

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation RALPH C SHELDON FOUNDATION INC		A Employer identification number 16-6030502	
Number and street (or P.O. box number if mail is not delivered to street address) 217 NORTH MAIN STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code JAMESTOWN, NY 14701		B Telephone number (see instructions) (716) 664-9890	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ...	
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 .....	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 13,927,056		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and 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)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,536,501			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	491	491		
	4 Dividends and interest from securities . . . . .	300,828	300,828		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	618,199			
	b Gross sales price for all assets on line 6a _____ 4,711,947				
	7 Capital gain net income (from Part IV, line 2) . . . . .		618,199		
	8 Net short-term capital gain . . . . .			0	
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .	0			
	11 Other income (attach schedule) . . . . .	85			
	12 Total. Add lines 1 through 11 . . . . .	2,456,104	919,518	0	
	13 Compensation of officers, directors, trustees, etc.	115,315	57,658		57,657
	14 Other employee salaries and wages . . . . .	53,000	26,500		26,500
	15 Pension plans, employee benefits . . . . .	30,642	14,475		16,167
	16a Legal fees (attach schedule) . . . . .	0			
	b Accounting fees (attach schedule) . . . . .	9,034	4,517		4,517
	c Other professional fees (attach schedule) . . . . .	11,295	11,295		
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	23,253	17,057		6,197
	19 Depreciation (attach schedule) and depletion . . . . .	6,745			
	20 Occupancy . . . . .	26,312	13,156		13,156
	21 Travel, conferences, and meetings . . . . .	3,977	1,989		1,989
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	9,754	4,878		4,878
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	289,327	151,525		131,061
	25 Contributions, gifts, grants paid . . . . .	1,777,860			1,777,860
	26 Total expenses and disbursements. Add lines 24 and 25	2,067,187	151,525		1,908,921
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	388,917			
	b Net investment income (if negative, enter -0-)		767,993		
c Adjusted net income (if negative, enter -0-)				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 . . . . .			
	2 Savings and temporary cash investments . . . . .	83,732	330,987	330,987
	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) . . . . .		0	
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____		0	
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	7,361,767	7,852,122	10,953,690
	c Investments—corporate bonds (attach schedule) . . . . .	2,871,011	2,525,200	2,629,762
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____		0	
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .		0	
	14 Land, buildings, and equipment: basis ▶ _____ 109,664 Less: accumulated depreciation (attach schedule) ▶ 97,047	19,362	12,617	12,617
15 Other assets (describe ▶ _____)	0	0	0	
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	10,335,872	10,720,926	13,927,056	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons		0	
	21 Mortgages and other notes payable (attach schedule) . . . . .		0	
	22 Other liabilities (describe ▶ _____)	4,176	4,238	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	4,176	4,238	
	Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>		
24 Net assets without donor restrictions . . . . .		10,331,696	10,716,688	
25 Net assets with donor restrictions . . . . .				
<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>				
26 Capital stock, trust principal, or current funds . . . . .				
27 Paid-in or capital surplus, or land, bldg., and equipment fund				
28 Retained earnings, accumulated income, endowment, or other funds				
29 <b>Total net assets or fund balances</b> (see instructions) . . . . .		10,331,696	10,716,688	
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	10,335,872	10,720,926		

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 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	10,331,696
2 Enter amount from Part I, line 27a . . . . .	2	388,917
3 Other increases not included in line 2 (itemize) ▶ _____	3	-3,925
4 Add lines 1, 2, and 3 . . . . .	4	10,716,688
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 29 .	6	10,716,688

**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.)
<b>1 a CAPITAL GAIN DISTRIBUTIONS</b>	P	2019-01-01	2019-12-31
<b>b CAPITAL GAIN DISTRIBUTIONS</b>	P	2018-12-31	2019-12-31
<b>c PUBLICLY TRADED SECURITIES</b>	P	2018-12-31	2019-12-31
<b>d PUBLICLY TRADED SECURITIES</b>	P	2019-01-01	2019-12-31
<b>e</b>			

(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)
<b>a</b> 12,601	0	0	12,601
<b>b</b> 144,310	0	0	144,310
<b>c</b> 3,260,194	0	2,772,522	487,672
<b>d</b> 880,005	0	906,389	-26,384
<b>e</b>			

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	
<b>a</b> 0	0	0	12,601
<b>b</b> 0	0	0	144,310
<b>c</b> 0	0	0	487,672
<b>d</b> 0	0	0	-26,384
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	618,199
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	-13,783

**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))
2018	2,477,224	12,889,606	0.192188
2017	2,345,320	13,073,910	0.179389
2016	2,387,274	12,830,477	0.186063
2015	2,411,127	13,359,600	0.180479
2014	2,551,823	14,135,270	0.180529

