESS CRISIS	500
NEWELL BRANDON95 EMPORIUM AVE WEST SENECA, NY 14224		I	SECURE JOB LOW INCOME	331
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEWELL BRANDON 95 EMPORIUM AVE WEST SENECA, NY 14224		I	HOMELESSNESS CRISIS	250
BACKLAS CORY 69 WESTBROOK DR CHEEKTOWAGA, NY 14225		I	HOMELESSNESS CRISIS	500
SMITH CYNTHIA 31 SIDWAY ST BUFFALO, NY 14210		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SMITH CYNTHIA31 SIDWAY ST BUFFALO, NY 14210		I	SECURE JOB LOW INCOME	75
COLLURA RICHARD CANDLEWOOD ESTATES 20 FL AMHERST, NY 14226		I	HOMELESSNESS CRISIS	455
MILLER DAVID795 WHISPERING LANE HAMBURG, NY 14075		I	SECURE JOB LOW INCOME	482
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FELTON BRIAN 1932 BAILEY AVE BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
JONES LISA 346 FLORIDA ST BUFFALO, NY 14208		I	HOMELESSNESS CRISIS	318
WRIGHT REGGIE 51 SANDROCK RD BUFFALO, NY 14207		I	HOMELESSNESS CRISIS	500
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEWELL BRANDON 95 EMPORIUM AVE WEST SENECA, NY 14224		I	SECURE JOB LOW INCOME	443
STANCIL CAROLYN 622 AUBURN AVE 3 BUFFALO, NY 14222		I	HOMELESSNESS CRISIS	650
STANCIL CAROLYN 622 AUBURN AVE 3 BUFFALO, NY 14222		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARAGON GABRIELLA 70 EDGEBROOK ESTATES 8 CHEEKTOWAGA, NY 14227		I	HOMELESSNESS CRISIS	75
ARAGON GABRIELLA 70 EDGEBROOK ESTATES 8 CHEEKTOWAGA, NY 14227		I	HOMELESSNESS CRISIS	895
HOLD STEVE120 WECKER BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMP JANET 157 KAY ST BUFFALO, NY 14215		I	MEDICAL CRISIS	602
LOPER JOSEPH 25 W UTICA 310 BUFFALO, NY 14209		I	SECURE JOB LOW INCOME	405
LOPER JOSEPH 25 W UTICA 310 BUFFALO, NY 14209		I	SECURE JOB LOW INCOME	500
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOPER JOSEPH25 W UTICA 310 BUFFALO, NY 14209		I	SECURE JOB LOW INCOME	485
PARISH SHERON125 SHEPARD ST BUFFALO, NY 14212		I	HOMELESSNESS CRISIS	500
ROWE JOHNNY45 TACOMA AVE LOWER BUFFALO, NY 14216		I	HOMELESSNESS CRISIS	500
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYD LUCINDA 403 CLEARMONT AVE KENMORE, NY 14223		I	SECURE JOB LOW INCOME	75
ARAGON SILVIA 70 EDGEBROOK ESTATES 8 CHEEKTOWAGA, NY 14227		I	SECURE JOB LOW INCOME	75
WILLIAM MITCHELL 125 HARRIET AVE GARAGE BUFFALO, NY 14215		I	HOMELESSNESS CRISIS	650
Total				20,043

