Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

-							
Name	e of four	ndation			A Emplo	yer identification number	
		& HELEN ELLIS CHARITABLE TRU				-6584353	
		street (or P O box number if mail is not delivered to street address)	Roo	om/suite		none number (see instructions 5 – 8 4 9 – 1 4 7 0	5)
		ONE M & T PLAZA state or province country and ZIP or foreign postal code	<u>l.</u>		/ 1 (3-649-1470	
•	JFF#				C If exen	nption application is pending	check here
			rn of a former public ch	arıtv	D 1 Fo	reign organizations, check he	ire •
• • •		Final return Amended	,	,		reign organizations meeting t	
		Address change Name cha				% test_check here and attach	
Сь	book t	ype of organization X Section 501(c)(3) exempt private		٠.١	- "	sta faccadation etatus was torn	oungted under
			le private foundation	ρų		ite foundation status was tern n 507(b)(1)(A), check here	▶ ☐
, h ——		ket value of all assets at J Accounting method	X Cash Accr	ual	Fifthet	oundation is in a 60-month te	rmination
7.1		ear (from Part II, col (c), Other (specify)	Casii Acci	uai		section 507(b)(1)(B) check h	_ 1 1
\circ	-	> \$ 5,905,615 (Part I, column (d), must	he on cash hasis \				
	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b) (c), and (d) may not necessarily equal	expenses per	(b) Net inco		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► X If the foundation is not required to attach Sch B	6 005	·····	2 0 6 5		
	3	Interest on savings and temporary cash investments	6,295		3,865	· · · · · · · · · · · · · · · · · · ·	
	4	Dividends and interest from securities	74,719		74,719		
	5a	Gross rents					
ne	_	Net rental income or (loss)	23,328	***************************************			
e l	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 268,660					
Revenue	7	Capital gain net income (from Part IV, line 2)			23,328		
"	8	Net short-term capital gain			23,320	0	
İ	9	Income modifications		,			
	10a	Gross sales less returns and allowances				······································	
l	b	Less Cost of goods sold		***************************************		 	
	, .	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 1	-5,479				1
1	12	Total, Add lines 1 through 11	98,863	1	01,912	0	
S	13	Compensation of officers, directors, trustees, etc	0				
2021 penses	14	Other employee salaries and wages				-	
20%	15	Pension plans, employee benefits					
5, Exp	16a	Legal fees (attach schedule) SEE STMT 2	4,766			DEC	
e ⊢	b	Accounting fees (attach schedule) STMT 3	1,000			REC	EIVED
SCANNED NOV 1	С	Other professional fees (attach schedule) STMT 4	19,060		14,461	(0)	SC
Et S	17	Interest				S MAY 1	3 2020
	18	Taxes (attach schedule) (see instructions)					<u> </u>
y E	19	Depreciation (attach schedule) and depletion					EN, UT
Z P	20	Occupancy					
SCANNED NOV 1	21	Travel, conferences, and meetings					
	22	Printing and publications	7 5 45				050
Operating	23	Other expenses (att sch.) STMT 5	1,545				950
at	24	Total operating and administrative expenses.	26 271		14 461	_	050
- pe	25	Add lines 13 through 23	26,371		14,461	0	
ō	25 26	Contributions, gifts, grants paid Total expenses and dishursements. Add lines 24 and 25	250,983		14 461		250,983
	27	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12	277,354		14,461	0	251,933
	a a	Excess of revenue over expenses and disbursements	-178,491				
	a b	Net investment income (if negative, enter -0-)	1,0,431		87,451	` <u> </u>	
	c	Adjusted_net income (if negative, enter -0-)			5,,451	0	
For P		work Reduction Act Notice, see instructions.				10	200 DE

