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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 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning

, and ending

Name of foundation THE MONTGOMERY FAMILY FOUNDATION		A Employer identification number 26-6620815
Number and street (or P.O. box number if mail is not delivered to street address) 5784 OLD LAKE SHORE ROAD	Room/suite	B Telephone number (716) 627-4686
City or town, state or province, country, and ZIP or foreign postal code LAKE VIEW, NY 14085		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: 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 <input type="checkbox"/>		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 Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation <input type="checkbox"/>		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) \$ 3,383,855. (Part I, column (d), must be on cash basis)	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		108,237.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		38,433.	38,433.		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		318,822.			
b Gross sales price for all assets on line 6a	977,985.				
7 Capital gain net income (from Part IV, line 2)			318,822.		
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)					
11 Other income		53,059.	71,484.	0.	STATEMENT 1
12 Total Add lines 1 through 11		518,551.	428,739.	0.	
13 Compensation of officers, directors, trustees, etc.		0.	0.	0.	0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees	STMT 2	9,734.	4,867.	0.	4,867.
c Other professional fees	STMT 3	12,865.	12,865.	0.	0.
17 Interest					
18 Taxes	STMT 4	6,326.	476.	0.	0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses	STMT 5	69,126.	68,876.	0.	250.
24 Total operating and administrative expenses Add lines 13 through 23		98,051.	87,084.	0.	5,117.
25 Contributions, gifts, grants paid		335,000.			335,000.
26 Total expenses and disbursements Add lines 24 and 25		433,051.	87,084.	0.	340,117.
27 Subtract line 26 from line 12		85,500.			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			341,655.		
c Adjusted net income (if negative, enter -0-)				0.	

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	39,575.	241,759.	241,759.
	2 Savings and temporary cash investments			
	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			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 7	274,390.	262,681.	269,132.
	b Investments - corporate stock STMT 8	846,897.	820,137.	1,183,510.
	c Investments - corporate bonds STMT 9	192,390.	218,330.	221,141.
	11 Investments - land, buildings and equipment basis ▶			
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 10	23,685.	14,985.	15,777.	
14 Land, buildings, and equipment, basis ▶				
Less accumulated depreciation ▶				
15 Other assets (describe ▶ ROMARK SCS)	-352,167.	-533,591.	1,452,536.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	1,024,770.	1,024,301.	3,383,855.	
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			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds	467,283.	467,283.	
	27 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	557,487.	557,010.	
	29 Total net assets or fund balances	1,024,770.	1,024,301.	
	30 Total liabilities and net assets/fund balances	1,024,770.	1,024,301.	

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	1,024,770.
2 Enter amount from Part I, line 27a	2	85,500.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 6	3	71,560.
4 Add lines 1, 2, and 3	4	1,181,830.
5 Decreases not included in line 2 (itemize) ▶ BOOK ADJUSTMENT - ROMARK SCS	5	157,529.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	1,024,301.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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 PUBLICLY TRADED SECURITIES		P	VARIOUS	VARIOUS
b				
c				
d				
e				

(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 977,985.		659,163.	318,822.
b			
c			
d			
e			

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			318,822.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	318,822.
3 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) If (loss), enter -0- in Part I, line 8		3	0.

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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	535,138.	3,334,252.	.160497
2017	312,650.	2,372,149.	.131800
2016	360,692.	2,321,502.	.155370
2015	84,394.	2,299,534.	.036700
2014	89,450.	1,921,436.	.046554

2 Total of line 1, column (d)	2	.530921
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	3	.106184
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	3,264,302.
5 Multiply line 4 by line 3	5	346,617.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,417.
7 Add lines 5 and 6	7	350,034.
8 Enter qualifying distributions from Part XII, line 4 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.	8	340,117.

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

1a 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 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		1 6,833.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2 0.
3 Add lines 1 and 2		3 6,833.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4 0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5 6,833.
6 Credits/Payments:		
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a 1,816.	
b Exempt foreign organizations - tax withheld at source	6b 0.	
c Tax paid with application for extension of time to file (Form 8868)	6c 5,020.	
d Backup withholding erroneously withheld	6d 0.	
7 Total credits and payments Add lines 6a through 6d		7 6,836.
8 Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8 3.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9 0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 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? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> NY		
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? If "No," attach explanation	X	
9 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	X	
14 The books are in care of ► ROBERT MONTGOMERY Telephone no ► (716) 627-4686 Located at ► 5784 OLD LAKE SHORE ROAD, LAKE VIEW, NY ZIP+4 ► 14085-9763		
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	15	N/A
16 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	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?	Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes <input checked="" 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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any 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 Organizations relying on a current notice regarding disaster assistance, check here	N/A	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	N/A	
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes <input checked="" type="checkbox"/> No	
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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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?		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ 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?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any 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

N/A

Organizations relying on a current notice regarding disaster assistance, check here

N/A ☒**c** 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?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.Yes ☒ No**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?☐ Yes ☒ No**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(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 STATEMENT 11		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. 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
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

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

0.

