Form 990-PF

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/Form990PFfor instructions and the latest information.

	t of the venue S	Treasury ervice

	For ca	lendar year 2019 or tax year beginning		, 2019, and e	nding		, 20
	Name o	f foundation				A Employer identifi	cation number
	DON	IALD MACDAVID CHARITABLE TR				45-	6290317
		r and street (or PO box number if mail is not delivered	suite	B Telephone numbe			
	_285	DELAWARE AVENUE, 3RD FLOOR				71	6-848-7581
	City or t	own, state or province, country, and ZIP or foreign post	al code				
					- 1	C If exemption applicat pending, check here.	
	BUF	FALO, NY 14202				portality, effects from	
	G Che	eck all that apply: Initial return	Initial return	of a former public c	harity	D 1 Foreign organizati	ons, check here
		Final return	Amended re	urn		2 Foreign organizati	ons meeting the
	_	Address change	Name chang	e		85% test, check he computation	
3	H Che	eck type of organization: X Section 501	(c)(3) exempt private f	oundation	αI	E If private foundation	otatus was tarminated —
_		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr	vate foundation	04	under section 507(b)	
1			ounting method: X C	ash Accrual	1	F If the foundation is in	a 60-month termination
			Other (specify)	·		under section 507(b)	(1)(B), check here . >
			column (d), must be on c	ash basis)			
ı	Part	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net investment	10	Adjusted not	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	income	(0)	Adjusted net income	purposes
		column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule).			\dashv		
	2	Check Lift the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments.			_		
	4	Dividends and interest from securities	126,882.	126,88	2.		
	5a	Gross rents					
	b	Net rental income or (loss)					
:	2 6a B	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	282,405.				
	6a b	assets on line 6a	 	202 40			
Č	<u> </u>	Capital gain net income (from Part IV, line 2)	NEVED 1	282,40	·	<u></u>	
	8	In a company of the contract o	CIEVED		_		
	9 10a	Income modifications	9		-		
		Gross sales less returns and allowances	0 6 2020 3	 -	 		
		Gross profit or (loss) (attach schedule)			-		
•	11	Other income (attach schedule)	DEN, UT	 _			
	12	Total. Add lines 1 through 11 · · · · · · · ·		409,28	7.		
	13	Compensation of officers, directors, trustees, etc	58,244.	58,24			
	n	Other employee salaries and wages	,	NOI		NONE	‡ .
9	2 15	Pension plans, employee benefits		NOI		NONE	; ;"
	16a	Legal fees (attach schedule)					with the same of t
Ú	j b	Accounting fees (attach schedule)					
	c	Other professional fees (attach schedule)					
2	17	Interest					
C	18	Taxes (attach schedule) (see instructions, 1.	9,421.	2,020) .		
\geq	19	Depreciation (attach schedule) and depletion.					
Ź	20	Occupancy		· ·			
Ţ,	21	Travel, conferences, and meetings		NOI	\rightarrow	NONE	
Ų	22	Printing and publications		NOI		NONE	
Ç	14 15 16a b c 17 18 19 20 21 22 22 24 25	Other expenses (attach schedule) $STMT.2$.	295.	295	5.		
	24	Total operating and administrative expenses.					
1	2	Add lines 13 through 23	67,960.	60,559	9.	NONE	- <u>-</u>
		Contributions, gifts, grants paid	279,299.				<u>279,299</u> .
2020	26	Total expenses and disbursements Add lines 24 and 25	347,259.	60,559)	NONE	<u>279,299</u> .
20		Subtract line 26 from line 12:					
	J	Excess of revenue over expenses and disbursements	62,028.	240 50			
		Net investment income (if negative, enter -0-)		348,728	-		
	1 6	Adjusted net income (if negative, enter -0-).	į l		1	I	

JSA For Paperwork Reduction Act Notice, see instructions.

