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/Form990PF for instructions and the latest information.

		t of the Treasury			Do not enter : · Go to www.i	social s	ecurity num	bers on for instr	this form	as i	t may be ma	de public.	1.0	NO	<b>ZU</b>	lic Inspection
	_	dar year 2019 o	r tax year		JUL		2019				nding	JUN 3	0, 2	2020	<del></del> _	iic inspection
		foundation										A Employ		fication	number	-
		•														
		TOP FO					· 			_		+	<u> 1576</u>			
		nd street (or PO be		mail is not del	ivered to street a	ddress)					Room/suite	B Telepho			• •	
		. BOX 4										1	-662			
		own, state or pro				ostal co	de					C If exempt	on applica	ation is p	ending, check here	• ▶∟
		HARD PAI	KK, N		127		1				hau.t.					
G	леск	all that apply:	$\vdash$	Initial retur		\ <u></u>	Initial retur  Amended r		ormer publ	CC	narny	I. Forei	gn organ	uzations	s, check here	
		•	H	Address ch		F	Name char				•	- 2. Foreig	n organiza	ations me	eting the 85% test imputation	
H (	Check	type of organiza	ation:		n 501(c)(3) ex	cempt p	<del></del>				121	1				
	_	ction 4947(a)(1)			_		axable private		ition		04				itus was termina (A), check here	
1 Fa		rket value of all				ng meth	nod: X	Cash	A	ccri	ual				60-month term	
(fa	rom F	art II, col. (c), II	ne 16)		o	ther (sp	ecify)								(B), check here	
	\$	,			(Part I, colur	nn (d), i	must be on c	ash bas	ıs.)							-
, Pa	irt/l	→ (The total of amo)	unts ın colur	mns (b), (c), and	d (d) may not		) Revenue ai				vestment		djusted r	ret	(d) Disbur for charitable	purposes
<b>7</b> . —	_	necessarily equa	I the amount	ts in column (a)	r)	ex	penses per b		196-988298-841-94	ICO Section	me		ncome	200606. Sesen	(cash bas	
2/.	1	Contributions,				\$60\$34974	140,0	UU.	M. (M. 1889)	ACT April		KANAS N	/ <b>A</b>	778 (E-86) 1306:1457		
X	2	Interest on saving		n is not required to rary	o anach Sch B	38783275	X.899388898889	0.508.9868.		**		2000 200 X	\$138E\$\$\$	3438434 <u>8</u>	200000000000000000000000000000000000000	
	3	Dividends and i	ntoract fro	m cacurities											23.55.6000.600	
	*   5a	Gross rents	interest iro	JIII 3660111163	•		<del></del>								2/2/2/2/2	
		Net rental income	or (loss)							333					N. W. CO.	
	l	Net gain or (loss) for	_	assets not on li	ne 10	(1) (AR 5)			NI WAR	<b>*</b>			37/8			
an de	1	Gross sales price assets on line 6a				<b>文</b> 學案							经额额	300 C 200 C		ME HES
Revenu	7	Capital gain net in	come (from F	Part IV, line 2)		<b>********</b>		****			0.					
ď	8	Net short-ter, $\mathbf{m}$	capıtal gaı	ın		<b>***</b> 39							,			
	9	Income modific		1		500000000000000000000000000000000000000		**************************************			E SOCIONA SIGNA SI		60000000000000000000000000000000000000			
		and allowances	1			3200.000		*****		333 333	6000 m 1000 1417 m 1000 1000 1000			\$6000000000000000000000000000000000000	10.000000000000000000000000000000000000	
		Less Cost of good	•			28.55.55		\$355£15860		(A)	6-49-48-30-50°C 5-8-8-3-5-32-3	388.47.288				TANGANAN TRANSAN
		Gross profit or Other income	(loss)						* ************************************	3273	* ************************************				100 00 00 00 00 00 00 00 00 00 00 00 00	
	12	Total. Add line	s 1 throug	h 11		,	140,0	00.			0.					CONTRACTOR CONTRACTOR AND
	13	Compensation of			, etc	<b>†</b>		0.			0			<del>-</del>	34x Bax 34c onc.	. 0 .
	14	Other employee					*		ſ		RFC	EIVE	D			
	15	Pension plans,	employee	benefits			•					211		ည္က		,
Se	16a	Legal fees						- 1		2	1	2.20	20 - 13	<u>ېل</u>	ļ	
ens	Ь	Accounting fee:					•			$C_2$	(NOA	200		E S		
Ä	C	Other professio	nal fees			<b> </b>				<u> </u>				_		
1 2017. Administrative Expenses	17	Interest		C n	rmt 1	ļ		25.		┞	<u>     OĢl</u>	DEN,	<u> </u>			25.
i i	18 19	Taxes Depreciation an	d depletio		IMI I			4,5.		_						<del>ZJ.</del>
2026 Tunistr	20	Occupancy	iu uepielio	111	,										#5.255349796.24 AP295	, 25.87 ET STR. NE. 128 S.
7	21	Travel, conferen	nces, and r	meetinas	,											<del></del>
√. % and Ac	22	Printing and pu														
	23	Other expenses														
JAN	24			inistrative												
		expenses. Add					1.5.	25.	A 1.00 000 000	~	0.	*********	V	Jy A-V		25.
	25	Contributions,					139,3	00.	PARTY.			FXXXX		<b>3</b> 444	139	,300.
Ž	26	Total expenses		ursements.			122 2	ا ۲			^					
Z —	<u> </u>	Add lines 24 an				<del> </del>	139,3	25.	9575.1.28V06784	(5 Pe)	0.	NEWSCARROWN 190	\$\$\$\$Y\$\$\\delta\	<b>S</b>	139	9-, 325 <b>.</b>
SCANNED	27	Subtract line 26					٠.	75.								
S		Net investment				3050000	0	13.	2014/2014/11/2012	<b>190</b>	0.		************ ***********	168668 168688	170000000000000000000000000000000000000	
	l	Adjusted net in		_		W. 30	2388230	XXXXX		<b>233</b>		N	/A	CC - ARKSENESA	5 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7	