<b>2</b> Total of line 1, column (d)	2	0.918648
<b>3</b> 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	3	0.183730
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	12,855,823
<b>5</b> Multiply line 4 by line 3	5	2,362,000
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	7,680
<b>7</b> Add lines 5 and 6	7	2,369,680
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	1,908,921

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)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	15,360
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	15,360
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	15,360
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	10,000
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	10,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	5,360
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ _____ <b>(2)</b> On foundation managers. <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> NY		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	Yes	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.RCSHELDONFOUNDATION.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>LINDA SWANSON EXECUTIVE DIRECTOR</u> Telephone no. ► <u>(716) 664-9890</u>			

Located at ► 217 NORTH MAIN STREET JAMESTOWN NY ZIP+4 ► 14701


<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2019, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the 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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly):		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If 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 . . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	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 2019? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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)):			
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>		
<b>c</b>	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. ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation 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 2019.) . . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 the tax year beginning in 2019?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b> During the year did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance check here. . . . . 	<input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>		<b>No</b>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				
If "Yes" to 6b, file Form 8870.				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7b</b>		
<b>b</b> If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .				
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			


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

**1 List all officers, directors, trustees, foundation managers and their 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 to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(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 benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000.  **0**

**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. . . . .		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 of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> N/A	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b> N/A	0
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . .	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	12,874,304
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	177,293
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	13,051,597
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	13,051,597
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	195,774
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	12,855,823
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	642,791

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	642,791
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	15,360
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	15,360
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	627,431
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	627,431
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	627,431

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,908,921
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,908,921
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,908,921

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				627,431
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			70,309	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . . 0				
<b>b</b> From 2015. . . . . 0				
<b>c</b> From 2016. . . . . 0				
<b>d</b> From 2017. . . . . 0				
<b>e</b> From 2018. . . . . 0				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>1,908,921</u>				
<b>a</b> Applied to 2018, but not more than line 2a			70,309	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	1,581,759			
<b>d</b> Applied to 2019 distributable amount. . . . .				256,853
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,581,759			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				370,578
<b>7</b> 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). . . . .	1,581,759			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . . 0				
<b>b</b> Excess from 2016. . . . . 0				
<b>c</b> Excess from 2017. . . . . 0				
<b>d</b> Excess from 2018. . . . . 0				
<b>e</b> Excess from 2019. . . . . 0				

**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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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).) NONE

**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. NONE

**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:  
LINDA SWANSON  
217 NORTH MAIN STREET  
JAMESTOWN, NY 14701  
(716) 664-9890

**b** The form in which applications should be submitted and information and materials they should include:  
See the following web address <http://www.chautauquagrants.org/>

**c** Any submission deadlines:  
See the following web address <http://www.chautauquagrants.org/>

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
GEOGRAPHICAL, SOUTHERN CHAUTAUQUA COUNTY, NEW YORK

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3a</b>	1,777,860
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3b</b>	416,000

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	491	
<b>4</b> Dividends and interest from securities. . . .			14	300,828	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	618,199	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
<b>a</b> MISCELLANEOUS INCOME _____					85
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .				919,518	85
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)				919,518	85

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2020-02-14	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☐ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SHAM DEAN BAGHAT CPA		2020-04-10		P00152592
	Firm's name ► BAHGAT & LAURITO-BAHGAT CPAs PC				Firm's EIN ►
	Firm's address ► 16 WEST MAIN ST SUITE ONE FREDONIA, NY 14063				Phone no. (716) 673-1891

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
MARK I HAMPTON	SECRETARY 1.00	0	0	0
217 NORTH MAIN STREET JAMESTOWN, NY 14701				
PETER B SULLIVAN	PRESIDENT 1.00	0	0	0
217 NORTH MAIN STREET JAMESTOWN, NY 14701				
ALEXIS T SINGLETON	ASSISTANT TREASURER 1.00	0	0	0
217 NORTH MAIN STREET JAMESTOWN, NY 14701				
BETSY SHULTS	VICE-PRESIDENT 1.00	0	0	0
217 NORTH MAIN STREET JAMESTOWN, NY 14701				
BARCLAY O WELLMAN	DIRECTOR EMERITUS 1.00	0	0	0
217 NORTH MAIN STREET JAMESTOWN, NY 14701				
KELLY A DAWSON	TREASURER 1.00	0	0	0
217 NORTH MAIN STREET JAMESTOWN, NY 14701				
RAYMOND J FASHANO	VICE-PRESIDENT 1.00	0	0	0
217 NORTH MAIN STREET JAMESTOWN, NY 14701				
LINDA SWANSON	EXECUTIVE DIRECTOR 40.00	115,315	17,962	0
217 NORTH MAIN STREET JAMESTOWN, NY 14701				
THOMAS M BECKER	VICE-PRESIDENT 1.00	0	0	0
217 NORTH MAIN STREET Jamestown, NY 14701				