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P	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	308,171.	210,774	. 210,774
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			<u> </u>
	5	Grants receivable		 -	ļ <u>-</u>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			<u> </u>
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts NONE		_	
Assets	8	Inventories for sale or use		_	<u> </u>
SS	9	Prepaid expenses and deferred charges		·	
⋖		Investments - U S and state government obligations (attach schedule).		5 465 000	5 060 160
	Į.	Investments - corporate stock (attach schedule) . STMT .3	5,305,767.	5,465,880	. 5,869,168
	11 ^c	Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)		 -	<u> </u>
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)		·	
	16	Total assets (to be completed by all filers - see the	l l		
_		Instructions. Also, see page 1, item I)	5,613,938.	5,676,654	. 6,079,942
	17	Accounts payable and accrued expenses			
	18	Grants payable		-	
ies	19 20 21 22	Deferred revenue			
Ę	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
		-		37037]
	23	Total liabilities (add lines 17 through 22)		NON!	4
ances	24 25 26 27 28 29 30	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			
蔥	24	Net assets without donor restrictions			<u> </u>
2	25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			
S	;	and complete lines 26 through 30			
بر س	20	·	5,613,938.	5,676,654	
0	20	Capital stock, trust principal, or current funds	3,013,730.	3,010,034	<u> </u>
ě	20	Retained earnings, accumulated income, endowment, or other funds		·	
SS	20	Total net assets or fund balances (see instructions)	5,613,938.	5,676,654	
ij	30	Total liabilities and net assets/fund balances (see	3,013,330.	3,070,031	
ž		instructions)	5,613,938.	5,676,654	
P	art III	Analysis of Changes in Net Assets or Fund Bala		370707031	
		I net assets or fund balances at beginning of year - Part		nust agree with	
·		of-year figure reported on prior year's return)			5,613,938.
2		r amount from Part I, line 27a			62,028.
		er increases not included in line 2 (itemize) > 2018 INCOME I		3	5,385.
		lines 1, 2, and 3			5,681,351.
5		eases not included in line 2 (itemize) ► SEE STA		5	4,697.
		I net assets or fund balances at end of year (line 4 minus li			5,676,654.
_					222 PC

Day	Capital Gaine	and Lossos for Tay on Inve	etment Income			
Par		s and Losses for Tax on Investigation in the same scribe the kind(s) of property sold (for e		(b)How		
•	(a) List and des 2-story bi	acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
		D - Donation	(IIIO , day, yr /	(iiio , day, yi)		
<u>1 a</u>	PUBLICLY TRADED	SECURITIES				
<u>_ b</u>						
c				<u> </u>		
d						
е						
	(a) Crass sales muss	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ess)
	(e) Gross sales price	(or allowable)	plus expense of sale	•	((e) plus (f) minu	us (g))
a	1,804,537.		1,522,132.			282,405.
b						
C				<u> </u>		
d				1		
e				 		
	Complete only for assets sh	owing gain in column (h) and owned b	y the foundation on 12/31/69			- _
	Complete only for assets sit		T		Gains (Col (h) ga (k), but not less t	
((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	001	Losses (from col	
		43 01 12/01/03	Stor don tijn ii diriy			
<u>a</u>				<u> </u>		282,405.
<u>b</u>				 		
<u>c</u>				 		
<u>d</u>						
<u>e</u>				 		
2	Capital gain net income	or (not capital loss)	ain, also enter in Part I, line 7			
_		(IT (II	oss), enter -0- in Part I, line 7	2		282,405.
3		ain or (loss) as defined in sections				
	If we're the source to D			}		
	it gain, also enter in P	art I, line 8, column (c). See ins	tructions. If (loss), enter -0- in $\}$			
	Part I, line 8	<u> </u>	<u> </u>	3		
(For	Part I, line 8	nder Section 4940(e) for Red private foundations subject to the	uced Tax on Net Investment I		me.)	