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2019)

ED	××3	Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
3 5	art:	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		,	i
	2	Savings and temporary cash investments			
	l	Accounts receivable			
	ľ	Less; allowance for doubtful accounts		2762740100001000000000000000000000000000000	,
	4	Pledges receivable		X774000	
	'	Less; allowance for doubtful accounts		300073000000000000000000000000000000	A 2004 - L. C.
	5	Grants receivable			· · · · · ·
	l -	Receivables due from officers, directors, trustees, and other			*****
•	6	disqualified persons			
	,	Other notes and loans receivable			
	7,	Less: allowance for doubtful accounts			
	٦	Inventories for sale or use			
ets	Ů				
Assets	9	Prepaid expenses and deferred charges			<del>                                     </del>
•		Investments - U.S. and state government obligations			
	l	Investments - corporate stock	· ·	'	,
	i	Investments - corporate bonds		***:::::::::::::::::::::::::::::::::::	
•	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation	· · · · · · · · · · · · · · · · · · ·		
	1	Investments - mortgage loans		3	
	13	Investments - other	\$50.460 \$200000000000000000000000000000000000		2017-00-00-00-00-00-00-00-00-00-00-00-00-00
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			,
	ļ.	Other assets (describe			
	16	Total assets (to be completed by all filers - see the		7145	1 V.
_	_	instructions. Also, see page 1, item I)	0.	U19 NO.	A CONTRACTOR OF CONTRACTOR CONTRA
	17	Accounts payable and accrued expenses	889.	214.	
	18	Grants payable ,			CONTRACTOR
S	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			Texas de la companya del companya de la companya del companya de la companya de l
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe		'	
		•	, ,	014	
_	23	Total liabilities (add lines 17 through 22)	889.	214.	
		Foundations that follow FASB ASC 958, check here			
es		and complete lines 24, 25, 29, and 30.			
alances	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions		•	
or Fund B		Foundations that do not follow FASB ASC 958, check here	•	,	
듄		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	.0.	
SS	28	Retained earnings, accumulated income, endowment, or other funds	<889.>	<214.>	
et/	29	Total net assets or fund balances	<889.>	<214.>	
Z		•			
_	30	Total liabilities and net assets/fund balances	- 0.	0.	
ķΡ	ärt	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	29		
		st agree with end-of-year figure reported on prior year's return)		1	<889.>
		r amount from Part I, line 27a		2	675.
3	Othe	r increases not included in line 2 (itemize)	• • •	3	0.
4	Add	lines, 1, 2, and 3		4	<214.>
		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 29	6	<214.>
		· · · · · · · · · · · · · · · · · · ·			Form <b>QQO-PF</b> (2010)