	D-PF (2019) PAUL & HELEN ELLIS CHARITABLE		Beginning of year		Page 2 d of year
Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Savings and temporary cash investments		392,744	102,79	0 102,790
3	Accounts receivable >				
•	Less allowance for doubtful accounts	•			
₂ 4	Pledges receivable ▶			,	
2 7	Less allowance for doubtful accounts				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other				
"	disqualified persons (attach schedule) (see				
7	Instructions) Other notes and loans receivable (att schedule) ▶				
(Less allowance for doubtful accounts	0		•	
n 8	Inventories for sale or use	U			
<u>ج</u> ا	Prepaid expenses and deferred charges				
n l	Investments – U.S. and state government obligations (attach schedule)		<u> </u>		
10a	Investments – corporate stock (attach schedule) SEE STMT	6	4,488,698	4,636,51	9 5,295,178
b	Investments – corporate stock (attach schedule) SEE STMT	7	234,438	248,73	
11	Investments – tand, buildings, and equipment basis	•			
''	Less accumulated depreciation (attach sch.)		1		
12	Investments - mortgage loans				· · · · · · · · · · · · · · · · · · ·
13	Investments – other (attach schedule) SEE STATEMENT	8 -	278,696	231,46	256,798
14	Land, buildings, and equipment basis	_	2.0/05		
'-	Less accumulated depreciation (attach sch)		1		
15	Other assets (describe)			
16	Total assets (to be completed by all filers – see the	,			
'	instructions Also, see page 1, item I)		5,394,576	5,219,50	5,905,615
17	Accounts payable and accrued expenses		1		
^18	Grants payable	, ,			
- 1	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
19 20 21 22 22 22 22 22 22 22 22 22 22 22 22	Mortgages and other notes payable (attach schedule)	-		· · · · · · · · · · · · · · · · · · ·	
22	Other liabilities (describe SEE STATEMENT	9)	· · · · · · · · · · · · · · · · · · ·	1,70	65
23	Total liabilities (add lines 17 through 22)	,	0	1,70	65
+-	Foundations that follow FASB ASC 958, check here	► X		<u> </u>	
တ္ဆ	and complete lines 24, 25, 29, and 30	لسا	.		
24	Net assets without donor restrictions		5,394,576	5,217,7	44
<u>R</u> 25	Net assets with donor restrictions				
mi -	Foundations that do not follow FASB ASC 958, check here	▶ □			
밀	and complete lines 26 through 30.				
교 _{26.}	.Capital stock, trust principal, or current funds				
اة ₂₇	Paid-in or capital surplus, or land, bldg, and equipment fund				
S 28	*Retained earnings," accumulated income, endowment, or other funds				
29	Total net assets or fund balances (see instructions)		5,394,576	5,217,7	44
30	Total liabilities and net assets/fund balances (see				
Net Assets or Fund Balances Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-instructions)i		5,394,576	5,219,5	09
Part		ces			
	al net assets or fund balances at beginning of year - Part II, column (a), lin		ust agree with		
-	of-year figure reported on prior year's return)		•		1 5,394,576
	er amount from Part I, line 27a			<u> </u>	2 -178,491
-	er increases not included in line 2 (itemize) SEE STATEMENT	10		h—	3 5.479

5,217,744 Form 990-PF (2019)

5

6

5,221,564

3,820

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) \blacktriangleright SEE STATEMENT 11

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

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 Enter qualifying distributions from Part XII, line 4

1	990-PF (2019) PAUL & HELEN ELLIS CHARITABLE TRUST 83-6584353		, 	Pag	ge 4		
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – se	e inst	ructio	ns)			
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)						
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>1,7</u>	<u>49</u>		
	here ▶ and enter 1% of Part I, line 27b						
С	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-)				0		
3	Add lines 1 and 2			1,7	<u>49</u>		
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			1,7	49		
6	Credits/Payments						
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6a						
b	Exempt foreign organizations – tax withheld at source						
С	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d 6d						
7	Total credits and payments Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached 8				66		
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			1,8	15		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11						
<u>Pa</u>	rt VII-A Statements Regarding Activities			. 1			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	i		Yes	No_		
•	participate or intervene in any political campaign?		1a		<u>X</u>		
b							
	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		1c	1	x		
С	c Did the foundation file Form 1120-POL for this year?						
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			- 1			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
_	on foundation managers \$		2	ŀ	x		
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 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			1			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	Ì	X		
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X		
4a		N/A	4b				
þ	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X		
5	If "Yes," attach the statement required by General instruction T			_			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
6	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?		6	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		7	Х			
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.						
Ja	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		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 instructions for Part XIV If "Yes,"			ĺ	1		
	complete Part XIV		9	l	x 1		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses		10		X		
	<u> </u>		orm 99	0-PF			

	1 Sales (2015) Part of the Line Charling Charling Troops 63 - 030433	<u> </u>				P:	age c
Pa	irt VII-A Statements Regarding Activities (continued)					Yes	N.
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					res	No
''					44		v
12	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified.				11		<u> </u>
12	person had advisory privileges? If "Yes," attach statement. See instructions				40		v
13		42			12	x	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicately Website address WWW.ELLISTRUSTWNY.ORG	ition			13		
14		hono r		716-6	32-	789	7
' -	525 AERO DRIVE	mone r	10	710	32	109	′
		710		14225			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	ZIP	+4	1422	•		
13	and enter the amount of tax-exempt interest received or accrued during the year		. .	15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	•		15		V	NI-
	over a bank, securities, or other financial account in a foreign country?				16	Yes	No X
	• ,				16	<u>ا</u>	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶						
P:	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				<u> </u>	1	
	File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies.			·• ·		V	N.
1a						Yes	No
14	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	\Box	'es	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	LJ '	es	V NO			
	disqualified person?		es	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	=	es es	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	=	'es	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	' ليا	62	MO NO			
	the benefit or use of a disqualified person)?	\Box	'es	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	Ш'	63	21 140			
	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)		'es	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	ш'	62	21 110]	
-	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions			N/A	1ь		
	Organizations relying on a current notice regarding disaster assistance, check here			▶ □	10		
С	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	1c	ĺ	
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))					l	
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?	Пу	'es	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20						
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	2ь		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			· u			
	▶ 20 , 20 , 20 , 20						
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise						
	at any time during the year?		'es	X No			
þ	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	3b	[ч
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose			-	4a		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 2	0197			4b		X

Form 990-PF (2019)

