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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

COMMUNITY FOUNDATION FOR GREATER BUFFALO INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite

726 EXCHANGE STREET SUITE 525

City or town, state or province, country, and ZIP or foreign postal code

BUFFALO, NY 14210

F Name and address of principal officer

CLOTILDE P DEDECKER

726 EXCHANGE STREET SUITE 525

BUFFALO, NY 14210

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

22-2743917

E Telephone number

(716) 852-2857

G Gross receipts \$ 76,124,951

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CFGB ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1919

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

OUR VISION IS A VIBRANT AND INCLUSIVE GREATER BUFFALO REGION WITH OPPORTUNITY FOR ALL

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶298,903

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2017-11-15

Date

CLOTILDE P DEDECKER PRESIDENT / CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

MICHAEL J GRIMALDI

Preparer's signature

MICHAEL J GRIMALDI

Date

Check ☐ if self-employed

PTIN

P01295846

Firm's name ▶ LUMSDEN & MCCORMICK LLP

Firm's EIN ▶ 16-0765486

Firm's address ▶ 369 FRANKLIN STREET

Phone no (716) 856-3300

BUFFALO, NY 14202

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE MISSION OF THE FOUNDATION IS CONNECTING PEOPLE, IDEAS AND RESOURCES TO IMPROVE LIVES IN WESTERN NEW YORK THE FOUNDATION IS A PUBLIC CHARITY DEDICATED TO HELPING CLIENTS/DONORS MAKE THE MOST OF THEIR GENEROSITY THE FOUNDATION MANAGES ENDOWMENT FUNDS FOR INDIVIDUALS, FAMILIES AND ORGANIZATIONS, AND IS CURRENTLY HOME TO 809 NAMED FUNDS CLIENTS/DONORS CHOOSE TO WORK WITH THE FOUNDATION BECAUSE OF THE FLEXIBILITY IT PROVIDES THEM WHEN DIRECTING THEIR GIFTS, ITS SOUND MANAGEMENT OF CLIENT'S/DONORS CHARITABLE ASSETS, AND ITS DEEP KNOWLEDGE OF COMMUNITY NEEDS AND GRANTMAKING BEYOND GRANTMAKING, THE FOUNDATION ALSO ACTS AS A COMMUNITY LEADER AND CONVENER TO ADDRESS SPECIFIC PRESSING NEEDS IN OUR REGION THESE EFFORTS LEVERAGE PHILANTHROPY AS A TOOL FOR SOCIAL PROGRESS AND HAVE RESULTED IN SIGNIFICANT IMPROVEMENTS IN CHILDHOOD LITERACY, IMPROVING OUR NATURAL ENVIRONMENT, CATALYZING URBAN REVITALIZATION AND STRENGTHENING THE CULTURAL ORGANIZATIONS THAT ANCHOR OUR COMMUNITY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$ 3,173,704	including grants of \$ 2,991,583 )	(Revenue \$ )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$ 2,717,462	including grants of \$ 2,658,524 )	(Revenue \$ )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$ 642,678	including grants of \$ )	(Revenue \$ )
See Additional Data				