139,325.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

	990-PF (2019) RED TOP FOUNDATON 82-1576	521 istruc		age 4
	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 here  and enter 1%			0.
	of Part I, line 27b  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	230,680,4980.	J2000162222	0.
	Add lines 1 and 2			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<b>***</b>	<u> </u>
6	Credits/Payments: 2019 estimated tax payments and 2018 overpayment credited to 2019  6a  0			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)  6c  6c  6.	<b>*</b>		
	Backup withholding erroneously withheld  6d  0.	<b>//</b>		
	Total credits and payments. Add lines 6a through 6d		×2.0400.000	0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	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	•		
∮ <b>P</b> a	rt:VII-A: Statements Regarding Activities	•	<u>.</u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<b>387</b> 3	Yes	<u>No</u>
٠	any political campaign?	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b	<b>*</b>	<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	<b>*</b>		
• •	distributed by the foundation in connection with the activities.			wi .
	Did the foundation file Form 1120-POL for this year?	1c	-149.5.28L.5	X *********
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0.			33 ·
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
٠,	managers. S	. 2		• 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.	2500	2000	
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
J	bylaws, or other similar instruments? If: "Yes," attach a conformed copy of the changes	3	2220000000	X
Aa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		·X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Χ,
-	If "Yes," attach the statement required by General Instruction T		233	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6 1	<u> </u>	
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	X	-0000000013k
٠	· ·			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			<b>. Kali</b>
	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 Go 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	4333	<b>T</b>	%*************************************
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		<u></u>

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Form	990-PF (2019) RED TOP FOUNDATON	82-	1576521		Page 5
Pa	rt VII A Statements Regarding Activities (continued)		• •		
320				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			i	
•••	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had a	dvisory privilege:	<u> </u>		
12	If "Yes," attach statement. See instructions		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	<del></del>
13	Website address ► N/A				
14	The books are in care of CHARLES E. BALBACH  Telep	hone no.▶71	6-622-2	298	
14	Located at P.O. BOX 423, ORCHARD PARK, NY		<u>▶14127</u>		
45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here				<u> </u>
13	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	l N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a ba			Yes	No
10	securities, or other financial account in a foreign country?	,	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			2000	
P	foreign country  Int.VII:B Statements Regarding Activities for Which Form 4720 May Be Required		Jocomecon	40. XN X	1000 100000
77 166	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		<b>***</b> *********************************	Yes	No
4.	During the year, did the foundation (either directly or indirectly):	,		<b>*</b> 6.33	988
18	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X	מער 🎎		
	(1) Engage in the sale of exchange, or leasing of property with a disqualined person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	165			
		Yes X	רות   ₪		
	a disqualified person?	Yes X	<b>12000099990</b>		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Tes _A	المراجعة المساد		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	Yes X	7 na   🚟		
	for the benefit or use of a disqualified person)?	Tes _A	J NO		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	If the foundation agreed to make a grant to or to employ the official for a period after	Yes X	7 m.	Ž	30 C
_	termination of government service, if terminating within 90 days.)	Yes _A	ON C		\$4.500 P
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	NT	/A 1b	20000	35559
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	14	/A 1b	\$603803	\$389M8
	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 corr	ectea	122502	200	X
	before the first day of the tax year beginning in 2019?		1c	6.20	A 555 8
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating fo	unoation			
	defined in section 4942(j)(3) or 4942(j)(5)):				3,000
8	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	Yes X	IIII	707 E-4	
	6d and 6e) for tax year(s) beginning before 2019?	Yes _A	ן אס   אַרּ		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,				
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to		'		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No"	and attach	. / 3	92.BC	
	statement - see instructions.)	IN	/A 2b	MAY AT STOKE	\$28880.65
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	<b>&gt;</b>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		- I		
	during the year?		]No	**************************************	
t	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified p				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(0				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use For		. , .		
	Schedule C, to determine if the foundation had excess business holdings in 2019.)	N	/A <u>3b</u>	ļ	<del> </del>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	5537956	X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitab	le purpose that		133	188. FFEE
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?		4b		X

