

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052
2020
Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

Name of foundation FERGUSON ELECTRIC FOUNDATION		A Employer identification number 20-1084040	
Number and street (or P.O. box number if mail is not delivered to street address) 333 ELLICOTT STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14203		B Telephone number (see instructions) (716) 852-2010	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>718,965</u>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	149,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	8	8		
	4 Dividends and interest from securities	14,043	14,043		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-25,636			
	b Gross sales price for all assets on line 6a <u>433,683</u>				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	137,415	14,051			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,250	625		625
	c Other professional fees (attach schedule)	6,647	6,647		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	154	54		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	100	0		100
	24 Total operating and administrative expenses. Add lines 13 through 23	8,151	7,326		725
	25 Contributions, gifts, grants paid	144,500			144,500
26 Total expenses and disbursements. Add lines 24 and 25	152,651	7,326		145,225	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-15,236				
b Net investment income (if negative, enter -0-)		6,725			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	16,441	22,043	22,043
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	272,877	283,123	348,473
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	361,280	330,196	348,449
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	650,598	635,362	718,965	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	650,598	635,362	
	29 Total net assets or fund balances (see instructions)	650,598	635,362	
30 Total liabilities and net assets/fund balances (see instructions) .	650,598	635,362		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	650,598
2 Enter amount from Part I, line 27a	2	-15,236
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	635,362
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	635,362

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICALLY TRADED SECURITIES			
b LITIGATION PROCEEDS			2020-06-09
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 433,657		459,319	-25,662
b 26			26
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-25,662
b			26
c			
d			
e			

2 Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	2	-25,636
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{		}	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved			2
3 Reserved			3
4 Reserved			4
5 Reserved			5
6 Reserved			6
7 Reserved			7
8 Reserved			8

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 409.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 covering questions about controlled entities, distributions, public inspection requirements, books in care, and nonexempt charitable trusts.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b covering questions about disqualifying acts, taxes on failure to distribute income, and business holdings.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	639,502
b	Average of monthly cash balances.	1b	19,676
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	659,178
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	659,178
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	9,888
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	649,290
6	Minimum investment return. Enter 5% of line 5.	6	32,465

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	32,465
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	93
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	93
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	32,372
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	32,372
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	32,372

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	145,225
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	145,225
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	145,225

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1	Distributable amount for 2020 from Part XI, line 7				32,372
2	Undistributed income, if any, as of the end of 2020:				
a	Enter amount for 2019 only.			0	
b	Total for prior years: 20____, 20____, 20____		0		
3	Excess distributions carryover, if any, to 2020:				
a	From 2015.	77,866			
b	From 2016.	80,580			
c	From 2017.	76,693			
d	From 2018.	117,856			
e	From 2019.	113,626			
f	Total of lines 3a through e.	466,621			
4	Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 145,225				
a	Applied to 2019, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions).		0		
c	Treated as distributions out of corpus (Election required—see instructions).	0			
d	Applied to 2020 distributable amount.				32,372
e	Remaining amount distributed out of corpus	112,853			
5	Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	579,474			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions).	77,866			
9	Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	501,608			
10	Analysis of line 9:				
a	Excess from 2016.	80,580			
b	Excess from 2017.	76,693			
c	Excess from 2018.	117,856			
d	Excess from 2019.	113,626			
e	Excess from 2020.	112,853			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(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 an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
 JEFFREY H LATTIMER
 333 ELLICOTT STREET
 BUFFALO, NY 14203
 (716) 852-2010

b The form in which applications should be submitted and information and materials they should include:
 WRITTEN REQUEST AND DESCRIPTION OF GRANT

c Any submission deadlines:
 NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
 NONE