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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	1,768,181.
b	Average of monthly cash balances	1b	93,295.
c	Fair market value of all other assets	1c	1,452,536.
d	Total (add lines 1a, b, and c)	1d	3,314,012.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,314,012.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	49,710.
5	Net value of noncharitable-use assets . Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,264,302.
6	Minimum investment return . Enter 5% of line 5	6	163,215.

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	163,215.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	6,833.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	6,833.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	156,382.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	156,382.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted . Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	156,382.

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	340,117.
b	Program-related investments - total from Part IX-B	1b	0.
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	340,117.
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	5	0.
6	Adjusted qualifying distributions . Subtract line 5 from line 4	6	340,117.

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
1 Distributable amount for 2019 from Part XI, line 7				156,382.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016	247,753.			
d From 2017	197,561.			
e From 2018	373,804.			
f Total of lines 3a through e	819,118.			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 340,117.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2019 distributable amount				156,382.
e Remaining amount distributed out of corpus	183,735.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (e))	0.			0.
6 Enter the net total of each column as indicated below:	1,002,853.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020 Subtract lines 7 and 8 from line 6a	1,002,853.			
10 Analysis of line 9				
a Excess from 2015				
b Excess from 2016	247,753.			
c Excess from 2017	197,561.			
d Excess from 2018	373,804.			
e Excess from 2019	183,735.			

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 Paid during the year				
BUFFALO MUSEUM OF SCIENCE 1020 HUMBOLDT PARKWAY BUFFALO, NY 14211	NONE	PC	TO SUPPORT TIFFT NATURE PRESERVE	25,000.
BUFFALO PHILHARMONIC ORCHESTRA 499 FRANKLIN STREET BUFFALO, NY 14202	NONE	PC	TO SUPPORT LIVE SYMPHONIC MUSIC	97,407.
BUFFALO PHILHARMONIC ORCHESTRA 499 FRANKLIN STREET BUFFALO, NY 14202	NONE	PC	TO SUPPORT LIVE SYMPHONIC MUSIC	37,593.
CANAAN NATURE CENTER 144 OENOKE RDG NEW CANAAN, CT 06840	NONE	PC	TO SUPPORT ENVIRONMENTAL EDUCATION	10,000.
CENTER FOR RESPONSIBLE TRAVEL 51 STATION AVENUE BASS RIVER, MA 02664	NONE	PC	TO SUPPORT TRAVELERS' PHILANTHROPY	2,500.
Total SEE CONTINUATION SHEET(S) ▶ 3a				335,000.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

Part XVII	Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations
------------------	--

- | | |
|---|--------------|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | Yes |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | |
| (1) Cash | 1a(1) |
| (2) Other assets | 1a(2) |
| b Other transactions: | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) |
| (3) Rental of facilities, equipment, or other assets | 1b(3) |
| (4) Reimbursement arrangements | 1b(4) |
| (5) Loans or loan guarantees | 1b(5) |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (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 (d) the value of the goods, other assets, or services received. | |

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X


[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
N/A		

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.

Sign Here  **7/18/20** **PRESIDENT/TRUST** **EE**

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below? See inst ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name JENNIFER D RHODERICK	Preparer's signature <i>Jennifer D Rhoderick</i>	Date 07/13/20	Check if self-employed	PTIN P00395735
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204			Phone no (317) 681-7000	