(For If sec Was	Part I, line 8	nder Section 4940(e) for Red private foundations subject to the leave this part blank. the section 4942 tax on the distrib	uced Tax on Net Investment Insection 4940(a) tax on net investr	nent inco		Yes X No
If sed Was	Part I, line 8	private foundations subject to the leave this part blank. the section 4942 tax on the distribution of the	section 4940(a) tax on net investre that amount of any year in the bo not complete this part.	nent incom	d7	Yes X No
(For If sec Was	Part I, line 8	nder Section 4940(e) for Red private foundations subject to the leave this part blank. the section 4942 tax on the distrib	section 4940(a) tax on net investre that amount of any year in the bo not complete this part.	nent incom	d7	Yes X No
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(For If sec Was If "Ye	Part I, line 8	Inder Section 4940(e) for Red private foundations subject to the leave this part blank. the section 4942 tax on the distrib t qualify under section 4940(e). Di nount in each column for each yea (b) Adjusted qualifying distributions	section 4940(a) tax on net investre section 4940(a) tax on net inv	ase perior	d? tries. (d) Distribution rai (col (b) divided by	tio
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(For If sec Was If "Ye	Part I, line 8	Inder Section 4940(e) for Red private foundations subject to the leave this part blank. It expects a section 4942 tax on the distrib It qualify under section 4940(e). Denount in each column for each year (b) Adjusted qualifying distributions 10,300. 279,299. 277,623. 275,566.	section 4940(a) tax on net investre to table amount of any year in the bound complete this part. r; see the instructions before making (c) Net value of noncharitable-use assets 5,742,517. 5,722,437. 5,429,932. 5,770,380.	ase perior	d? tries. (d) Distribution rai (col (b) divided by	0.001794 0.048808 0.051128 0.047755
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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctions)
1a	Exempt operating foundations described in section 4940(d)(2), check here 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		3,4	<u>87.</u>
	here X and enter 1% of Part I, line 27b			
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-)			ONE
3	Add lines 1 and 2		3,4	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			ONE 0.7
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		3,4	87.
6	Credits/Payments 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6 , 920 .			
a	NONE			
b	Exempt foreign organizations - tax withheld at source			
c d				
7	Total credits and payments. Add lines 6a through 6d		6,9	20.
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached	_		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,4	33.
<u>1</u> 1	Enter the amount of line 10 to be Credited to 2020 estimated tax ► 1,744. Refunded ► 11		1,6	
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		j	
	instructions for the definition	1b		<u> X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1		
	published or distributed by the foundation in connection with the activities	1.		Х
	Did the foundation file Form 1120-POL for this year?	1c		<u></u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1	}	
·	on foundation managers \$	1 1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	1 1		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	_	<u>X</u>
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or	l i		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that and that with the state law remains in the government and the government.	6	x	
7	conflict with the state law remain in the governing instrument?	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	-		
O.	NY			
ь	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 ² If "No," attach explanation	8b	_ 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	9		<u>X</u> .
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		<u>X</u>