	990-PF (2019) PAUL & HELI				,		P	age 6
		ding Activities for Which Fo	orm 4720 May Be Re	equired (cont	inued)			
	During the year did the foundation pay		dia= 4045(a)\2	г,	/ T		Yes	No
	(1) Carry on propaganda, or otherwise		` ''	∟,	res X No			
	(2) Influence the outcome of any spec	,	o), or to carry on,	п,	res X No			
	directly or indirectly, any voter reg			⊢ ≒	- I			
	(3) Provide a grant to an individual fo(4) Provide a grant to an organization			<u> </u>	res X No			
	section 4945(d)(4)(A)? See instru		ation described in	г,	res X No			
	, ,, ,, ,			اللا	Yes X No			
	(5) Provide for any purpose other tha		ary, or educational	П,	res X No			
	purposes, or for the prevention of			لـــا	Yes X No			
b	If any answer is "Yes" to 5a(1)–(5), did				N/A			
	in Regulations section 53 4945 or in a	- ·		S	N/A	5b		
	Organizations relying on a current not							
С	If the answer is "Yes" to question 5a(4		on from the tax	n/a □ ·	v 🗆 N-			
	because it maintained expenditure res	•	15	N/A	Yes No			
	If "Yes," attach the statement required							
6a	Did the foundation, during the year, re	eceive any funds, directly or indirectly,	, to pay premiums	\Box	Yes X No			
. ^	on a personal benefit contract?				Yes X No	۸.	1	x
b	Did the foundation, during the year, pa	ay premiums, directly or indirectly, on	a personal benefit contra	act /		6b		<u> </u>
_	If "Yes" to 6b, file Form 8870		tour challes transcribes 2	\Box	Yes X No			
	At any time during the tax year, was to	· · · · · · · · · · · · · · · · · · ·			Yes X No N/A	7.	1	1
	If "Yes," did the foundation receive an	• •		tion	N/A	7b		-
8	Is the foundation subject to the section	* * * * * * * * * * * * * * * * * * * *	an \$1,000,000 in		Yes 🗓 No			
D-	remuneration or excess parachute pa	Officers, Directors, Trustees	Equipolation Mana			005	1	ــــــــــــــــــــــــــــــــــــــ
Pa	rt VIII Information About and Contractors	Officers, Directors, Trustees	s, r oundation mane	agers, mgmy	raid Lilipioy	ccs,		
1 1	ist all officers, directors, trustees, a	and foundation managers and their	compensation, See ins	tructions.	-			
					(d) Contributions to			
	(a) Name a	nd address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation		xpense a er allowa	
NO	EL E BARTLE	GRAND ISLAND	TRUSTEE					
47	2 WHITEHAVEN ROAD	NY 14072	1.00					0
WI	LLIAM R. PICTOR	BUFFALO	TRUSTEE				_	
13	50 ONE M&T PLAZA	NY 14203-1976	2.00					0
AM	RY ANN AURES	BUFFALO	TRUSTEE	-				
36	SANDERS ROAD	NY 14216	1.00					0
2	Compensation of five highest-paid "NONE."	employees (other than those inclu	uded on line 1 – see inst	tructions). If no	ne, enter	1		
^			(b) Title, and average		(d) Contributions to			
,	(a) Name and address of each emplo	yee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation		xpense a ter allow	
МО	NE							
						1		
_					 	-		
	6							
						\dagger	-	
	I number of other employees paid ove	r \$50 000		l	<u> </u>	-		0
こつきつ								

Form 990-PF (2019) PAUL & HELEN ELLIS CHARITABLE	TRUST 83-6584353	Page 7
Part VIII Information About Officers, Directors, Trustees,	Foundation Managers, Highly Paid Em	າployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. S	ee instructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		· ·
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	information such as the number of	F
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 (se	e instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		

▶

Total. Add lines 1 through 3

qualifie's for the section 4940(e) reduction of tax in those years

	Minimum Investment Deturn (All demostrs foundations much consolidable and		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n tou	ndations,
1	see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		 -
7			
_	purposes Average monthly fair montest value of accounts		EE0 200
a	Average monthly fair market value of securities	1a	550,399 257,214
b	Average of monthly cash balances	1b	257,214
c	Fair market value of all other assets (see instructions)	1c	807,613
ď	Total (add lines 1a, b, and c)	1d	807,613
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0		
_			0
2	Acquisition indebtedness applicable to line 1 assets	2	807,613
3 4 °	Subtract line 2 from line 1d	3_	807,613
4			12,114
_	instructions)	4	795,499
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	39,775
6	Minimum investment return. Enter 5% of line 5 art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	6	
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ ☐ and do not complete this part)	iounc	ations
_	Minimum investment return from Part X, line 6	1	39,775
1			39,113
2a	Tax on investment income for 2019 from Part VI, line 5 Income tax for 2019 (This does not include the tax from Part VI) 2a 1,749	-	
b	Add lines 2a and 2b	2c	1,749
с 3	Distributable amount before adjustments Subtract line 2c from line 1	3	38,026
ა 4	Recoveries of amounts treated as qualifying distributions	4	30,020
5	Add lines 3 and 4	5	38,026
6	Deduction from distributable amount (see instructions)	6	30,020
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
′	line 1	7	38,026
P	art XII Qualifying Distributions (see instructions)		30,020
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	Г	
' a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	251,933
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-	purposes	2	
3.			
a 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	251,933
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	
-	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	251,933
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found		