▶ 3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SMITH THOMASENA39 WEYAND BUFFALO, NY 14210		I	SECURE JOB LOW INCOME	75
NYACHWO JUSTINE 175 LINWOOD AVE 5 BUFFALO, NY 14209		I	SECURE JOB LOW INCOME	75
WILSON CAROL93 HARVARD PLACE BUFFALO, NY 14219		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALTER VERONICA 38 MANHART ST BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
SLOAN TERRANCE 38 GOULDINGS AVE BUFFALO, NY 14208		I	HOMELESSNESS CRISIS	1,600
DIAZ RICHARD 182 ORANGE ST BUFFALO, NY 14204		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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Name and address (home or business)				
a <i>Paid during the year</i>				
NEELY KRISTINA 390 HUMBOLDT PKWY 2 BUFFALO, NY 14214		I	SECURE JOB LOW INCOME	75
ROUSE LOUIS296 E DELAVAN BUFFALO, NY 14208		I	HOMELESSNESS CRISIS	383
THOMPSON MYKAILA 763 ST LAWRENCE AVE BUFFALO, NY 14216		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
SHEPHERD LAKETTA157 WENDE ST BUFFALO, NY 14211		I	SECURE JOB LOW INCOME	50
GLENN PAMELA52 LOCUST ST BUFFALO, NY 14203		I	SECURE JOB LOW INCOME	69
BETTS JACQUELINE32 BERWYN AVE BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
DAVIS HUGH30 WYOMING AVE BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
PIERRE YOLENE300 PARKRIDGE AVE 5 BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
SCOTT WILLIAM274 DELAWARE AVE BUFFALO, NY 14202		I	SECURE JOB LOW INCOME	69
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BETTS JACQUELINE32 BERWYNE AVE BUFFALO, NY 14215		I	HOMELESSNESS CRISIS	107
RAWLS ISAIAH505 ELMWOOD AVE 3D BUFFALO, NY 14222		I	SECURE JOB LOW INCOME	75
AUGUISTE JACYNTA98 E DELAVAN BUFFALO, NY 14208		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROUSE LOUIS296 E DELAVAN BUFFALO, NY 14208		I	HOMELESSNESS CRISIS	1,172
STEVENS STANLEY101 JEWETT AVE BUFFALO, NY 14014		I	SECURE JOB LOW INCOME	75
GILDERSLEEVE JALEEL66 KEMP AVE BUFFALO, NY 14225		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CARRASQUILLO ANGEL746 TAUNTON PL BUFFALO, NY 14214		I	SECURE JOB LOW INCOME	98
PATTERSON LENZIE 8235 BUFFALO AVE A10 NIAGARA FALLS, NY 14304		I	HOMELESSNESS CRISIS	740
BETTS JACQUELINE32 BERWYNE AVE BUFFALO, NY 14215		I	HOMELESSNESS CRISIS	266
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WRIGHT ANTOOINEPO BOX 1824 AMHERST, NY 14226		I	SECURE JOB LOW INCOME	65
ANTIONE REBECCA28 N CENTRAL AVE BUFFALO, NY 14211		I	SECURE JOB LOW INCOME	75
PIERRE YOLENE300 PARKRIDGE AVE 5 BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SMITH JULIA3 MARINER ST BUFFALO, NY 14201		I	SECURE JOB LOW INCOME	75
WILSON DAVID30 WYOMING ST BUFFALO, NY 14215		I	HOMELESSNESS CRISIS	675
PIERRE YOLENE300 PARKRIDGE AVE 5 BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCOTT WILLIAM 274 DELAWARE AVE BUFFALO, NY 14202		I	SECURE JOB LOW INCOME	77
WEATHERSPOON LARRY 2485 NIAGARA ST 5 BUFFALO, NY 14207		I	HOMELESSNESS CRISIS	740
SMITH FAITH 314 CHELSEA PL BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
SCOTT WILLIAM 274 DELAWARE AVE BUFFALO, NY 14202		I	SECURE JOB LOW INCOME	77
DIER BRADLEY 2529 GRAND ISLAND BLVD GRAND ISLAND, NY 14072		I	MENTAL HEALTH CRISIS	75
ORTIZ ANGEL 894 E ROBINSON 1A NORTH TONAWANDA, NY 14210		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WILSON DAVID30 WYOMING ST BUFFALO, NY 14215		I	HOMELESSNESS CRISIS	375
BURKE RONALD 5761 SENECA ST SUITE D ELMA, NY 14059		I	SECURE JOB LOW INCOME	75
JONES MICHAEL307 NORTH ST 162 BUFFALO, NY 14201		I	SECURE JOB LOW INCOME	500
Total ▶ 3a				20,043

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
DIER BRADLEY2529 GI BLVD 7 GRAND ISLAND, NY 14072		I	MENTAL HEALTH CRISIS	75
BONDS LINDA31 MARINE DR 3D BUFFALO, NY 14202		I	SECURE JOB LOW INCOME	75
HILL ALVA429 WESTGATE RD BUFFALO, NY 14217		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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Name and address (home or business)				
a <i>Paid during the year</i>				
WILLIAMS VALERIE 224 CAMBRIDGE AVE BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
JONES MICHAEL 307 N ST 162 BUFFALO, NY 14201		I	SECURE JOB LOW INCOME	75
GLENN PAMELA 141 URBAN ST BUFFALO, NY 14211		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAGIC'S MISSION 48 KRISTEN MEADOWS EAST AMHERST, NY 14051		PC	GENERAL FUND 501(C)(3)	364
COOPER GEORGETTA 501 LISBON AVE BUFFALO, NY 14215		I	SECURE JOB LOW INCOME	75
HILL ALVA 78 SUNDRIDGE DR AMHERST, NY 14228		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHAMBERS CRAIG413 E UTICA BUFFALO, NY 14208		I	SECURE JOB LOW INCOME	75
HODGE SHERITA95 SCHILLER ST UPPER BUFFALO, NY 14206		I	SECURE JOB LOW INCOME	75
WILLIAMS VALERIE543 RILEY ST BUFFALO, NY 14208		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
JONES PATRICK 170 LUMPKARD ST BUFFALO, NY 14212		I	SECURE JOB LOW INCOME	75
Total ▶ 3a				20,043

TY 2018 Investments Corporate Stock Schedule**Name:** THE SPREAD COMPASSION FOUNDATION**EIN:** 47-7005429**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
252 VANGUARD SHORT TERM BOND FUND		
515 AMERICAN FUNDS CAPITAL INCOME BL		

TY 2018 Other Expenses Schedule**Name:** THE SPREAD COMPASSION FOUNDATION**EIN:** 47-7005429**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
SUBSCRIPTIONS AND APPLICATION				
OTHER				
POSTAGE	116			116
BANK FEES	355			355

TY 2018 Other Professional Fees Schedule**Name:** THE SPREAD COMPASSION FOUNDATION**EIN:** 47-7005429

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKERAGE MANAGEMENT FEES	4	4		4
ACCOUNTING				
LEGAL				

TY 2018 Taxes Schedule**Name:** THE SPREAD COMPASSION FOUNDATION**EIN:** 47-7005429

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX ON DIVIDENDS				
NEW YORK STATE FILING FEES	125			125
TAX BASED ON INVESTMENT INCOME	28	28		28