**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)				
<b>a</b> <i>Paid during the year</i>				
ALLEGHENY HIGHLANDS COUNCIL INC 50 HOUGH HILL RD FALCONER, NY 14733		501(C) 3	TECHNOLOGY UPDATESDIRECTOR/STAFF UNRESTRICTED GRANTS	10,750
AMERICAN RED CROSS OF SOUTHWESTERN NY 325 E FOURTH ST JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
ASHVILLE FREE LIBRARY 2200 N MAPLE ST ASHIVLLE, NY 14710		501 (C) (3)	WORK ROOM & STORAGE ADDITION	10,000
<b>Total . . . . .</b> ► <b>3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
AUDUBON COMMUNITY NATURE CENTER 1600 RIVERSIDE RD JAMESTOWN, NY 14701		501 (C) (3)	COMMUNICATION/ SECURITY UPGRADES DIRECTOR/STAFF UNRESTRICTED GRANTS	13,500
BEMUS POINT PUBLIC LIBRARY 13 MAIN ST BEMUS PT, NY 14712		501(C)(3)	ADA COMPLIANCE PROJECT	5,000
BEMUS POINT UNITED METHODIST PO BOX 99 BEMUS POINT, NY 14712		501(C)3	DIRECTOR/STAFF UNRESTRICTED GRANTS(ROYAL FAMILY KIDS CAMP)	500
<b>Total . . . . .</b> ► <b>3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
CAMP GROSS FOUNDATION INC 8175 ROUTE 60 NORTH CASSADAGA, NY 14718		501(c)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	250
CASA OF CHAUTAUQUA COUNTY 2 ACADEMY ST STE 5 MAYVILLE, NY 14757		501(c)(3)	GENERAL OPERATING	10,000
CHAUTAUQUA AREA HABITAT FOR HUMANITY C/O 12765 BEACH AVE SILVER CREEK, NY 14136		501(C) 3	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
<b>Total . . . . .</b> ► <b>3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
CHAUTAUQUA AREA SCHOLARSHIP PROGRAM C/O 128 SCHOOL AVE JAMESTOWN, NY 14701		501(C)3	DIRECTOR/STAFF UNRESTRICTED GRANTS	750
CHAUTAUQUA ADULT DAY CARE CENTERS INC 358 E FIFTH ST JAMESTOWN, NY 14701		501 (C) (3)	CONSOLIDATION & ENHANCEMENT PROJECT	15,000
CHAUTAUQUA CO HUMANE SOCIETY 2825 STRUNK ROAD JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	1,000
<b>Total . . . . . ▶ 3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
CHAUTAUQUA INSTITUTIONPO BOX 28 CHAUTAUQUA, NY 14722		501(C)(3)	ANNUAL FUND DRIVEDIRECTOR/STAFF UNRESTRICTED GRANTS	41,500
CHAUT LAKE & WATERSHED MGMT ALLIANCE 201 W THIRD ST STE 115 JAMESTOWN, NY 14701		501(C)(3)	201 LAKE/WATERSHED PROJECTSDIRECTOR/STAFF UNRESTRICTED GRANTS	251,900
CHAUTAUQUA LAKE ASSOCIATION INC 429 EAST TERRACE AVE LAKEWOOD, NY 14750		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	2,000
<b>Total . . . . . ▶ 3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
CHAUTAUQUA LAKE COM SAILNG FOUNDATION PO BOX 291 LAKEWOOD, NY 14750		501(c)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
CHAUTAUQUA LAKE PARTNERSHIP PO BOX 337 BEMUS POINT, NY 147120337		501 (C) (3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	1,000
CHAUTAUQUA LAKE ROWING ASSOCIATION INC PO BOX 824 JAMESTOWN, NY 147020824		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
<b>Total . . . . . ▶ 3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
CHAUTAUQUA REGION COMMUNITY FOUNDATION 418 SPRING ST JAMESTOWN, NY 14701		501(C)(3)	E.D. DISC. GRANT- NFP CAPACITY BUILDINGDIRECTOR/STAFF UNRESTRICTED GRANTS	5,650
CHAUTAUQUA REGIONAL YOUTH BALLET 21 E THIRD ST 3RD FLOOR JAMESTOWN, NY 14701		501(C)(3)	PROGRAM SUPPORT	5,000
CHAUTAUQUA REGIONAL YOUTH SYMPHONY PO BOX 3454 JAMESTOWN, NY 147023454		501(C)(3)	E.D. DISC. GRANT FOR DIRECTOR HONORARIUMDIRECTOR/STAFF UNRESTRICTED GRANTS	2,750
<b>Total . . . . . ▶ 3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
CHAUTAUQUA SPORTS HALL OF FAME PO BOX 1192 JAMESTOWN, NY 147021192		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
CHAUTAUQUA STRIDERS 301 E SECOND ST STE 102 JAMESTOWN, NY 14701		501(C)(3)	PROGRAM SUPPORTDIRECTOR/STAFF UNRESTRICTED GRANTS	66,000
CHAUTAUQUA WATERSHED CONSERVANCY 413 NORTH MAIN ST JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
<b>Total . . . . .</b> ► <b>3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY HELPING HANDS INC 31 WATER ST JAMESTOWN, NY 14701		501(C)(3)	GATEWAY LOFTS PROJECT- GAP FUNDINGDIRECTOR/STAFF UNRESTRICTED GRANTS	16,500
COMMUNITY MUSIC PROJECT 715 FALCONER ST BLDG D JAMESTOWN, NY 14701		501(C)(3)	ARTISTIC DIRECTORDIRECTOR/STAFF UNRESTRICTED GRANTS	5,500
DREAM IT DO IT WNY101 W MAIN ST FALCONER, NY 14733		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	750
<b>Total . . . . . ▶ 3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
FENTON HISTORY CENTER 67 WASHINGTON ST JAMESTOWN, NY 14701		501(C)(3)	OPERATING SUPPORTDIRECTOR/STAFF UNRESTRICTED GRANTS	16,450
FIRST COVENANT CHURCH 520 SPRING ST JAMESTOWN, NY 14701		501 (C) (3)	DIRECTOR/STAFF UNRESTRICTED GRANTS (MINISTER'S DISCRETIONARY FUND)	750
FIRST PRESBYTERIAN CHURCH 509 PRENDERGAST AVE JAMESTOWN, NY 14701		501(C)(3)	(MINISTER'S DISCRETIONARY FUND)DIRECTOR/STAFF UNRESTRICTED GRANTS	1,000