Form 990-PF (2019)

251,933

b

c d Excess from 2015

Excess from 2016 Excess from 2017

Excess from 2018 Excess from 2019

	990-PF (2019) PAUL & HELEN					Page 10
	If the foundation has received a ruling or				<u> </u>	······································
	foundation, and the ruling is effective for		•	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		06/14/19
b	Check box to indicate whether the foundation		•			
	Enter the lesser of the adjusted net	Tax year	ating loundation descri		942(()(3) 01 49	942(J)(5) T
2a	\ '	(a) 2019	(b) 2018	Prior 3 years (c) 2017	(d) 2016	(e) Total
	income from Part I or the minimum	(4) 2013	(6) 2010	(6) 2017	(u) 2016	
•	investment return from Part X for		ļ			
	each year listed			 	<u> </u>	
b	85% of line 2a			 		
С	Qualifying distributions from Part XII,					
	line 4, for each year listed			ļ		·
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly		1			
	for active conduct of exempt activities				r	
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"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 investment return shown in					
	Part X, line 6, for each year listed					
С	"Support" alternative test – enter		<u> </u>			
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
`	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)		· · · · · · · · · · · · · · · · · · ·		 	
	(3) Largest amount of support from				1	
	an exempt organization		 		 	
***********	(4) Gross investment income		a Abia mantanti i	i Alica Carrier d'actions la	- d CC 000	
P	ert XV Supplementary Inform	•	•	the foundation r	iad \$5,000 or mo	ore in assets at
	any time during the y		tions.)			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who				=	
	before the close of any tax year (but only	if they have contribu	ted more than \$5,000)	(See section 507(d)(2))	
	N/A	··· <u>·</u> ···				···
þ	List any managers of the foundation who	own 10% or more of	the stock of a corpora	ition (or an equally larg	e portion of the	
	ownership of a partnership or other entity	y) of which the founda	ition has a 10% or gre	ater interest		•
	_N/A					
2	Information Regarding Contribution, 6	Grant, Gift, Loan, Sc	holarship, etc., Prog	rams:		
	Check here ▶ ☐ if the foundation only	y makes contributions	to preselected charita	able organizations and	does not accept	
	unsolicited requests for funds. If the four	ndation makes gifts, g	rants, etc , to individua	als or organizations un	der other conditions,	
_	complete items 2a, b, c, and d See insti	uctions				
а	The name, address, and telephone num	ber or email address	of the person to whom	applications should be	e addressed	· · · · · · · · · · · · · · · · · · ·
	SEE STATEMENT 12					
^						
b	The form in which applications should be	submitted and inforr	mation and materials ti	nev should include	·	
-	SEE STATEMENT 13			,		
C	THE DEADLINE FOR SU	MISSIONS T	V.T.TAUNNA 2	MAY 31		
	Any restrictions or limitations on awards				ons or other	
d	factors	, sacir as by geograpi	moai areas, citatitable	news, killus of ilistituti	ons, or other	
	SEE STATEMENT 14					
		 				000 DE

Part XV Supplementary Information (continued)