<u>Par</u>	t VIJ-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		ļ	
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1	İ	l
	person had advisory privileges? If "Yes," attach statement See instructions	12	<u> </u>	X
13		13	<u> X</u>	<u></u>
	Website address ► N/A	750	1	
14	The books are in care of ► M AND T TRUST COMPANY Telephone no ► (716) 848	<u>- /58</u>	<u> </u>	
	Located at ► 285 DELAWARE AVENUE, 3RD FLOOR, BUFFALO, NY ZIP+4 ► 14202			1 1
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	• • •	•	· L
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		163	X
	over a bank, securities, or other financial account in a foreign country?		L	^
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
<u>ı</u> aı	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Γ	Yes	No
12	During the year, did the foundation (either directly or indirectly):			
Ia	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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	l		
	termination of government service, if terminating within 90 days)			
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	1b		<u>X</u>
	Organizations relying on a current notice regarding disaster assistance, check here			
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?	1c		_X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	ļ	.	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	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?			
L	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			l
b	(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)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
Ĭ	b			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
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 }	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
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?	4b	25-	<u>X</u>
	F.	ua	N DE	

Part	VI-B Statements Regarding Activities	for Which Form 4	720 May Be Red	uired (continued)			
5a	During the year, did the foundation pay or incur any am					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ		n 4945(e))?	. Yes X No	,		
•	(2) Influence the outcome of any specific public e	•					
	directly or indirectly, any voter registration drive?,				,		
	(3) Provide a grant to an individual for travel, study, or				,		
	(4) Provide a grant to an organization other than						
	section 4945(d)(4)(A)? See instructions				,		
	(5) Provide for any purpose other than religious,						
	purposes, or for the prevention of cruelty to childre				,		
b	If any answer is "Yes" to 5a(1)-(5), did any of th				n		
	Regulations section 53.4945 or in a current notice regi						
	Organizations relying on a current notice regarding disa	aster assistance, check	here				
С	If the answer is "Yes" to question 5a(4), does th	e foundation claim e	exemption from the	tax			
	because it maintained expenditure responsibility for the		·		,		
	If "Yes," attach the statement required by Regulations s						
6a	Did the foundation, during the year, receive any fi	unds, directly or indir	ectly, to pay premiu	ms			
	on a personal benefit contract?			Yes X No	,		
Ь	Did the foundation, during the year, pay premiums, dire				6ь		X
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?.	Yes X No	,		
b	If "Yes," did the foundation receive any proceeds or have	ve any net income attri	outable to the transact	ion?	7b		
8	Is the foundation subject to the section 4960 tax on pa	yment(s) of more than	\$1,000,000 in				
_	remuneration or excess parachute payment(s) during the						
Part	Information About Officers, Direct and Contractors	ors, Trustees, Fou	ındation Manageı	rs, Highly Paid Emp	oloyees,		
1	List all officers, directors, trustees, and foundati	on managers and t	neir compensation.	See instructions.			
'		(b) Title, and average	(c) Compensation (if not paid,	(d) Contributions to	(e) Expens		
	(a) Name and address	(b) Title, and average hours per week devoted to position			(e) Expens other all		
M &T	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owance —	s
M &T	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans		owance —	
M &T	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owance —	s
M &T	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owance —	s
M &T	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owance —	s
M &T	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owance —	s
M &T	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owance —	s
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owance	-0-
M &T 285 D	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owance	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those (b) Title, and average	(c) Compensation (lf not paid, enter-0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation -0-	other allo	one, e	-0-
M &T 285 D	(a) Name and address PRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred	other all	one, e	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter-0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation - () -	other allo	one, e	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
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M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) 58,244.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
M &T 285 D	(a) Name and address TRUST CO elaware Avenue, 3rd Floor, BUFFALO, NY 14202 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than those hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 58, 244.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-

Page 7

	ve 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		NONE
<u> </u>		
		<u> </u>
		<u></u>
otal nu	mber of others receiving over \$50,000 for professional services	NONE
Part IX		
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NON	E	
		.
2	_]	
<u>, —</u>		
-		
4		
Part IX		Amount
1 NON	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
INOIN	<u> </u>	
-		
2		
	er program-related investments. See instructions	
3 NON		

Form **990-PF** (2019)

45-6290317 Page **8**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. 1a 5,539,919. 1b 241,150. 1c NONE 1d 5,781,069. Reduction claimed for blockage or other factors reported on lines 1a and 2 NONE 3 3 5,781,069. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 86,716. 5 5 5,694,353. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 284,718. 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.) 284,718. 2a Tax on investment income for 2019 from Part VI, line 5 2a 3,487. Income tax for 2019. (This does not include the tax from Part VI.). . | 2b 2c .487. 281,231. 3 3 4 4 NONE Recoveries of amounts treated as qualifying distributions.................. 5 281 231. 5 6 NONE 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 281,231. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26............ 279,299. 1a 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., NONE 2 3 Amounts set aside for specific charitable projects that satisfy the: 3a NONE NONE 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 279,299. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 3.487. 6

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2019)

Form 990-PF (2019)

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

Page 9

Pai	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				281,231.
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only			<u>26</u> 0,431.	
b	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019.				
а	From 2014 NONE				
b	From 2015 NONE				ı
C	From 2016		ĺ		
d	From 2017				
	From 2018 NONE	NONT			
	Total of lines 3a through e	NONE	-		·
4	Qualifying distributions for 2019 from Part XII,				
	line 4· ▶ \$ 279,299.			260 421	
	Applied to 2018, but not more than line 2a			260,431.	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	,		NONE		
С	Treated as distributions out of corpus (Election required - see instructions)	NONE			
d	Applied to 2019 distributable amount	<u> </u>			18,868.
	Remaining amount distributed out of corpus	NONE		· · · · · ·	20/000.
	Excess distributions carryover applied to 2019				·
	(If an amount appears in column (d), the same amount must be shown in column (a))	NONB			NONE
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b	Prior years' undistributed income. Subtract		İ		
	line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		27027		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable		NONE		
e	amount - see instructions		NONE		
Ī	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2020				262,363.
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)	NONE			
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	NONB			
	Analysis of line 9.				
	Excess from 2015 NONE				
	Excess from 2016 NONE				
	Excess from 2017 NONE				
	Excess from 2018 NONE				
е	Excess from 2019 NONE				- -