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
FRESH AIR FUND 633 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10017	NONE	PC	TO SUPPORT FUND	5,000.
HAMBURG ALUMNI FOUNDATION P.O. BOX 174 HAMBURG, NY 14075	NONE	PC	TO SUPPORT THE HAMBURG CENTRAL SCHOOL DISTRICT	1,500.
HAUPTMAN-WOODWARD MEDICAL RESEARCH, INC. 700 ELLICOTT STREET BUFFALO, NY 14203-1102	NONE	PC	TO SUPPORT MEDICAL RESEARCH	5,000.
KALEIDA HEALTH FOUNDATION 1260 DELAWARE AVENUE BUFFALO, NY 14209	NONE	PC	TO SUPPORT COMMUNITY HEALTH	5,000.
KEVIN GUEST HOUSE 782 ELLICOTT STREET BUFFALO, NY 14203	NONE	PC	TO PROVIDE LODGING FOR FAMILIES OF PATIENTS RECEIVING MEDICAL TREATMENT	7,500.
MIRACLE LEAGUE OF SOUTH EAST CT 47 UPSON STREET BRISTOL, CT 06010	NONE	PC	TO SUPPORT PROGRAM	15,000.
NEW ENGLAND DONOR SERVICES 60 FIRST AVENUE WALTHAM, MA 02451	NONE	PC	TO SUPPORT FUND IN MEMORY OF PAUL RISLEY	10,000.
Total from continuation sheets				162,500.

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
ROSWELL PARK ALLIANCE FOUNDATION ELM & CARLTON STREETS BUFFALO, NY 14263	NONE	PC	TO SUPPORT CARLY'S CLUB	36,000.
SENECA ST UNITED METHODIST 1218 SENECA STREET BUFFALO, NY 14210	NONE	PC	TO SUPPORT SCHOLARSHIP FUND AND WISH LIST	5,000.
SENECA STREET COMMUNITY DEVELOPMENT CORPORATION 1218 SENECA STREET BUFFALO, NY 14210	NONE	PC	TO SUPPORT COMMUNITY DEVELOPMENT	17,500.
SILVER LAKE CONFERENCE CENTER 223 LOW ROAD SHARON, CT 06069	NONE	PC	TO SUPPORT SCHOLARSHIP FUND AND WISH LIST	5,000.
STATE OF NEW YORK UNIVERSITY OF BUFFALO 144 JACOBS MANAGEMENT CENTER BUFFALO, NY 14260-4000	NONE	PC	TO SUPPORT GRADUATE EDUCATION	12,500.
TEACHER'S DESK 22 NORTHAMPTON STREET BUFFALO, NY 14209	NONE	PC	TO SUPPORT TEACHERS AND EDUCATION	5,000.
THE BUFFALO ZOO 300 PARKSIDE AVENUE BUFFALO, NY 14214-1999	NONE	PC	TO SUPPORT ZOO	5,000.

Total from continuation sheets

Part XV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	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
THE JACKSON LABORATORY P.O. BOX 254 BAR HARBOR, ME 04609-0254	NONE	PC	TO SUPPORT BIOMEDICAL RESEARCH	7,500.
WILDLIFE IN CRISIS, INC. P.O. BOX 1246 WESTON, CT 06883	NONE	PC	TO SUPPORT CHILDREN WITH SPECIAL NEEDS	15,000.
WINGS FLIGHTS OF HOPE, INC. P.O. BOX 872 ORCHARD PARK, NY 14217	NONE	PC	FOR SUPPORT OF FREE AIR TRANSPORTATION FOR THOSE IN MEDICAL NEED	5,000.
Total from continuation sheets				

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

THE MONTGOMERY FAMILY FOUNDATION

Employer identification number

26-6620815**Organization type** (check one)**Filers of:****Section:**

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 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 1/3% 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 990-PF, 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	Employer identification number
THE MONTGOMERY FAMILY FOUNDATION	26-6620815

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	CAROLYN MONTGOMERY 5784 OLD LAKE SHORE ROAD LAKE VIEW, NY 14085	\$ 92,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	ROBERT MONTGOMERY 5784 OLD LAKE SHORE ROAD LAKE VIEW, NY 14085	\$ 15,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

26-6620815

Part II

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization

Employer identification number

THE MONTGOMERY FAMILY FOUNDATION

26-6620815

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 info once) ▶ \$

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF	OTHER INCOME		STATEMENT 1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ROMARK SCS - ORDINARY INCOME	53,059.	71,484.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	53,059.	71,484.	0.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ERNST & YOUNG US, LLP	9,734.	4,867.	0.	4,867.
TO FORM 990-PF, PG 1, LN 16B	9,734.	4,867.	0.	4,867.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	12,865.	12,865.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	12,865.	12,865.	0.	0.