Name and address (home or business) Pad during the year AUTISM SERVICES, INC. 40 HAZELWOOD DRIVE BLACK ROCK RIVERSIDE ALLIANCE 1902 NIAGARA STREET BUFFALO NY 14207 BUFFALO MARITIME CENTER 90 ARTHUR STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE MY 14217 RENOVATION OF ICU 25,00 Approved for future payment N/A	3 Grants and Contributions Paid During Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	•
ADJUSTANT SERVICES, INC. 40 HAZELWOOD DRIVE AMHERST NY 14228 BLACK ROCK RIVERSIDE ALLIANCE 1902 NIAGARA STREET BUFFALO NY 14207 BUFFALO NY 14207 BUFFALO MARITIME CENTER 90 ARTHUR STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE KEMPAGE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KEMPAGE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total DAPPOWER for hilms payment NA DAPPOWER for hilms payment NA DAPPOWER for hilms payment NA DAPPOWER for hilms payment		any foundation manager		1	Amount
AUTISM SERVICES, INC. 40 HAZELWOOD DRIVE AMHERST NY 14228 BLACK ROCK RIVERSIDE ALLIANCE 1902 NIAGARA STREET NONE BUFFALO MARITIME CENTER 90 ARTHUR STREET NONE BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 433 MAIN STREET BUFFALO NY 14202 HOSPICE BUFFALO CZS COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMMOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 NONE CHARITY'S STATED PURPOSE NONE CHARITY'S STATED PURPOSE CHARITY'S STATED PURPOSE 2,50 NONE CHARITY'S STATED PURPOSE 2,50 Approved for future payment NONE CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 Approved for future payment NONE CHARITY'S STATED PURPOSE 2,50 Approved for future payment NONE		. Or substantial contributor			
40 HAZELWOOD DRIVE AMHERST NY 14228 BHACK ROCK RIVERSIDE ALLIANCE 1902 NIAGARA STREET BUFFALO NY 14207 BUFFALO NY 14207 BUFFALO MARITIME CENTER 90 ARRHUN STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD NONE FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 10000 CHERKTOWAGA NY 12227 ESSENTIAL CARE FOR CHILDREN 25,00 KENMORE MERCY HOSPIAL FOUNDATION 2950 ELMMOOD AVENUE KEMMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A NONE CHARITY'S STATED PURPOSE 2,50 APPROVATION OF ICU 25,00				[[
BLACK ROCK RIVERSIDE ALLIANCE 1902 NIAGARA STREET BUFFALO NY 14207 BUFFALO MARITIME CENTER 90 ARTHUR STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO CHEKTOWAGA NY 12227 KENMORE MERCY HOSPITAL FOUNDATION NONE KEMMORE MERCY HOSPITAL FOUNDATION NONE KEMMORE MY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 TOTAL NONE CHARITY'S STATED PURPOSE 2,50 Approved for fulure payment N/A	40 HAZELWOOD DRIVE	NONE			
1902 NIAGARA STREET BUFFALO NY 14207 BUFFALO MARITIME CENTER 90 ARTHUR STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KEMMORE NY 14217 MADONNA OF THE STREETS FO BOX 448 BUFFALO NY 14215 Approved for fulure payment NA Approved for fulure payment NA A NONE VARIOUS PROJECTS 12,00 VARIOUS PROJECTS 10,00 10,00 CHARITABLE FUND DONATION 98.98 CHARITABLE FUND DONATION 98.98 CHARITY'S STATED PURPOSE 1,00 CHARITY'S STATED PURPOSE 25,00 CHARITY'S STATED PURPOSE 25,00 CHARITY'S STATED PURPOSE 25,00 CHARITY'S STATED PURPOSE 250,98	AMHERST NY 14228			EDUCATION	10,00
1902 NIAGARA STREET BUFFALO NY 14207 BUFFALO MARITIME CENTER 90 ARTHUR STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 CHARITY'S STATED PURPOSE CHARITY'S STATED PURPO	BIACK BOCK BIVEDGIDE MILL	MCF			
BUFFALO NY 14207 BUFFALO MARITIME CENTER 90 ARTHUR STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 CHARITY'S STATED PURPOSE 250,00 CHARITY'S STATED PURPOSE 250,98			i		
90 ARTHUR STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE CHARITY'S STATED PURPOSE CHEKTOWAGA NY 12227 KENMORE MERCY HOSPITAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 CHARITY'S STATED PURPOSE CHARITY'S STATED PUR			VARIOUS	PROJECTS	12,00
90 ARTHUR STREET BUFFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE CHARITY'S STATED PURPOSE CHEKTOWAGA NY 12227 KENMORE MERCY HOSPITAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 DA Approved for future payment N/A NONE SCHOLARSHIP 2,50 CHARITY'S STATED PURPOSE 1,00 CHARITY'S STATED PURPOSE 25,00 APPROVED TO LIVE PAYMENT N/A	BIIFEALO MARITIME CENTER				,
ENTFALO NY 14202 CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE EUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 CHARITABLE FUND DONATION 98,98 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHERKTOWAGA NY 12227 ESSENTIAL CARE FOR CHILDREN 255,00 KENMORE MERCY HOSPITAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE MERCY HOSPITAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A		NONE			
1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 HAITI WORK 2,00 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 CHARITABLE FUND DONATION 98,98 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 ESSENTIAL CARE FOR CHILDREN 2950 ELMWOOD AVENUE KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 CHARITY'S STATED PURPOSE 2,50 Total Approved for future payment N/A		NONE	VARIOUS	PROJECTS	10,00
1180 DELAWARE AVENUE BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A SCHOLARSHIP 2,50 CHARITY'S STATED PURPOSE 1,00 CHARITY'S STATED PURPOSE 25,00 CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 APPROVED FOR THE STREETS PO BOX 448 BUFFALO NY 14215 CHARITY'S STATED PURPOSE 2,50 Z550,98 2550,98	C. V. C. T. C. V. V. C. V. V. C. V. V. C. V. C. V.				
BUFFALO NY 14209 COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NONE CHERKTOWAGA NY 14202 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMMOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A SCHOLARSHIP 2,500 HAITI WORK CHARITY S STATED DONATION ONE ESSENTIAL CARE FOR CHILDREN 25,00 RENOVATION OF ICU 25,00 APPROVED TO THE STREETS PO BOX 448 BUFFALO NY 14215 CHARITY'S STATED PURPOSE 2,50 Approved for future payment N/A		YOUTH.			
COMMUNITY REHAB PROJECT, INC. 3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A PARTITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 Approved for future payment N/A		NONE .		NOT A D C U T D	2 50
3755 ARQUINT ROAD VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A NONE CHARITY'S STATED PURPOSE 2,500 CHARITY'S STATED PURPOSE 2,500 Approved for future payment N/A	BUFFALO NY 14209		SC	HOLARSHIP	2,50
VERNON NY 13477 FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A TABLET NONE CHARITY'S STATED PURPOSE 1,00 CHARITY'S STATED PURPOSE 1,00 CHARITY'S STATED PURPOSE 25,00 CHARITY'S STATED PURPOSE 25,00 CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 Total Approved for future payment N/A	·				
FOUNDATION FOR JEWISH PHILANTHROPIE 2640 NORTH FOREST ROAD GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 ESSENTIAL CARE FOR CHILDREN 25,00 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A PAPPOVED for future payment	-	NONE		l	
2640 NORTH FOREST ROAD GETZVILLE NY 14068 RAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMMOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A NONE CHARITY'S STATED PURPOSE 2,50 Approved for future payment N/A	VERNON NY 13477		H	AITI WORK	2,000
GETZVILLE NY 14068 FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 ESSENTIAL CARE FOR CHILDREN 25,00 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A Approved for future payment N/A		LANTHROPIE			•
FAMILY JUSTICE CENTER 438 MAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A N/A		•			
### ABMAIN STREET BUFFALO NY 14202 CHARITY'S STATED PURPOSE 1,00 HOSPICE BUFFALO 225 COMO PARK BOULEVARD NONE CHEEKTOWAGA NY 12227 ESSENTIAL CARE FOR CHILDREN 25,00 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE NONE KENMORE NY 14217 RENOVATION OF ICU 25,00 MADONNA OF THE STREETS PO BOX 448 NONE BUFFALO NY 14215 CHARITY'S STATED PURPOSE 2,500 Total 38 Approved for future payment N/A	GETZVILLE NY 14068	C	HARITABLE FUND	DONATION	98,98
BUFFALO NY 14202 HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A CHARITY'S STATED PURPOSE 1,00 CHARITY'S STATED PURPOSE 1,00 25,00 CHARITY'S STATED PURPOSE 2,50 CHARITY'S STATED PURPOSE 2,50 250,98	FAMILY JUSTICE CENTER				
HOSPICE BUFFALO 225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A PAGE 150 Approved for future payment N/A	438 MAIN STREET	NONE ·			
225 COMO PARK BOULEVARD CHEEKTOWAGA NY 12227 KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A Total Tot	BUFFALO NY 14202	C	HARITY'S STATE	p PURPOSE	1,00
KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A CHILDREN 25,00 RENOVATION OF ICU 25,00 CHARITY'S STATED PURPOSE 2,50 Approved for future payment N/A	HOSPICE BUFFALO		•		
KENMORE MERCY HOSPTAL FOUNDATION 2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A RENOVATION OF ICU 25,00 CHARITY'S STATED PURPOSE 2,50 Approved for future payment N/A	225 COMO PARK BOULEVARD	NONE			
2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A NONE RENOVATION OF ICU 25,00 APPROVED STATED PURPOSE 2,50 Approved for future payment N/A	CHEEKTOWAGA NY 12227	ESSE	NTIAL CARE FOR	CHILDREN	25,00
2950 ELMWOOD AVENUE KENMORE NY 14217 MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A NONE RENOVATION OF ICU 25,00 CHARITY'S STATED PURPOSE 2,50 Total Approved for future payment N/A	KENMORE MERCY HOSPTAL FOU	NDATION			
MADONNA OF THE STREETS PO BOX 448 BUFFALO NY 14215 CHARITY'S STATED PURPOSE 2,50 Total Approved for future payment N/A N/A					•
PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A NONE CHARITY'S STATED PURPOSE 2,50 2,50 Approved for future payment N/A	KENMORE NY 14217		RENOVATI	ON OF ICU	25,00
PO BOX 448 BUFFALO NY 14215 Total Approved for future payment N/A NONE CHARITY'S STATED PURPOSE 2,50 250,98	MADONNA OF THE STREETS				
BUFFALO NY 14215 Total Approved for future payment N/A CHARITY'S STATED PURPOSE 2,50 PURPOSE 2,50 Approved for future payment N/A		NONE			
N/A N/A	BUFFALO NY 14215		HARITY'S STATE	PURPOSE	2,50
N/A	Total			▶ 3a	250,98
	N/A				·
		,			
			•		
·	•	,			
Total Date State S					