<b>Total . . . . .</b> ► <b>3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
FOOD BANK OF WNY91 HOLT ST BUFFALO, NY 14206		501(C) 3	E.D. DISC. GRANT - PARTNERS FIGHTINGOPERATING SUPPORT FOR SCC FACILITY	2,500
FRIENDS OF CHILD ADVOCACY PROGRAM 405 W THIRD ST JAMESTOWN, NY 14701		501(C) 3	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
IMPACT CAMPUS FELLOWSHIP C/O 40 HALLOCK ST JAMESTOWN, NY 14701		501 (C) (3)	DIRECTOR/STAFF UNRESTRICTED GRANTS (SUMMER WORK WITH JPS)	350
<b>Total . . . . .</b> ► <b>3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
INFINITY VISUAL & PERFORMING ARTS PROGRAM INC 301 E SECOND ST STE 101 JAMESTOWN, NY 14701		501(C)(3)	OPERATING & PROGRAM EXPENSESDIRECTOR/STAFF UNRESTRICTED GRANTS	51,000
ROBERT H JACKSON CENTER 305 E FOURTH ST JAMESTOWN, NY 14701		501(C)(3)	E.D. DISC. GRANT - ARCHIVES PROJECTDIRECTOR/STAFF UNRESTRICTED GRANTS	6,000
JAMESTOWN AREA SOAP BOX DERBY INC C/O 101 MERLIN AVE JAMESTOWN, NY 14701		501 (C) (3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	1,000
<b>Total . . . . . ▶ 3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
JAMESTOWN BABE RUTH LEAGUE C/O EVERETT AVE JAMESTOWN, NY 14701		501 (C) (3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
JAMESTOWN BOYS & GIRLS CLUB 62 ALLEN STREET JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTSPROGRAM SUPPORT	31,000
JAMESTOWN CENTER CITY DEVELOPMENT CORP 319 W THIRD ST JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	750
<b>Total . . . . .</b> ► <b>3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
JAMESTOWN COMMUNITY COLLEGE 525 FALCONER ST JAMESTOWN, NY 14701		501(C)(3)	ARTS & SCIENCE BLDG. RENOVATIONSRENOVATIONS FOR MUSIC DEPARTMENT	425,000
JAMESTOWN COMMUNITY COLLEGE FOUNDATION 525 FALCONER ST JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	2,300
JAMESTOWN COMMUNITY LEARNING COUNCIL C/O LINCOLN SCHOOL 301 FRONT ST JAMESTOWN, NY 14701		501(C)(3)	PROGRAM SUPPORT	70,000
<b>Total . . . . . ▶ 3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
JAMESTOWN CONCERT ASSOCIATION 315 N MAIN STREET JAMESTOWN, NY 14701		501(C)(3)	2018-2019 CONCERT SERIESDIRECTOR/STAFF UNRESTRICTED GRANTS	5,750
JAMESTOWN PUBLIC SCHOOLS 197 MARTIN ROAD JAMESTOWN, NY 14701		501(C)(3)	JPS SUMMER ENRICHMENT PROGRAMJHS CAREER ACADEMIES	40,000
JAMESTOWN RENAISSANCE CORP 119-21 W THIRD STREET JAMESTOWN, NY 14701		501(C)(3)	OPERATING SUPPORT	30,000
<b>Total . . . . . ▶ 3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF WNY INC 275 OAK ST STE 222 BUFFALO, NY 14203		501(C)(3)	JA PROGRAMS IN SOUTHERNCHAUTAUQUA COUNTY	20,000
KIDNEY CONNECTION INC C/O 748 HARDING AVE JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	250
LAKEWOOD MEMORIAL LIBRARY 12 W SUMMIT ST LAKEWOOD, NY 14750		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	750
<b>Total . . . . . ▶ 3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
LAWSON BOATING HERITAGE CENTER 73 LAKESIDE DR BEMUS PT, NY 14712		501(C) 3	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
LUCILLE BALL LITTLE THEATRE OF JAMESTOWN 18-24 E SECOND ST JAMESTOWN, NY 14701		501(C) 3	DIRECTOR/STAFF UNRESTRICTED GRANTS	500
LUTHERAN SOCIAL SERVICES FOUNDATION 715 FALCONER ST JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	300
<b>Total . . . . . ▶ 3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
MEALS ON WHEELS OF THE JAMESTOWN AREA PO BOX 56 JAMESTOWN, NY 147020056		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	800
MENTAL HEALTH ASSOCIATION IN CHAUT CO 31 WATER ST STE 7 JAMESTOWN, NY 14701		501(C)(3)	OPERATING SUPPORT	55,000
NY FUNDERS ALLIANCE 431 E FAYETTE ST SYRACUSE, NY 13202		501(C)(3)	DUES 2019	3,500
<b>Total . . . . . ▶ 3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
JAMES PRENDERGAST LIBRARY ASSOCIATION 509 CHERRY ST JAMESTOWN, NY 14701		501(C)(3)	OPERATING SUPPORTDIRECTOR/STAFF UNRESTRICTED GRANTS	63,500
REG LENNA CENTER FOR THE ARTS 116 E THIRD ST JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTSE.D. DISC. GRANT FOR FINANCIAL MONITORINGOPERATING SUPPORT	106,810
ROGER TORY PETERSON INSTITUTE 311 CURTIS ST JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	900
<b>Total . . . . . ▶ 3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
ST LUKE'S EPICOPAL CHURCH 410 N MAIN ST JAMESTOWN, NY 14701		501 (C) 3	(MINISTER'S DISCRETIONARY FUND)DIRECTOR/STAFF UNRESTRICTED GRANTS	1,000
SAINT SUSAN CENTERPO BOX 1276 JAMESTOWN, NY 147021276		501(C)(3)	2019 PANTRY MANAGERDIRECTOR/STAFF UNRESTRICTED GRANTS	19,800
THE RELIEF ZONE INC5 FREW RUN RD FREWSBURG, NY 14738		501(C)(3)	OPERATING/PROGRAM EXPENSES	20,000
<b>Total . . . . . ▶ 3a</b>				1,777,860