Part VII-B. Statements Regarding Activities for Which F	orm 4/20 May Be R	equirea <sub>(contin</sub>	ued)	
5a During the year, did the foundation pay or incur any amount to:			38	Yes No
` (1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es 🗶 No 🛙	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			
any voter registration drive?	,	<u></u>	es 🔀 No 🛙	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		[TE]	
4945(d)(4)(A)? See instructions			es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		्र इ	
the prevention of cruelty to children or animals?			es 🗶 No 🛔	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	NT / N	
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h		and		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the control of the control			🗀 ". 🏻	
expenditure responsibility for the grant?	10	/A	es LNo 🎉	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	an promiume on		l s	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		es 🗶 No	
<ul> <li>a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a piece.</li> </ul>	arconal hanafit contract?	( Tr	ES ZI NU	6b X
	er sondi denemi contract.		. 3	784 782 333 N
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attributions.			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		,		
excess parachute payment(s) during the year?	1,000,000 111161141161411611 61	[] v	es 🕱 No	
Part VIII Information About Officers, Directors, Truste	es. Foundation Mar			Ev. 10
Paid Employees, and Contractors	•	· , · ,		
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
SEE STATEMENT 2		0.	0.	0.
	1			1
				İ
				-
		. "11015"	L	<u> </u>
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	account, other
NOVE	devoted to position		compensation	allowances
NONE		,		
				-
·	<del> </del>			<del>                                     </del>
				ž,
		<del> </del>		<del></del>
		<del></del>		
<u>.</u>			'	
Total number of other employees paid over \$50,000	<del></del>	<u> </u>		0
total number of other employees paid over \$30,000			Form	990-PF (2019)
•			1 01111	(2013)

Part VIII Information About Officers, Directors, Trustees, Foundation		5/6521 Page 7
Paid Employees, and Contractors (continued)	dation Managers, riighly	
3 Five highest-paid independent contractors for professional services. If none, er	iter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
,		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		▶ 0
	ababas lanfaranahan ayah an tha	
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers p	austical information such as the produced, etc.	Expenses
1 N/A		
		·
2		
2		
3		
4		
Death D. C.		-
Part IX-B Summary of Program-Related Investments	on lines 1 and 2	Amount
Describe the two largest program-related investments made by the foundation during the tax year 1 N/A	on lines ( and 2.	Amount
I N/A		
2		
All other program-related investments. See instructions.		
3		
· · · · · · · · · · · · · · · · · · ·		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

Į.P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	e instructions.)
<del>-</del> 1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
<u> </u>	Minimum investment return from Part X, line 6	T 1 T	0.
	Tax on investment income for 2019 from Part VI, line 5		
La b	Income tax for 2019. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
$\dot{=}$	art XII Qualifying Distributions (see instructions)	· · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		100 005
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	139,325.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<del> </del>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
Ь	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	139,325.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	139,325.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (	qualifies for th	e section

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
1 Distributable amount for 2019 from Part XI,				0.
line 7				U .
2 Undistributed income, if any, as of the end of 2019			0.	ļ
a Enter amount for 2018 only			<b>U</b> •	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019.		0.		
1				
a From 2014				
<b>b</b> From 2015	-			
c From 2016	-			<u>'</u>
d From 2017 119,216. e From 2018 135,382.	-			
	254,598.			-
f Total of lines 3a through e	234,330.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 139,325.			0.	
a Applied to 2018, but not more than line 2a		<u> </u>	0.	
<b>b</b> Applied to undistributed income of prior		-0.		
years (Election required - see instructions)		0.		1
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.			0.
d Applied to 2019 distributable amount	139,325.			0.
e Remaining amount distributed out of corpus	139,323.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 31, 4c, and 4e Subtract line 5	393,923.			
<b>b</b> Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	,	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				•
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	393,923.	· · · · ·		
O Analysis of line 9.				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017 119,216.				
d Excess from 2018 135,382.	ľ	AT PAPATAAAAA TATE	1 221 Mas 4 2	, AMDOSES OF DO
e Excess from 2019 139,325.	<u> </u>			5 000 PE (0010)