orm !	990-PF (2019)			45-6	6290317			Page 10
Part	XIV Private Ope	rating Foundations	(see instructions a	nd Part VII-A, questi			NOT 7	APPLICABLE
	If the foundation has re							
	foundation, and the ruling	-		·	* I			
-	Check box to indicate w					4942(j))(3) or	4942(j)(5)
	Enter the lesser of the ad-	Tax year	is a private operating	Prior 3 years			1	10.12()/(0)
	justed net income from Part		(h) 2019	(c) 2017	(d) 20	16	1 4	e) Total
	or the minimum investment	(a) 2019	(b) 2018	(0/ 2017	(u) 20		 	
1	return from Part X for each						١,	
,	year listed • • • • • • _							
þ :	85% of line 2a		_ _		-		//	
¢	Qualifying distributions from Part	ľ			ľ		1	
	XII, line 4, for each year listed .					_/_	 	
	Amounts included in line 2c not used directly for active conduct				/			
	of exempt activities		 .				<u> </u>	
	Qualifying distributions made						}	
	directly for active conduct of exempt activities. Subtract line							
	2d from line 2c			<u> </u>				
	Complete 3a, b, or c for the							
	alternative test relied upon • • "Assets" alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
Ь	"Endowment" alternative test-							
	enter 2/3 of minimum invest-						}	
	ment return shown in Part X,							
	line 6 for each year listed					$\overline{}$		
	(1) Total support other than						•	
	gross investment income	J			J			
	(interest, dividends, rents, payments on securities							
	loans (section 512(a)(5)),					/	Į.	
	or royalties)		· 	···-			\ 	
	public and 5 or more							
	exempt organizations as provided in section 4942							
	())(3)(B)(m)				 	-	-	
,	(3) Largest amount of sup- port from an exempt	•			,		'	\
	organization							
	(4) Gross investment income		Name - 1 - 4 - 4 - 1 - 1 - 1 - 4 - 4 - 4 - 4	ambe if the formula	4:	<u> </u>		
Gli		ring the year - see		only if the founda	ition nad \$	5,000 0	r more i	in assets at
4				 				
	Information Regarding List any managers of tl			o than 2% of the tot	al contributio	ne rocoiv	ad by th	a foundation
	before the close of any t						eu by ui	ie loundation
,		tax year (but only if the	cy nave continuated i	11010 111011 40,000). 10	00 000000000000000000000000000000000000	,,,,,,,,		
	N/A		400/					
	List any managers of t					in equally	/ large p	ortion of the
•	ownership of a partners	nip or other entity) of	which the foundation	nas a 10% or greater	interest			
	N/A Information Regarding							
								
(Check here ▶ X if th	e foundation only r	nakes contributions	to preselected char	table organı	zations a	and does	not accept
	unsolicited requests for			ints, etc., to individua	ils or organiz	ations un	ider othe	er conditions,
	complete items 2a, b, c,							
a ·	The name, address, and	telephone number or	email address of the	person to whom appl	ications shou	ld be add	ressed.	
b	The form in which appli	cations should be sub	mitted and information	on and materials they	should includ	е:		<u> </u>
C /	Any submission deadline	es:						
d /	Any restrictions or lim	nitations on awards	such as by geogra	phical areas, charita	ble fields. k	inds of	Institution	ns. or other
	factors:		20 2, googia	process and an arrive				,

Part XV Supplementary Information 3. Grants and Contributions Paid Du	(continued)	round for F	iutura Paymont	
Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Talu during the year		1		
SEE STATEMENT 15			i	279,299
SEE STATEMENT 15		1 1		217727
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		1 1		
		1		
			j	
		1	1	
		1		
		.		
	<u> </u>		30	279,299
b Approved for future payment		<u> </u>	34	213,233
		1		
		j		
		1		
		1		
	1			
	ļ			
Total			▶ 3h	