**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)				
<b>a</b> <i>Paid during the year</i>				
THE SALVATION ARMY83 S MAIN ST JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	3,450
UNITED CHRISTIAN ADVOCACY NETWORK(UCAN) 7 W FIRST STREET JAMESTOWN, NY 14701		501 (c) 3	CITY MISSION(7 W. FIRST ST., JAMESTOWN)DIRECTOR/STAFF UNRESTRICTED GRANTS	31,000
UNITED WAY OF SOUTHERN CHAUT CO 413 N MAIN ST JAMESTOWN, NY 14701		501(C)(3)	2018 CAMPAIGNDIRECTOR/STAFF UNRESTRICTED GRANTS	133,500
<b>Total . . . . . ▶ 3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
WCA HOSPITAL FOUNDATION 207 FOOTE AVE JAMESTOWN, NY 14701		501(C)(3)	DIRECTOR/STAFF UNRESTRICTED GRANTS	750
WNEDPO BOX 806 BUFFALO, NY 142400806		501 (C) 3	DIRECTOR/STAFF UNRESTRICTED GRANTS	550
WORKFORCE INVESTMENT BOARD (WIB) 4 E THIRD ST JAMESTOWN, NY 14701		501 (C) 3	HEALTHCARE TALENT PIPELINE PROGRAM	10,000
<b>Total . . . . . ▶ 3a</b>				1,777,860