Part XVI-	A Analysis of Income-Producing Act	ivities	··			
Enter gross an	nounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
=	ervice revenue					(See instructions)
						
D						
	•					
u						
f				_ -		
· 	and contracts from government agencies			- 		
-	up dues and assessments					
	a savings and temporary cash investments			14	6,295	
	and interest from securities			14	74,719	·
5 Net rental	income or (loss) from real estate					
	inanced property					
b Not de	ebt-financed property					
6 Net rental	income or (loss) from personal property					
7 Other inve	stment income					
8 Gain or (lo	ess) from sales of assets other than inventory		···	14	23,328	
9 Net incom	e or (loss) from special events					
10 Gross pro	fit or (loss) from sales of inventory			_		
11 Other reve			· · · <u> </u>			
	ERPRISE PRODUCTS PARTNERS			14	-5,479	
			 -			
	A. () . ()			_	00 063	
	Add columns (b), (d), and (e)			0	98,863	98,863
	d line 12, columns (b), (d), and (e)				, 13	98,863
Part XVI-	et in line 13 instructions to verify calculations) Relationship of Activities to the Activities to t	complishm	ent of Exempt	Purnoses		
Line No	Explain below how each activity for which income					
<u> </u>	accomplishment of the foundation's exempt purpo	oses (other than	by providing funds	for such purp	ooses) (See instruction	ons)
<u> </u>					_ .	
						