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation status of recipient Amount Name and address (home or business) a Paid during the year SEE ATTACHED SCHEDULE N/A PUBLIC CHARITY VARIOUS 139,300. **▶** 3a 139,300. Total b Approved for future payment NONE Totai

Part XVI-A Analysis of Income-Producing Activities

		business income	Exclude	ed by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Amount	Tanocion modific
a			+ +	<del>-</del>	
b		<del></del>	+		
<u> </u>		· <u>-</u> .	+	····	
d	_		+	<del></del>	
e	_		+	<del></del> .	_
f	_	<del></del>	+	,	
g Fees and contracts from government agencies		-	+		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash			1 1		
investments			+		
4 Dividends and interest from securities			+	- · <u></u>	
5 Net rental income or (loss) from real estate:			<del> </del>		
a Debt-financed property		<del></del>	<del>  </del>		
b Not debt-financed property			╂┼		
6 Net rental income or (loss) from personal			i 1		
property			<del>                                     </del>		
7 Other investment income			$\perp \perp$		
8 Gain or (loss) from sales of assets other			1 1		
than inventory			$\sqcup \bot$		
9 Net income or (loss) from special events			$\sqcup$		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c	_				
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)	1				
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	empt F	Purposes	
Line No. Explain below how each activity for which in			contribu	ited importantly to the accom	plishment of
the foundation's exempt purposes (other that	in by providing tunds	s for such purposes).			
NOT APPLICABLE					
	<u></u> _			<del> · · · · · · · · · · · · · · · · ·</del>	
					<del></del>
					···
					<del></del>
	<u>,</u>				
923621 12-17-19					Form <b>990-PF</b> (2019)

Form 99(	)-PF (2	019) <b>RED</b>	TOP	FOUNDA	TON				82-	1576521	Pa	ge <b>13</b>
Part 2	XVII				sfers to a	nd Transactions	and	l Relationsh	ips With Non	charitable		
•		Exempt Orga										
						ig with any other organiza		described in sect	ion 501(c)		Yes	No
						to political organizations	57					
a Tra	nsfers	from the reporting fou	ndation	to a noncharita	ble exempt orq	ganization of:				<del>-</del> :-		37
٠,	Cash									1a(1)		X
٠,,	Other									1a(2)		X
		sactions:			_							~~·
٠,		of assets to a nonchar		. •						1b(1)		X
٠,		ases of assets from a		•	organization					1b(2)		X
٠.,		l of facilities, equipme	•	ner assets						1b(3)		X
٠.		oursement arrangemei	nts							1b(4)		x
٠.		or loan guarantees		ohin ar fiindraii	aina aaliaitatia	no.				1b(5)		X
		mance of services or facilities, equipment,		-	_					1b(6) 1c		X
						dule. Column (b) should	alwa	we chow the fair i	narket value of the		otc	
						ed less than fair market va					cis,	
		) the value of the good				sa 1055 triair fair friance ve	4144	in any transaction	or snaring arrange	mont, snow m		
(a) Line n	<del></del> _	(b) Amount involved	1			e exempt organization		(d) Description	of transfers, transaction	ns, and sharing arra	angemen	ts
<u>. ,                                     </u>	$\top$	(-/			N/A			<del>                                     </del>				
	$\top$				,							
				. , ,	-							
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	$\top$											
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	$\bot$											
								<u> </u>				
2a Ist	he four	idation directly or indi	rectly aft	filiated with, or	related to, one	or more tax-exempt orga	anıza	tions described				
		501(c) (other than sec			ection 527?					Yes	X	No
<b>b</b> If "	res," co	mplete the following s				T #12 =			/ D	-1-4		
		(a) Name of		ation		(b) Type of organization	<u>n  </u>		(c) Description of r	elationship		
		N/A	<u> </u>				+	<del></del>				
<del></del>							+					
		<u> </u>					-					
-							+					
	Under	penalties of persury. I decla	re that I h	ave examined this	return, including	L accompanying schedules and	l slate	ements, and to the be	st of my kpewledge	F		
Sign	and be	lief, it is tue, correct, and	mplete	Declaration of pre	page of (other that	texpayer) is based on all infor	matic	o which prepare	as any knowledge	May the IRS o	prepare	r
Here		grum.	()	6/1/0	// W//	///xh- /	U'	TRUSTI		shown below X Yes		No
	Sign	ature of officer or trus	tee	<del>(</del>	у <u>и</u> •	Date	— <i>I</i>	Title			<u> </u>	, .40
		Print/Type preparer's			Preparer's s		T	Date	Check If	PTIN		
					1			i	self- employed			
Paid		MARIA T.	SCAI	ROZZA	Marie	L Scarozza	-   1	10/22/20		P01240	837	
Prepa	arer	Firm's name ► SZ	YMK	OWIAK &	ASSOC	IATES CPAS,	P	2	Firm's EIN ► 1			
Use (	Only					•						