Part XVI-	A Analysis of Income-Produ	ucing Acti	vities			
Enter gross a	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
-						
f				·-		
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					
	n savings and temporary cash investments					
4 Dividend	s and interest from securities			14	126,882.	
5 Net renta	al income or (loss) from real estate					
a Debt-	financed property					
b Not d	lebt-financed property					
6 Net rental	I income or (loss) from personal property			<u> </u>		
7 Other inv	vestment income			1		
8 Gain or (lo	oss) from sales of assets other than inventory			18	282,405.	
9 Net incor	me or (loss) from special events 🕡 👵					·
	ofit or (loss) from sales of inventory					
	venue a			 		
		<u> </u>		 		
	<u> </u>		<u> </u>	 		
	 			 		
e	Add columns (b) (d) and (c)			<u> </u>	409,287.	
	Add columns (b), (d), and (e) dl line 12, columns (b), (d), and (e)					409,287.
	eet in line 13 instructions to verify calcu					405,201.
Part XVI-			ccomplishment of E	xempt Puri	ooses	<u> </u>
Line No.	·					
	Explain below how each activit accomplishment of the foundation					
▼	accomplishment of the foundation	on a exemp	t purposes (other than	by providing	riulius for such purposes	oj. (See mstructions.)
					·	
						
	- <u> </u>					· -
	<u> </u>				·	
						_
			NOT APPLICABL	<u>E</u>		
						
						
						
			····	<u> </u>		<u> </u>
						
						
						
						

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

		Organizatio	ns									
1 [Did the	e organization di	rectly or indirectly	y engage in any of	the following	with ar	ny other organ	nization o	iescribed		Yes	No
i	n sec	tion 501(c) (of	ther than section	n 501(c)(3) organ	izations) or	ın secti	ion 527, rel	ating to	political			
		zations?		-								
	_		orting foundation t	o a noncharitable e:	xempt organi	zation of	f.					l
		-	-							1a(1)		Х
-												X
		ransactions:								10(2)		
												Х
				mpt organization								
				able exempt organiz								X
				er assets								X
			=	• • • • • • • • • •						$\overline{}$		X
		-										X
				nip or fundraising so								X
c S	Sharing	g of facilities, equ	upment, mailing li	sts, other assets, or	paid employ	ees				1c		X_
d I	f the	answer to any o	of the above is "\	es," complete the	following sc	hedule.	Column (b) si	hould alv	ways show	the '	fair m	ıarket
•	value d	of the goods, ot	her assets, or ser	vices given by the	reporting for	indation.	. If the founda	ation rec	eived less	than	fair m	ıarket
\	value i	n any transactio	n or sharing arrai	ngement, show in o	column (d) th	ne value	of the goods,	other a	ssets, or se	ervices	s rece	∍ıved.
(a) Lin	e no	(b) Amount involve	ed (c) Name o	f noncharitable exempt or	rganization	(d) Des	scription of transfe	rs, transact	ons, and shar	ıng arra	ngeme	nts
				·	<u> </u>		<u> </u>					
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	\rightarrow				-							
												
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			- .									
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		-		_	·							
					·	_			-			
	İ			 -				,				
22	c the	foundation direc	tly or indirectly s	iffiliated with, or re	ulated to one	or moi	re tav-evemnt	Organiza	tions			
			•	ection 501(c)(3)) or			•	-		¬ _v ,	s X	7 No
					III Section 52	. ,					· 3	y 140
	i res,	(a) Name of organi	ollowing schedule		organization			l Dosovintu	on of relations			
		(a) Name of Organi	ization	(b) Type of	Organization) Description	on or relations	пр		
				 			··					
		·		 								
				<u> </u>								
				mined this return, including i taxpayer) is based on all info				the best of	my knowledg	e and b	elief, it	is true,
Sign	1	, and complete booland	• • • • • • • • • • • • • • • • • • • •	ranpayor, is based on an init				1	May the IRC	4.00.00		
_		uane m	. Ysumer	//05/04 ما	2020	Vice	Presiden	t	May the IRS with the pre			return pelow?
Here	Sign	ature of officer or tru	stee	Date	<u></u>	Title			See instructions			No
	М	& T TRUST (COMPANY	_								
	1	Print/Type prepare		Freparer's signatu			Date	Che	k If P	TIN		
Paid		ERIC W COL						020 self-	<u>~ </u>			
Prepa	arer			NG U.S. LLP								
•			ERNST & YOU		\1	_		Firm's EIN	<u> </u>			
Use (Unity	Firm's address	2100 E CARY						004.5		- 4 0	
		<u></u>	RICHMOND,	VA	232	23		Phone no	804-34			
									For	m 99 0)-PF (2019)