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)				
<b>a</b> <i>Paid during the year</i>				
YMCA101 E FOURTH ST JAMESTOWN, NY 14701		501 (C) 3	YOUTH PROGRAMSDIRECTOR/STAFF UNRESTRICTED GRANTS	92,500
YWCA401 NORTH MAIN ST JAMESTOWN, NY 14701		501(C)(3)	TEAM CHILD CARE PROGRAM E.D. DISC. GRANT FOR GIRLS CIRCLE TRAININGSUPERVISED VISITATION PROGRAMDIRECTOR/STAFF UNRESTRICTED GRANT	59,100
ZION COVENANT CHURCH 520 FAIRMONT AVE JAMESTOWN, NY 14701		501(C)(3)	(MINISTER'S DISCRETIOINARY FUND)DIRECTOR/STAFF UNRESTRICTED GRANTS	250
<b>Total . . . . .</b> ▶ <b>3a</b>				1,777,860

**TY 2019 Accounting Fees Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BAHGAT & LAURITO-BAHGAT, CPAS ACCOUNTING	8,500			
BAHGAT & LAURITO-BAHGAT, CPAS PAYROLL	534			

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2019 Depreciation Schedule**

**Name:** RALPH C SHELDON FOUNDATION INC

**EIN:** 16-6030502

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
TYPEWRITER	1986-11-25	940	940	SL	5.000000000000	0			
FILE	1995-06-01	202	202	SL	5.000000000000	0			
ALARM SYSTEM	1998-06-01	660	660	SL	5.000000000000	0			
OKIFAX MODEL 4580 FAX MACHINE	2003-10-03	699	699	SL	7.000000000000	0			
FIREPROOF CABINET	2005-06-23	1,035	1,035	SL	5.000000000000	0			
FURNITURE & FIXTURES	2011-04-01	36,179	36,179	SL	7.000000000000	0			
NEW OFFICE RENOVATIONS	2011-04-01	19,449	14,587	SL	10.000000000000	1,945			
LEASEHOLD IMPROVEMENTS	2011-04-01	50,500	36,000	SL	10.000000000000	4,800			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Gain/Loss from Sale of Other Assets Schedule

Name: RALPH C SHELDON FOUNDATION INC

EIN: 16-6030502

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
VANGUARD MID CAP GROWTH INDEX FUND ADMIRAL SHARES, VMGMX		Purchased	2019-05		36,331	17,367			18,964	
VANGUARD REAL ESTATE INDEX FUND ADMIRAL SHARES, VGSLX		Purchased			51,670	33,158			18,512	
VANGUARD GROWTH AND INCOME FUND ADMIRAL SHARES, VGIAX	2010-01				437,888	289,361			148,527	
VANGUARD 500 INDEX FUND ADMIRAL SHARES, VFIAX	2010-01	Purchased			355,244	170,654			184,590	
VANGUARD EXPLORER FUND ADMIRAL SHARES, VEXRX		Purchased			79,185	66,829			12,356	
VANGUARD EQUITY-INCOME FUND ADMIRAL SHARES, VEIRX		Purchased			393,504	269,183			124,321	
VANGUARD INTERMEDIATE-TERM BOND INDEX FUND ADMIRAL SHARES, VBILX	2010-01	Purchased			135,090	135,035			55	
VANGUARD INFLATION - PROTECTED SECURITIES FUND ADMIRAL SHARES, VAPIX	2010-01	Purchased	2019-01		47,200	48,608			-1,408	
VANGUARD MID-CAP GROWTH INDEX FUND ADMIRAL SHARES, VMGMX	2019-07	Purchased	2019-08		880,005	906,467			-26,462	
VANGUARD HIGH-YIELD CORPORATE FUND ADMIRAL SHARES, VWEAX	2014-11	Purchased	2020-01		27,127	28,842			-1,715	
VANGUARD INTERNATIONAL GROWTH FUND ADMIRAL SHARES, VWILX	2009-01	Purchased	2019-05		13,825	10,514			3,311	
AQR LONG SHORT EQUITY FUND CL I, QLEIX, 00203H446	2018-08	Purchased	2019-07		3,461	4,018			-557	
AQR LONG SHORT EQUITY FUND CL I, QLEIX, 00203H446	2018-12	Purchased	2019-07		7,763	7,645			118	
CS FLOATING RATE HIGH INC INSTL SHS, CSHIX, 22540S836		Purchased	2019-07		4,665	4,726			-61	
DFA EMERGINF MARKETSPORFOLIO, DFEMX, 233203785		Purchased	2019-07		1,957	1,899			58	
DFA US SMALL CAP VALUE PRTF INSTL, DFSVX, 233203819		Purchased	2019-07		18,569	17,280			1,289	
FEDERATED TOTAL RETURN BOND IS, FTRBX, 31428Q101			2019-07		5,654	5,496			158	
GMO BENCHMARK FREE ALLOCATION SERIES PS, GBFPX, 380131318			2019-07		119,932	121,697			-1,765	
INVESCO OPPENHEIMER INTL GROWTH R6, OIGIX, 00900W621	2018-12	Purchased	2019-07		2,469	2,151			318	
JPMORGAN STRATEGIC INCOME OPPS - CL I, JSOSX, 4812A4351		Purchased	2019-07		31,267	31,431			-164	
PGIM TOTAL RETURN BOND CL R6, PTRQX, 74440B884		Purchased	2019-07		5,712	5,511			201	
THE MERGER FUND CL I, MERIX, 589509207		Purchased	2019-07		120,306	120,390			-84	
TRANSAMERICA INTL EQUITY CLASS I2,TRWIX, 893509216	2018-12	Purchased	2019-07		22,083	19,962			2,121	
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL, VTMGX, 921943809		Purchased	2019-07		18,586	16,962			1,624	
VANGUARD SHORT TERM INVMT GRADE ADMIRAL, VFSUX, 922031836		Purchased	2019-07		34,700	34,021			679	
VICTORY RS SMALL CAP GROWTH CL Y, RSYEX, 92647Q405	2018-12		2019-07		29,701	21,569			8,132	
AQR LONG SHORT EQUITY FUND CL I, QLEIX, 00203H446	2017-07		2019-07		82,209	104,258			-22,049	
AQR LONG SHORT EQUITY FUND CL I, QLEIX, 00203H446	2017-12	Purchased	2019-07		7,376	9,413			-2,037	
AQR LONG SHORT EQUITY FUND CL I, QLEIX, 00203H446	2018-05	Purchased	2019-07		34,918	42,018			-7,100	
CS FLOATING RATE HIGH INC INSTL SHS, CSHIX, 22540S836	2019-07	Purchased	2019-01		6,660	6,844			-184	