	_					
						
					····	
						
						
			·			
						
				· · · · · · · · · · · · · · · · · · · 	 .	
						
						·
					···	
						-

Pa	rt XVII	Information Rega	arding Tra	insfers To and	d Transactio	ns and Relatior	iships Wit	h Noncharitab	le Ex	empt	
	Did the ere	Organizations anization directly or ind	rectly engag	o in any of the foll	owing with any o	ther organization de	ecubed			Yes	No
	•	501(c) (other than section		•		=	Scribed				
	organizatio) 1 30 1 (C)(3) C	organizations) or ii	ii section 527, ie	lating to political					ı
	•	rom the reporting found	lation to a no	ncharitable evemn	ot organization of	·					
	(1) Cash	tom the reporting round	ation to a no	iiciiaiitabie exemp	or organization o				1a(1)		X
		ancoto.									X
	(2) Other								1a(2)		
D	Other trans								45/4		X
	• •	of assets to a noncharit	-	•					1b(1)	-	X
	• •	ises of assets from a no			on				1b(2)	<u> </u>	X
		of facilities, equipment,		ets					1b(3)		X
		ursement arrangements	;						1b(4)		_
	-	or loan guarantees							1b(5)		X
		mance of services or me		-					1b(6)		X
	_	facilities, equipment, m	•	•		*			1c	Li	
đ		er to any of the above i		-		· · ·					
		e goods, other assets, o	_	•	•						
 -		y transaction or sharing									
	a) Line no	(b) Amount involved	(c) Name	of noncharitable exemp	pt organization	(d) Description	on of transfers tra	insactions and sharing a	rangeme	ents	
N/I	7	 	 								
			<u> </u>								
			ļ					····			
		_									
			ļ								
		<u> </u>								_	
		<u> </u>								_	
											
			 								
			 								
			<u> </u>								
		<u></u>	ļ <u>.</u>								
											
			ļ								
		<u></u>									
2a		dation directly or indired	-			exempt organizatio	ns			_	,
		in section 501(c) (other		501(c)(3)) or in se	ection 527?				Y	es X	No
<u>b</u>	If "Yes," co	implete the following so	hedule			· · · · · · · · · · · · · · · · · · ·					
	- /-	(a) Name of organization		(b) Type of o	organization		(c) Descrip	tion of relationship			
	I/A										
	1							•		_	
		enalties of perjury. I declare the and complete. Declaration of						ny knowledge and belief	it is trui	е,	
		_				•	•	May the IRS disc			
Sigr		$\Omega I = 0$	~ 1		1×	1 /		with the prepare		Yes	☐ No
Here	3 K 1	/ W/Nn ()1		_	V ~	17/2.2		L	الثا		
	V _	Welling &	JU/	<u> </u>	9	1/2020	TRUS	TEE			
	Sig	nature of officer or trustee			Date		Title				
	Print/	Type preparer's name			Preparer's signatu	ге		Date		Check	n
Paid					6	17				1	nployed
Prepa	ELE	NORE KLEPSER			L Clia	nove K	lipse	04/2			
Jse (I Firm's	name PREND		SERVICE			V	PTIN PO	0542	2644	1
726 (Firm's	address ► 525 I	AERO DE	RIVE					-435		
CHEEKTOWAGA, NY 14225								Phone no 716	5-63	2-7	89

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year MAKE-A-WISH 100 SYLVAN PARKWAY NONE AMHERST NY 14228 GENERAL OPERATING 2,500 MERCY FLIGHT NONE 100 AMHERST VILLA ROAD 2,500 CHEEKTOWAGA NY 14225 GENERAL OPERATING OUR LADY OF VICTORY 780 RIDGE ROAD NONE LACKAWANNA NY 14218 COMING HOME PROJECT 15,000 ROSWELL PARK COMPREHENSIVE CARE ELM & CARLTON STREETS NONE **BUFFALO NY 14263** 25,000 MEDICAL RESEARCH RURAL OUTREACH CENTER 70 OLEAN ROAD NONE EAST AURORA NY 14052 CAPITAL CAMPAIGN 5,000 SENECA STREET CDC NONE 1218 SENECA STREET **BUFFALO NY 14210** MENTOR YOUNG ADULTS 2,000 THE TEACHERS DESK 22 NORTHAMPTON STREET NONE **BUFFALO NY 14209** FREE EDUCATIONAL SUPPLIES 10,000 Total ▶ 3a b Approved for future payment N/A Total **▶** 3b