Firm's address > 6325 MAIN STREET, SUITE 100 WILLIAMSVILLE, NY 14221

## Schedule B

(Form 990, 990-EZ, er 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Employer identification number** Name of the organization 82-1576521 RED TOP FOUNDATON Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

_			^
ລ	^	Δ	_

Name of organization
.
RED TOP FOUNDATON

82-1576521

1122	or roombinion		
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RED TOP FUND (HARVARD UNIVERSITY DAF)  124 MOUNT AUBURN STREET  CAMBRIDGE, MA 02138	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) - Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## RED TOP FOUNDATON

82-1576521

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - - - - \$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - - - - - - - - - -	<del></del>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received	
		- - - - - \$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - - - \$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		- - - - \$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		- - - - - - - - -		

Name of organization

Employer identification number

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RED TO	OP FOUNDATON		82-1576521			
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
<u> </u>	from any one contributor. Complete columns (a	through (e) and the following line en	try For organizations less for the year (Enter this info once ) \$			
•	Use duplicate copies of Part III if additional	space is needed	Tess for the year (Line) mis mid once )			
(a) No.		Ĭ				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		·				
		L				
	· (e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
	- *					
		. <u> </u>	<u> </u>			
		<u></u>				
(a) No. from	(h) Durnaga of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Ose of gift	(a) Description of now girt is field			
	•					
			•			
	•	·				
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
ľ						
(a) No.	•					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Talti		· ·				
<del></del>						
ŀ						
	(e) Transfer of gift					
	The state of the s					
}	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
		<del>-</del>				
		<del></del>	•			
			•			
(a) No		<del> </del>				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		<u>L</u>				
	(e) Transfer of gift					
			•			
ļ	Transferee's name, address, a	Relationship of transferor to transferee				
		1	•			
			,			
		•				

FORM 990-PF	TAXES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
NYS CHAR 500 FEE	25.	0.		25.	
TO FORM 990-PF, PG 1, LN 18	25.	0.		25.	

	00-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 2	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
CHARLES E. BALBACH 41 MELANT DRIVE ORCHARD PARK, NY 14127	TRUSTEE 0.50	0.	0.	0.	
MELISSA T. BALBACH 7811 E. QUAKER ROAD ORCHARD PARK, NY 14127	TRUSTEE 0.50	0.	0.	0.	
CARL T. BALBACH 149 WINDSOR AVENUE BUFFALO, NY 14209	TRUSTEE 0.50	0.	0.	0.	
JENNIFER BALBACH 149 WINDSOR AVENUE BUFFALO, NY 14209	TRUSTEE 0.50	0.	0.	0.	
JOHN BACE 7811 E. QUAKER ROAD ORCHARD PARK, NY 14127	TRUSTEE 0.05	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 3

## NAME OF MANAGER

CHARLES E. BALBACH MELISSA T. BALBACH CARL T. BALBACH JENNIFER BALBACH JOHN BACE