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				144,500
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				11,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
ALBRIGHT-KNOX ART GALLERY 1285 ELMWOOD AVE BUFFALO, NY 14222	N/A	PC	CHARITABLE	2,500
ALZHEIMER'S ASSOCIATION 2805 WEHRLE DRIVE SUITE 6 WILLIAMSVILLE, NY 14221	N/A	PC	CHARITABLE	1,000
AMERICAN CANCER SOCIETY 101 JOHN JAMES AUDUBON PKWY AMHERST, NY 14228	N/A	PC	CHARITABLE	1,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION 315 ALBERTA DRIVE STE 102 BUFFALO, NY 14226	N/A	PC	CHARITABLE	1,500
AQUARIUM OF NIAGARA 701 WHIRLPOOL ST NIAGARA FALLS, NY 14301	N/A	PC	CHARITABLE	1,000
BISON CHILDREN'S SCHOLARSHIP FUND 284 DELAWARE AVE BUFFALO, NY 14202	N/A	PC	CHARITABLE	1,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BUFFALO CITY MISSION 100 EAST TUPPER STREET BUFFALO, NY 14203	N/A	PC	CHARITABLE	4,000
BUFFALO PHILHARMONIC ORCHESTRA 499 FRANKLIN STREET BUFFALO, NY 14202	N/A	PC	CHARITABLE	2,500
BUFFALO SEMINARY 205 BIDWELL PARKWAY BUFFALO, NY 14222	N/A	PC	CHARITABLE	1,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BUFFALO SUZUKI STRINGS 4 WEBSTER STREET NORTH TONAWANDA, NY 14120	N/A	PC	CHARITABLE	1,500
CAMP GOOD DAYS & SPECIAL TIMES 6430 TRANSIT ROAD DEPEW, NY 14043	N/A	PC	CHARITABLE	5,000
CATHOLIC CHARITIES 525 WASHINGTON STREET BUFFALO, NY 14203	N/A	PC	CHARITABLE	2,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC HEALTH FOUNDATION 144 GENESEE STREET 6TH FLOOR BUFFALO, NY 14203	N/A	PC	CHARITABLE	1,500
CORNERSTONE MANOR 150 E NORTH STREET BUFFALO, NY 14203	N/A	PC	CHARITABLE	2,500
CRADLE BEACH CAMP 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	N/A	PC	CHARITABLE	2,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION 1775 WEHRLE DRIVE SUITE 150 WILLIAMSVILLE, NY 14221	N/A	PC	CHARITABLE	5,000
EXPLORE & MORE CHILDREN'S MUSEUM 300 GLEED AVE EAST AURORA, NY 14052	N/A	PC	CHARITABLE	10,000
FEEDMORE WNY91 HOLT STREET BUFFALO, NY 14206	N/A	PC	CHARITABLE	4,000
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
HARVEST HOUSE 1782 SENECA STREET BUFFALO, NY 14210	N/A	PC	GOOD NEIGHBORS HEALTH CARE	2,500
HOSPICE FOUNDATION OF WESTERN NEW YORK 225 COMO PARK BLVD BUFFALO, NY 14227	N/A	PC	CHARITABLE	5,000
KALEIDA HEALTH FOUNDATION 1260 DELAWARE AVE BUFFALO, NY 14209	N/A	PC	CHARITABLE	5,000
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KEVIN GUEST HOUSE 782 ELLICOTT STREET BUFFALO, NY 14203	N/A	PC	CHARITABLE	5,000
KIDS ESCAPING DRUGS 920 HARLEM ROAD PO BOX 643 WEST SENECA, NY 14224	N/A	PC	CHARITABLE	1,000
LEUKEMIA SOCIETY 4053 MAPLE ROAD AMHERST, NY 14226	N/A	PC	CHARITABLE	2,000
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOTHLORIEN THERAPEUTIC RIDING CENTER 15 REITER ROAD EAST AURORA, NY 14052	N/A	PC	CHARITABLE	2,500
MULTIPLE SCLEROSIS SOCIETY 1000 ELMWOOD AVENUE SUITE 900 ROCHESTER, NY 14620	N/A	PC	CHARITABLE	2,000
MUSCULAR DYSTROPHY ASSOCIATION BUFFALO 5500 MAIN STREET BUFFALO, NY 14221	N/A	PC	CHARITABLE	3,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RICHARDSON CENTER CORPORATION 444 FOREST AVE BUFFALO, NY 14213	N/A	PC	CHARITABLE	5,000
ROSWELL PARK ALLIANCE FOUNDATION ELM CARLTON STREETS BUFFALO, NY 14263	N/A	PC	CHARITABLE	5,000
SABAH2607 NIAGARA STREET BUFFALO, NY 14207	N/A	PC	CHARITABLE	1,000
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALVATION ARMY950 MAIN STREET BUFFALO, NY 14202	N/A	PC	CHARITABLE	1,000
SISTERS HOSPITAL FOUNDATION 2130 MAIN STREET BUFFALO, NY 14214	N/A	PC	CHARITABLE	1,500
ST JOSEPHS CATHEDRAL 50 FRANKLIN STREET BUFFALO, NY 14202	N/A	PC	CHARITABLE	1,000
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST LOUIS CHURCH 35 EDWARD STREET BUFFALO, NY 14202	N/A	PC	CHARITABLE	1,000
UNITED WAY OF BUFFALO & ERIE COUNTY 742 DELAWARE AVE BUFFALO, NY 14209	N/A	PC	CHARITABLE	10,000
UNITED WAY OF NIAGARA COUNTY 3000 MILITARY ROAD NIAGARA FALLS, NY 14304	N/A	PC	CHARITABLE	4,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY AT BUFFALO FOUNDATION PO BOX 900 BUFFALO, NY 14226	N/A	PC	CHARITABLE	1,500
VILLA MARIA COLLEGE 240 PINE RIDGE ROAD BUFFALO, NY 14225	N/A	PC	CHARITABLE	3,000
WINGS FLIGHT OF HOPE 3964 CALIFORNIA ROAD ORCHARD PARK, NY 14127	N/A	PC	CHARITABLE	2,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WOMEN & CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION 1028 MAIN STREET 4TH FLOOR BUFFALO, NY 14202	N/A	PC	STONE'S BUDDIES	7,500
WOMEN & CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION 1028 MAIN STREET 4TH FLOOR BUFFALO, NY 14203	N/A	PC	CHARITABLE	10,000
YMCA BUFFALO NIAGARA 301 CAYUGA ROAD SUITE 100 BUFFALO, NY 14225	N/A	PC	CHARITABLE	1,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ZOOLOGICAL SOCIETY OF BUFFALO 300 PARKSIDE AVE BUFFALO, NY 14214	N/A	PC	CHARITABLE	1,500
CHRISTIAN CENTRAL ACADEMY 39 ACADEMY STREET WILLIAMSVILLE, NY 14221	N/A	PC	CHARITABLE	1,500
CONNECTLIFE BLOOD & ORGAN DONOR NETWORK 4444 BRYANT AND STRATTON WAY WILLIAMSVILLE, NY 14221	N/A	PC	CHARITABLE	2,500
Total ▶ 3a				144,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOSEPH'S COLLEGIATE INSTITUTE 845 KENMORE AVE BUFFALO, NY 14223	N/A	PC	CHARITABLE	1,500
YOUNG LIFE2130 CLINTON ST 4 BUFFALO, NY 14206	N/A	PC	CHARITABLE	1,500
Total ▶ 3a				144,500