- TAXES

DESCRIPTION

FEDERAL FOREIGN T

FEDERAL

FORM 990PF, PART I

STATEMENT

DOO723 L693 05/04/2020 10:51:27

	REVENUE	
	AND	NET
	EXPENSES	INVESTMENT
TION	PER BOOKS	INCOME
1 1 1 1	 1	1 1 1 1 1
TAXES PRIOR YEAR BALAN	481.	
ESTIMATES - PRINCIPAL	6,920.	
TAXES ON QUALIFIED FOR	1,678.	1,678.
TAXES ON NONQUALIFIED	342.	342.
TOTALS	9,421.	2,020.

FORM 990PF, PART I - OTHER EXPENSES

295.

295.

TOTALS

295.

295.

OTHER NON-ALLOCABLE EXPENSE

DESCRIPTION

INVESTMENT INCOME

EXPENSES PER BOOKS

REVENUE AND

17

N

STATEMENT

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STATEMENT

STOCK	
ORPORATE	
II - C	
PART	
990PF,	
FORM	

ENDING FMV 	119,462	1,450,351 163,058 264,142 94,134 176,906 515,757 252,445 324,750 142,076 110,153 336,769 253,668	16,10 16,10 16,10 69,16 =====
ENDING BOOK VALUE	67,418.	1,420,594. 157,496. 248,420. 118,734. 118,734. 481,986. 189,957. 290,273. 127,934. 122,636. 319,421. 59,236. 243,393.	18,31
			TOTALS
DESCRIPTION	○ [4] Z	VANGUARD INFORMATION TECHNOLOG WILMINGTON BROAD MKT BD MERIDIAN SMALL-CAP GROWTH WILMINGTON GLOBAL ALPHA EQUITI ISHARES CORE MSCI EMERGING MKT WCM FOCUSED INTL GROWTH WILMINGTON INTL ISHARES EDGE MSCI EMERGING MKT HARBOR L-C VALUE ISHARES EDGE MSCI MIN VOL USA WILMINGTON L-C STRATEGY ISHARES S&P SM-CAP 600 GROWTH NUVEEN SM-CAP VALUE ISHARES CORE MSCI EAFE AMERICAN BEACON SIM H/Y-INS WILMINGTON REAL ASSET AQR STYLE PREMIA ALT LV ISHARES EDGE MSCI USA QLTY FAC	MEIWESI IOIAH KEIOKN BLACKROCK EVENT DRIVEN EQUITY

S IN N	IET WORTH	OR FUND	BALANCES
			AMOUNT
ENT			4,597. 100.
TAL			4,697.
E	ES IN N ====== IENT		· ·-

RECIPIENT NAME:

THE SALVATION ARMY

ATTN: MR. RICHARD D. ALLEN

ADDRESS:

440 WEST NYACK ROAD

WEST NYACK, NY 10994

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

HUMAN SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID

STATEMENT 6

ADDRESS:

NONE

PC

2001 MAIN ST

PURPOSE OF GRANT: SCHOLARSHIP

RELATIONSHIP:

BUFFALO, NY 14208-1035

FOUNDATION STATUS OF RECIPIENT:

2,712.

RECIPIENT NAME:
UNITED WAY OF BUFFALO
AND ERIE COUNTY
ADDRESS:

742 DELAWARE AVENUE BUFFALO, NY 14209-2202

RELATIONSHIP: NONE

PURPOSE OF GRANT:

HUMAN SERVICES FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 27,117.

RECIPIENT NAME:

CATHOLIC DIOCESAN SCHOOLS

ADDRESS:

795 MAIN STREET

BUFFALO, NY 14203-1215

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIP

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 8,135.

RECIPIENT NAME:

D'YOUVILLE COLLEGE

ATTN: KATHLEEN CHRISTY

ADDRESS:

320 PORTER AVE

BUFFALO, NY 14201

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIP

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID

PURPOSE OF GRANT: HUMAN SERVICES

PC

FOUNDATION STATUS OF RECIPIENT:

5,423.