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CS FLOATING RATE HIGH INC INSTL SHS, CSHIX, 22540S836	2017-11	Purchased	2019-01		407	407			0	
CS FLOATING RATE HIGH INC INSTL SHS, CSHIX, 22540S836		Purchased	2019-07		110,367	113,521			-3,154	
DFA EMERGING MARKETSPORTFOLIO, DFEMX, 233203785	2017-07	Purchased	2019-07		57,477	57,181			296	
DFA EMERGING MARKETSPORTFOLIO, DFEMX, 233203785	2018-02	Purchased	2019-07		32,753	36,678			-3,925	
DFA EMERGING MARKETSPORTFOLIO, DFEMX, 233203785	2019-06	Purchased	2019-07		412	405			7	
DFA US SMALL CAP VALUE PRTF INSTL, DFSVX, 233203819	2019-07	Purchased			70,280	80,330			-10,050	
DFA US SMALL CAP VALUE PRTF INSTL, DFSVX, 233203819		Purchased	2019-07		152	188			-36	
FEDERATED TOTAL RETURN BOND IS, FTRBX, 31428Q101	2017-07	Purchased	2019-07		180,074	179,252			822	
FEDERATED TOTAL RETUN BOND IS, FTRBX, 31428Q101		Purchased	2019-07		4,337	4,268			69	
INVESCO OPPENHEIMER INTL GROWTH R6, OIGIX, 00900W621	2017-07	Purchased	2019-07		144,602	143,006			1,596	
JPMORGAN STRATEGIC INCOME OPPS - CL I, JSOSX, 4812A4351		Purchased	2019-07		139,439	141,234			-1,795	
OPPENHEIMER INTERNTLGROWTH CL I, 68380L605		Purchased	2019-05		7,098	7,614			-516	
PGIM TOTAL RETUN BOND CL R6, PTRQX, 74440B884		Purchased	2019-07		185,929	182,160			3,769	
TRANSAMERICA INTL EQUITY CL I, TSWIX, 893509224		Purchased	2019-01		9,612	11,202			-1,590	
TRANSAMERICA INTL EQUITY CLASS I2, TRWIX, 893509216			2019-07		126,241	138,827			-12,586	
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL, VTMGX, 921943809		Purchased	2019-03		7,279	7,409			-130	
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL, VTMGX, 921943809			2019-07		191,296	192,295			-999	
VANGUARD MID CAP INDEX ADMIRAL SHS, VIMAX, 922908645		Purchased	2019-05		16,018	8,146			7,872	
VANGUARD REAL ESTATEINDEX ADMIRAL, VGSLX, 921908877		Purchased	2019-01		16,710	12,697			4,013	
VANGUARD SHORT TERM INVMT GRADE ADMIRAL, VFSUX, 922031836		Purchased	2019-07		136,667	136,422			245	
VANGUARD 500 INDEX ADMIRAL, VFIAX, 922908710			2019-01		2,804	1,428			1,376	
VANGUARD 500 INDEX ADMIRAL, VFIAX, 922908710	2017-09		2019-01		3,782	3,602			180	
VANGUARD 500 INDEX ADMIRAL, VFIAX, 922908710	2017-12		2019-01		3,567	3,636			-69	
VANGUARD 500 INDEX ADMIRAL, VFIAX, 922908710	2009-01		2019-03		20,630	9,817			10,813	
VANGUARD 500 INDEX ADMIRAL, VFIAX, 922908710	2018-03		2019-03		3,246	2,984			262	
VANGUARD 500 INDEX ADMIRAL, VFIAX, 922908710	2008-01		2019-05		29,038	13,753			15,285	
VICTORY RS SMALL CAP GROWTH CL Y, RSYEX, 92647Q405	2017-07				47,230	47,852			-622	
VICTORY RS SMALL CAP GROWTH CL Y, RSYEX, 92647Q405	2017-09	Purchased	2019-07		4,598	4,125			473	
VANGUARD SHORT TERM CAPITAL GAIN DISTRIBUTION					535				535	
VANGUARD LONG TERM CAPITAL GAIN DISTRIBUTION					144,310				144,310	