Capital Gains and Losses for Tax on Investment Income 990-PF 2019 Form For calendar year 2019, or tax year beginning and ending Name **Employer Identification Number** PAUL & HELEN ELLIS CHARITABLE TRUST 83-6584353 (a) List and describe the kind(s) of property sold, e.g. real estate 2-story brick warehouse or common stock, 200 shs MLC Co (b) How acquired P-Purchase (C) Date acquired (d) Date sold (mo day yr) (mo day yr) D-Donation ANHEUSER BUSCH P 06/05/19 09/05/19 (1) CISCO SYSTEMS INC P 08/22/19 11/14/19(2)CLOROX COMPANY 05/20/19 09/20/19 P (3) PROSHARES TR ETF P 05/09/19 12/10/19 (4) (5) **AUTODESK** P 01/04/18 09/30/19 FIDELITY FUNDS NY MUICIPAL INCOME FD D 05/14/16 11/13/19 (6)LINDENHURST NY UNION FREE SCHOOL 05/14/16 07/01/19 D (7)SALESFORCE.COM P 03/22/18 08/06/19 (8) 01/04/19 SALESFORCE.COM P 01/03/18 (9) SPLUNK INC. P 05/05/18 10/21/19 (10)WELLS FARGO CLEARING SERVICES (11)(12)(13)(14)(15)(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) 20,896 23,341 $2,\overline{445}$ (1) 13,471 14,483 -1,012(2) 15,265 14,565 700 (3)9,896 10,975 ,079 (4) -1 29,450 21,780 (5) 7,670 67,200 68,900 -1,700(6) 55,000 55,000 (7) 14,264 11,765 (8) 2,499 14,454 (9) 10,490 3,964 16,673 16,478 195 (10)9,646 9,646 (11)(12)(13)(14) (15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k) but not less than -0-) Or Losses (from col (h)) (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 (1) 2,445 (2) -1,012 (3) 700 (4) -1,079(5) 7,670 (6)-1,700(7) (8) 2,499 (9)3,964 (10)195 (11) 9,646 (12)(13)(14)(15)

				,. <u>.</u>				İ.		
		Charitable Purpose	\$ 050 \$		Fair Market Value \$ 5,295,178 \$ 5,295,178		Fair Market Value \$ 250,849		Fair Market Value \$ 256,798 \$ 256,798	
	sesued	Adjusted Net		ck Investments	Basis of Valuation COST	nd Investments	Basis of Valuation COST	estments	Basis of Valuation COST	
ements	990-PF, Part I, Line 23 - Other Expenses	Net Investment	0	Line 10b - Corporate Stock Investments	End of Year \$ 4,636,519	0c - Corporate Bond Investments	End of Year \$ 248,738	10-PF, Part II, Line 13 - Other Investments	End of Year \$ 231,462	
Federal Statements	- Form	Total	595 950 1,545	Part II.	Beginning of Year \$ 4,488,698	m 990-PF, Part II, Line 10c	Beginning of Year \$ 234,438	- Form 990-PF, Part II,	Beginning of Year \$ 278,696 \$ \$ 278,696	
83-6584353 FYE ⁻ 12/31/2019	Statement 5	Description	EXPENSES ADMINISTRATIVE SUPPORT MARKETING TOTAL	Statement 6 - Form 990-PF,	Description WELLS FARGO ACCOUNT TOTAL	Statement 7 - Form	Description WELLS FARGO ACCOUNT TOTAL	Statement 8 - Form 99	Description WELLS FARGO MUTUAL FUNDS TOTAL	

6486. Paul & Helen Ellis Charitable Trust
83-6584353 Federal Statements

FYE. 12/31/2019

Statement 9 - Form 990-PF, Part II. Line 22 - Other Liabilities

Statement 9 - Form 990	<u>-PF, Part II, Line 22 - (</u>	Other Liabilities
Description	Beginning of Year	End of Year
PARTNERSHIP BASIS ADJUSTMENT	\$	\$ 1,765
TOTAL	\$	\$ 1,765
Statement 10 - Form 990	0-PF, Part III, Line 3 - (Other Increases
Description		Amount ·
PARTNERSHIP LOSS		\$ 5,479
TOTAL		\$ 5,479
Statement 11 - Form 990)-PF, Part III, Line 5 - 0	Other Decreases
Description		Amount
BOND PREMIUM ADJUSTMENT	· · · · · · · · · · · · · · · · · · ·	\$3,820
TOTAL		\$ 3,820
Statement 12 - Form 990-PF, Part XV, De PAUL AND HELEN ELLIS CHARITABLE TR WWW.ELLISTRUSTWNY.ORG BUFFALO NY 14 INFO@ELLISTRUSTWNY.ORG	scription	ess and Email for Applications
Statement 13 - Form 990-PF, Part XV, I	Line 2b - Application I	Format and Required Contents
Description		
ONLINE SUBMISSION FORM ON WEBSITE ATTACH MOST RECENT 990 AND FEDERAL DETERMINATION LETTER	501(C)(3)	
Form 990-PF, Part X	V, Line 2c - Submissio	on Deadlines
Description		
THE DEADLINE FOR SUBMISSIONS IS ANN	UALLY MAY 31.	
Statement 14 - Form 990-PF, Part	XV, Line 2d - Award F	Restrictions or Limitations
Description		•
TAX EXEMPT ORGANZATIONS IN ERIE COU	NTY AND NIAGARA COU	UNTY

NY FOR COMMUNITY, EDUCATION AND HEALTH RELATED SERVICES.