RECIPIENT NAME:

SACRED HEART CHURCH OF BOWANSVILLE

ADDRESS:

5337 GENESEE STREET

BOWMANSVILLE, NY 14026-1034

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

RELIGIOUS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

STS. PETER & PAUL SCHOOL ATTN: MARGARET MARY LUCAS

ADDRESS:

52 BURLINGTON AVE

DEPEW, NY 14043-2598

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIP

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 8,135.

RECIPIENT NAME:

UNIVERSITY OF BUFFALO FDN

ADDRESS:

FLINT & SERVICE CENTER ROAD

AMHERST, NY 14226-900

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIP

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 2,712.

______ RECIPIENT NAME: ZOOLOGICAL SOCIETY OF BUFFALO INC ADDRESS: 300 PARKSIDE AVENUE BUFFALO, NY 14214 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,423. RECIPIENT NAME: LANCASTER NY HISTORICAL SOCIETY ADDRESS: 40 CLARK STREET LANCASTER, NY 14086-2104 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 8,135. RECIPIENT NAME: ALZHEIMER'S ASSOCIATION OF WNY, INC ADDRESS: 2805 WEHRLE DR STE 6 WILLIAMSVILLE, NY 14221 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID

PURPOSE OF GRANT:

FOUNDATION STATUS OF RECIPIENT:

MEDICAL

5,423.

RECIPIENT NAME:

PBS LOCAL AFFILLIATES WNED

HORIZONS PLAZA

ADDRESS:

PO BOX 1263

BUFFALO, NY 14240-1263

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

HUMAN SERVICES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 13,558.

RECIPIENT NAME:

ALBRIGHT KNOX ART GALLERY

ADDRESS:

1285 ELMWOOD AVE

BUFFALO, NY 14222

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

ART APPRECIATION

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 5,423.

RECIPIENT NAME:

VILLAGE OF DEPEW

C/O ELIZABETH C. MELOCK

ADDRESS:

85 MANITOU STREET

DEPEW, NY 14043-3756

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,712.

AMOUNT OF GRANT PAID

STATEMENT

PURPOSE OF GRANT: SCHOLARSHIP

PC

FOUNDATION STATUS OF RECIPIENT:

12

2,712.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

TRANSIT RURAL CEMETERY

ADDRESS:

PO BOX 165

BOWMANSVILLE, NY 14026

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

HUMAN SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 8,135.

RECIPIENT NAME:

BOWMANSVILLE UNITED METHODIST CHURC

ADDRESS:

5342 GENESEE STREET

BOWMANSVILLE, NY 14026

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

RELIGIOUS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HOSPICE FOUNDATION OF WNY

ADDRESS:

225 COMO PARK BLVD.

CHEEKTOWAGA, NY 14227-1480

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

MEDICAL

FOUNDATION STATUS OF RECIPIENT:

PC

DONALD MACDAVID CHARITABLE TR 45-6290317 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: UNIVERSITY OF PENNSYLVANIA OFFICE OF GIFT PLANNING ADDRESS: 3535 MARKET ST STE 500 PHILADELPHIA, PA 19104-3309 RELATIONSHIP: NONE PURPOSE OF GRANT: SCHOLARSHIP FOUNDATION STATUS OF RECIPIENT: PC 13,558. AMOUNT OF GRANT PAID RECIPIENT NAME: WORLD WILDLIFE FUND ATTN: LEGACY GIFTS ADDRESS: 1250 24TH STREET NW WASHINGTON, DC 20037 RELATIONSHIP: NONE PURPOSE OF GRANT: HUMAN SERVICES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 13,558. RECIPIENT NAME: AMERICAN RED CROSS-NATL ADDRESS: 2025 E STREET NW

AMOUNT OF GRANT PAID

WASHINGTON, DC 20006

FOUNDATION STATUS OF RECIPIENT:

RELATIONSHIP:

PURPOSE OF GRANT: HUMAN SERVICES

NONE

PC

13,558.

DONALD MACDAVID CHARITABLE TR 45-6290317 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

BUFFALO ANIMAL SHELTER

ADDRESS:

380 OAK STREET

BUFFALO, NY 14203-1516

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,423.

TOTAL GRANTS PAID:

279,299.