**TY 2019 Investments Corporate Bonds Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
166,236.242 SHS INTERMEDIATE-TERM BOND INDEX FUND VANGUARD	1,862,947	1,967,190
110,626.534 SHS HIGH YIELD CORP FUND VANGUARD	662,253	662,572

**TY 2019 Investments Corporate Stock Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
8,708.255 SHS EQUITY INCOME FUND VANGUARD	455,268	692,788
7,062.468 SHS EXPLORER FUND VANGUARD	556,523	686,510
8,238.357 SHS GROWTH AND INCOME ADM VANGUARD	441,494	698,814
49,911.28 SHS INFLATION PROTECT VANGUARD	1,271,240	1,291,697
16,417.15 SHS INTERNATIONAL GROWTH VANGUARD	1,245,405	1,687,581
4,942.7 SHS MID CAP INDEX FUND VANGUARD	633,160	1,090,634
32,786.38 GLOBAL CAPITAL CYCLES FUND VANGUARD	259,668	273,097
3,137.216 SHS REIT INDEX FUND VANGUARD	250,758	412,809
36,578.86 SHS TOTAL INTERNATIONAL STOCK INDEX FUND VANGUARD	860,701	1,092,506
7,052.868 SHS 500 INDEX FUND VANGUARD	910,666	2,102,704
34,601.44 SHS MID - CAP GROWTH FUND VANGUARD	967,239	924,550

**TY 2019 Land, Etc.  
Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
TYPEWRITER	940	940	0	
FILE	202	202	0	
ALARM SYSTEM	660	660	0	
OKIFAX MODEL 4580 FAX MACHINE	699	699	0	
FIREPROOF CABINET	1,035	1,035	0	
FURNITURE & FIXTURES	36,179	36,179	0	
ARTWORK	2,500	0	2,500	
NEW OFFICE RENOVATIONS	19,449	16,532	2,917	
LEASEHOLD IMPROVEMENTS	48,000	40,800	7,200	

**TY 2019 Other Expenses Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	1,825	913		913
INSURANCE	3,650	1,825		1,825
MISCELLANEOUS	336	168		168
POSTAGE & SUPPLIES	385	193		193
REPAIRS & MAINTENANCE	794	397		397
PUBLIC RELATIONS	192	96		96
OFFICE EXPENSE	2,542	1,271		1,271
COMMON WEBSITE AT CRCF	0	0		0
BANK FEE	30	15		15

**TY 2019 Other Income Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FED EXCISE TAX			
RECEIPTS IN KIND			
MISC INCOME	85		

**TY 2019 Other Increases Schedule**

**Name:** RALPH C SHELDON FOUNDATION INC  
**EIN:** 16-6030502

Description	Amount
FMV ADJUSTMENT REIT	-3,925

**TY 2019 Other Liabilities Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502

Description	Beginning of Year - Book Value	End of Year - Book Value
TAXES WITHHELD/PAYABLE	4,176	4,238

**TY 2019 Other Professional Fees Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES INVESTMENT MANAGEMENT FEES	11,295			
INVESTMENT AND BANK FEES WIRE TRANSFER/STOP PAYMENT	0			

**TY 2019 Taxes Schedule****Name:** RALPH C SHELDON FOUNDATION INC**EIN:** 16-6030502

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS ANNUAL FEE	775	775		
PAYROLL TAXES	12,393	6,197		6,197
FEDERAL EXCISE TAX	10,085	10,085		

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization RALPH C SHELDON FOUNDATION INC		<b>Employer identification number</b> 16-6030502

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the 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 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during 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, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
RALPH C SHELDON FOUNDATION INC

Employer identification number  
16-6030502

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ISABELLA M SHELDON TRUST US 6848 C/O JP MORGAN SERVICES 1 CHASE SQUA ROCHESTER, NY 14623	\$ 1,536,501	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization RALPH C SHELDON FOUNDATION INC	Employer identification number 16-6030502
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization RALPH C SHELDON FOUNDATION INC	Employer identification number 16-6030502
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	