TY 2020 Accounting Fees Schedule**Name:** FERGUSON ELECTRIC FOUNDATION**EIN:** 20-1084040

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,250	625		625

TY 2020 Investments Corporate Stock Schedule**Name:** FERGUSON ELECTRIC FOUNDATION**EIN:** 20-1084040

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MERRILL LYNCH (INFORMATION PROVIDED UPON REQUEST)	283,123	348,473

TY 2020 Investments - Other Schedule**Name:** FERGUSON ELECTRIC FOUNDATION**EIN:** 20-1084040**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MERRILL LYNCH MUTUAL FUNDS (INFORMATION PROVIDED UPON REQUEST)	AT COST	330,196	348,449

TY 2020 Other Expenses Schedule**Name:** FERGUSON ELECTRIC FOUNDATION**EIN:** 20-1084040**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS FILING FEE	100	0		100

TY 2020 Other Professional Fees Schedule**Name:** FERGUSON ELECTRIC FOUNDATION**EIN:** 20-1084040

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	6,647	6,647		0

TY 2020 Taxes Schedule**Name:** FERGUSON ELECTRIC FOUNDATION**EIN:** 20-1084040**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN WITHHOLDING TAX	54	54		0
FEDERAL EXCISE TAX	100	0		0

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

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

OMB No. 1545-0047
2020

Name of the organization
FERGUSON ELECTRIC FOUNDATION

Employer identification number
20-1084040

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
FERGUSON ELECTRIC FOUNDATION

Employer identification number
20-1084040

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FERGUSON ELECTRIC CONSTRUCTION CO INC 333 ELLICOTT STREET BUFFALO, NY 14203	\$ 110,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	FERGUSON ELECTRIC SERVICE CO INC 321 ELLICOTT STREET BUFFALO, NY 14203	\$ 39,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	_____ _____ _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	_____ _____ _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	_____ _____ _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	_____ _____ _____	\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization FERGUSON ELECTRIC FOUNDATION	Employer identification number 20-1084040
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization
FERGUSON ELECTRIC FOUNDATION

Employer identification number
20-1084040

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

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

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

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

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