FORM 990-PF	TAXES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	5,600.	0.	0.	0.
NYS INCOME TAX PAID	250.	0.	0.	0.
FOREIGN TAXES PAID	476.	476.	0.	0.
TO FORM 990-PF, PG 1, LN 18	6,326.	476.	0.	0.

The Montgomery Family Foundation

EIN: 26-6620815

12/31/2019

Form 990-PF, Part XV, Line 3a - Continuation Sheet

Description of Non-Cash Grants Paid		Type of Stock	Number of shares	Basis	FMV
Date	Donee				
VARIOUS	Gifted to Buffalo Philharmonic	MSFT	315	12,923	43,177
VARIOUS	Gifted to Buffalo Philharmonic	GOOG	45	16,774	54,230
TOTAL				29,697	97,407

Book Value is donor's basis

Fair Market Value is quoted stock price on date of gift

FORM 990-PF	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ROMARK SCS - EXPENSES	68,876.	68,876.	0.	0.
NYS FILING FEES	250.	0.	0.	250.
TO FORM 990-PF, PG 1, LN 23	69,126.	68,876.	0.	250.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 6
DESCRIPTION		AMOUNT
BOOK ADJUSTMENT		1,257.
ADJUSTMENT TO COST BASIS ON DONATIONS OF STOCK		70,303.
TOTAL TO FORM 990-PF, PART III, LINE 3		71,560.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT 7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
50,000 FANNIE MAE 2.000%	X		49,451.	50,365.
30,000 FANNIE MAE 2.625%	X		30,124.	31,195.
30,000 FANNIE MAE 1.875%	X		27,883.	29,922.
35,000 US TREASURY NOTES 2.000	X		35,145.	35,109.
60,000 US TREASURY NOTES 1.625	X		60,011.	60,019.
25,000 US TREASURY NOTES 2.375	X		25,675.	25,749.
20,000 NEW YORK ST URBAN DEV CORP 3.27%		X	19,301.	20,966.
15,000 NEW YORK ST URBAN DEV CORP 3.15%		X	15,091.	15,807.
TOTAL U.S. GOVERNMENT OBLIGATIONS			228,289.	232,359.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			34,392.	36,773.
TOTAL TO FORM 990-PF, PART II, LINE 10A			262,681.	269,132.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
270 ABBOT LABORATORIES	8,873.	23,451.
2,210 ACREAGE HLDGS INC	25,909.	13,073.
370 ALTRIA GROUP INC	22,311.	18,466.
20 AMAZON COM INC	12,930.	36,957.
225 APPLE INC	36,775.	66,071.
980 BANK OF AMERICA CORP	14,086.	34,516.
210 BERKSHIRE HATHAWAY	29,088.	47,565.
55 BOEING CO	19,938.	17,917.
200 CHECK PT SOFTWARE	12,721.	22,192.
120 CHEVRON CORPORATION	11,284.	14,461.
110 CHUBB LTD	5,621.	17,123.
525 CISCO SYSTEMS INC	19,307.	25,179.
125 CONSETLLATION BRAND	22,392.	23,719.
1,000 DISCOVERY INC	27,537.	32,740.
620 ENBRIDGE INC	22,081.	24,657.
270 EXXON MOBILE CORP	20,473.	18,841.
100 FACEBOOK INC	9,684.	20,525.
90 GENERAL DYNAMICS CO	15,736.	15,872.
275 GILEAD SCIENCES INC	18,043.	17,870.
90 GOLDMAN SACHS GROUP	15,819.	20,694.
90 HOME DEPOT INC	16,481.	19,654.
90 HUMANA INC	17,660.	25,656.
225 INCYTE CORP	15,387.	19,647.
365 INTEL CORPORATION	6,316.	21,845.
450 ISHARES MSCI INDIA ETF	14,466.	15,818.
250 JOHNSON & JOHNSON	23,719.	36,468.
180 JPMORGAN CHASE & CO	15,010.	25,092.
80 MASTERCARD INC	1,245.	23,887.
125 MCDONALDS CORP	19,801.	24,701.
110 NEXTERA ENERGY INC	18,175.	26,638.
175 NVIDIA CORP	19,950.	41,178.
160 PEPSICO INCORPORATED	8,729.	21,867.
170 PNC FINANCIAL SRVCS	11,420.	27,137.
200 PROCTER & GAMBLE	13,289.	24,980.
45 REGENERON PHARMACEUTICALS	17,404.	16,897.
630 ROCHE HOLDINGS LTD	20,028.	25,616.
405 SCHLUMBERGER LTD	23,952.	16,281.
180 SCHWAB US SMALL CAP ETF	11,455.	13,615.
390 SCHWAB US TIPS ETF	22,090.	22,086.
125 SERVICE NOW INC	15,845.	35,290.
410 SOUTHWEST AIRLINES	21,204.	22,132.
360 TJX COMPANIES INC	10,792.	21,982.
135 UNITED PARCEL SERVICE	9,786.	15,803.
165 UNIVERSAL DISPLAY CO	16,451.	34,002.
315 VERIZON COMMUNICATION	12,563.	19,341.
135 WALT DISNEY CO	12,756.	19,525.
735 VANGUARD MORTGAGE-BACKED	38,506.	39,080.
1,435 VANGUARD S/T INVEST	15,049.	15,403.
TOTAL TO FORM 990-PF, PART II, LINE 10B	820,137.	1,183,510.

FORM 990-PF

CORPORATE BONDS

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
10,000 SOUTHERN RAILWAY 9.75%	10,372.	10,353.
15,000 VERIZON COMMUNICATION 3.45%	15,074.	15,287.
5,000 VERIZON COMMUNICATION 4.6%	5,143.	5,168.
20,000 APPLE INC 2.85%	20,178.	20,306.
20,000 CATERPILLAR INC 3.9%	20,442.	20,530.
15,000 CHEVRON CORP 2.355%	14,709.	15,198.
15,000 JOHN DEERE CAP 2.8%	15,082.	15,363.
15,000 JPMORGAN CHASE & CO 4.35%	15,542.	15,557.
20,000 MICROSOFT CORP 2.375%	20,062.	20,340.
5,000 NORFOLK SOUTHERN 5.9%	5,028.	5,109.
20,000 ORACLE CORPORATION 2.400%	19,297.	20,321.
20,000 GENERAL MILLS IN 4.2%	22,016.	22,243.
15,000 APPLE	15,076.	15,080.
20,000 BANK OF AMERICA	20,309.	20,286.
TOTAL TO FORM 990-PF, PART II, LINE 10C	218,330.	221,141.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
450 AMERICOLD REALTY TRUST REIT	COST	14,985.	15,777.
TOTAL TO FORM 990-PF, PART II, LINE 13		14,985.	15,777.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT L. MONTGOMERY 5784 OLD LAKE SHORE ROAD LAKE VIEW, NY 14085	PRESIDENT/TRUSTEE 2.00	0.	0.	0.
CAROLYN H. MONTGOMERY 5784 OLD LAKE SHORE ROAD LAKE VIEW, NY 14085	TREASURER/TRUSTEE 2.00	0.	0.	0.
LISA M. HILL 132 TURTLEBACK ROAD NEW CANAAN, CT 06231	TRUSTEE 1.00	0.	0.	0.
KAREN M. RISLEY 293 WEST MAIN STREET AMSTON, CT 06231	TRUSTEE 1.00	0.	0.	0.
KATHRYN M. CAMBI, M.D. 2 ROCCO DRIVE EAST LYME, CT 06333	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 12

NAME OF MANAGER

ROBERT L. MONTGOMERY
CAROLYN H. MONTGOMERY

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ROBERT L. MONTGOMERY
5784 OLD LAKE SHORE ROAD
LAKE VIEW, NY 14085

TELEPHONE NUMBER

(716) 627-4686

FORM AND CONTENT OF APPLICATIONS

REQUEST SHOULD CONTAIN A DESCRIPTION OF THE ORGANIZATION, ITS MANAGEMENT, ITS REASON FOR BEING, AND SPECIFICALLY THE INTENDED USE OF THE GRANT.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

PRIMARILY, BUT NOT EXCLUSIVELY, LIMITED TO THE WESTERN NY AREA, EDUCATIONAL, RELIGIOUS, HEALTH RELATED, CULTURAL AND SCIENTIFIC RESEARCH PROGRAMS, INCLUDING SUCH PROGRAMS WHICH MIGHT BENEFIT CHILDREN AND THE ELDERLY AND SUCH INSTITUTIONS AS SHALL BE DETERMINED BY THE TRUSTEES, IN THEIR SOLE DISCRETION AS ENHANCING THE OVERALL QUALITY OF LIFE IN THE AREAS SERVED.