(Code )	(Expenses \$ 12,679,733	including grants of \$ 10,610,405 )	(Revenue \$ )
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EXPENSES \$106,225GRANTS \$0IMPACT INVESTING IN JUNE 2014, THE COMMUNITY FOUNDATION FOR GREATER BUFFALO CONVENED A DIVERSE GROUP OF NATIONAL INVESTORS, NATIONAL AND LOCAL PHILANTHROPIC ORGANIZATIONS ALONG WITH LOCAL ECONOMIC DEVELOPMENT LEADERS TO EDUCATE THE COMMUNITY ABOUT AND EXPLORE OPPORTUNITIES FOR IMPACT INVESTMENT IN THE WESTERN NEW YORK (WNY) REGION IMPACT INVESTING IS A TOOL THAT INCENTIVIZES CAPITAL INVESTMENTS, TO ACHIEVE BOTH FINANCIAL RETURNS AND SOCIAL GOALS IMPORTANT TO COMMUNITY VITALITY AND PROSPERITY IMPACT INVESTMENTS CAN BE MADE INTO COMPANIES, ORGANIZATIONS, AND PROJECTS TO GENERATE MEASURABLE SOCIAL CHANGE AS A RESULT OF THE 2014 CONVENING, DURING 2015 THE COMMUNITY FOUNDATION ENGAGED A FINANCE ADVISORY FIRM TO CONDUCT A FEASIBILITY STUDY TO DETERMINE THE SUPPLY AND DEMAND FOR IMPACT INVESTING IN WNY THE CONCLUSION OF THE FEASIBILITY STUDY WAS THAT THERE APPEARED TO BE A CLEAR OPPORTUNITY IN THE EXISTING AND NEAR-TERM CAPITAL LANDSCAPE OF THE REGION FOR SOCIALLY AND FINANCIALLY MOTIVATED IMPACT INVESTMENTS WNY ECONOMIC RESURGENCE NEEDS CAPITAL TO SUCCEED, AND IMPACT CAPITAL COULD PARTICIPATE IN SUPPLYING SOME OF THE NEEDED CAPITAL JOINING THE TWO HAS THE POTENTIAL TO BENEFIT THE ECONOMY OVER THE LONG TERM, AND IT COULD ALSO BE CRITICAL TO ACHIEVING THE EQUITABLE PROSPERITY THAT HAS ELUDED THE REGION FOR DECADES BASED ON THE RESULTS OF THE STUDY, IN 2016 THE COMMUNITY FOUNDATION HAS CONVENED A GROUP OF COMMUNITY STAKEHOLDERS AND LEADERS (INCLUDING FOUNDATIONS, INDIVIDUALS, PRIVATE COMPANIES AND FINANCIAL INSTITUTIONS), TO DETERMINE WAYS TO BUILD THE COMMUNITY CAPACITY FOR IMPACT INVESTING THE OBJECTIVE OF THIS WORK IS TO BUILD A STRUCTURE SO CAPITAL CAN FLOW TO EFFORTS AND PROJECTS THAT GENERATE BOTH FINANCIAL AND SOCIAL RETURNS TO CAPITAL PROVIDERS AND SUPPORT WNY'S GROWTH IN A WAY THAT SUSTAINS ITSELF OVER TIME THE GOAL IS TO STRATEGICALLY CREATE A NEW SUSTAINABLE SYSTEM FOR POSITIVE CHANGE WITH THE INCUBATION OF AN EFFECTIVE AND EFFICIENT IMPACT INVESTING ECOSYSTEM THE WNY IMPACT INVESTMENT FUND LAUNCHED IN SEPTEMBER OF 2017 EXPENSES \$302,165GRANTS \$34,244COMMUNITIES OF GIVING LEGACY INITIATIVE (CGLI) THE COMMUNITIES OF GIVING LEGACY INITIATIVE (CGLI), RECOGNIZES THE IMPORTANCE OF ENDOWMENT-BUILDING AS A SUSTAINABLE MEANS OF INSPIRING PHILANTHROPY FOR AND WITHIN COMMUNITIES OF COLOR CGLI AIMS TO CREATE A LEGACY OF SUCCESS THAT WILL ENCOURAGE COLLECTIVE GIVING TO SUPPORT POSITIVE CHANGE IN THE LIVES OF YOUTH OF COLOR LIVING IN LOW-INCOME COMMUNITIES ESTABLISHED IN 2008, THE MISSION OF THE CGLI IS TO CULTIVATE POSITIVE CHANGE IN THE LIVES OF TRAILBLAZING YOUTH OF COLOR LIVING IN WESTERN NEW YORK CGLI ACCOMPLISHES THIS MISSION VIA ENDOWMENT BUILDING, ENGAGING STRATEGIC PARTNERS, AND INTENTIONAL COMMUNITY CONNECTIONS THROUGH INTERGENERATIONAL GIVING THE CGLI HAS A DEVELOPED PROGRAMMING TO BUILD UPON PHILANTHROPY WITHIN COMMUNITIES OF COLOR PHILANTHROPIC PROGRAMS INCLUDE THE YOUNG PHILANTHROPISTS (TYP), EMERGING PHILANTHROPISTS OF COLOR (EPC), AND PHILANTHROPIES OF COLOR NETWORK (THE NETWORK) A MAIN OBJECTIVE OF THE CGLI IS TO CULTIVATE POSITIVE CHANGE IN THE LIVES OF YOUTH OF COLOR LIVING WITHIN WESTERN NEW YORK VIA ACCESS TO PEOPLE, PLACES, AND EXPERIENCES THAT HELP THEM ACHIEVE POSITIVE LIFE GOALS AS A CONVENER AND CAPACITY-BUILDER FOR COMMUNITIES OF COLOR, THE CGLI PROVIDES INSTITUTIONS AND INDIVIDUALS WITH OPPORTUNITIES TO RAISE AND DIRECT THEIR OWN RESOURCES TOWARD LONG-LASTING CHANGE CAPACITY-BUILDING EFFORTS HAVE BEEN ESTABLISHED BY THE CGLI TO HELP EMPOWER AND ADVANCE THE WORK OF SEVERAL ORGANIZATIONS AND INDIVIDUALS WHO PROVIDE SUPPORT TO ENRICH THE LIVES OF YOUTH OF COLOR EXPENSES \$158,523GRANTS \$35,000GREEN AND HEALTH HOMES INITIATIVE (GHHI) PART OF A NATIONAL NETWORK, BUFFALO'S GREEN AND HEALTHY HOMES INITIATIVE PROVIDES WEATHERIZATION, LEAD REMEDIATION, AND OTHER HOME HEALTH AND SAFETY INTERVENTIONS IN HOMES OF LOW-INCOME FAMILIES VIRTUALLY EVERY HOUSING ORGANIZATION IN BUFFALO IS A MEMBER OF THE GHHI COALITION, SHARING RESOURCES AND COORDINATING ACTIVITIES SINCE INCEPTION, MORE THAN 402 FAMILIES RECEIVED INTERVENTIONS FOR THEIR HOMES THE GHHI APPROACH ALSO PROVIDES ECONOMIC BENEFIT TO FAMILIES IN THE FORM OF COST SAVINGS, DEVELOPS CAREER PATHWAYS TO HIGHER PAYING 'GREEN' JOBS, AND PRODUCES MORE STABLE NEIGHBORHOODS BY INCREASING THE QUALITY OF HOUSING STOCK A ROBUST EFFORT IS UNDERWAY WITH OVER 50 PARTNERS REPRESENTING THE PUBLIC, PRIVATE AND NONPROFIT SECTOR TO DEVELOP AN ACTION PLAN TO ERADICATE LEAD POISONING IN WNY EXPENSES \$122,502GRANTS \$861ENVIRONMENTAL ALLIANCE THE COMMUNITY FOUNDATION CREATED THE WNY ENVIRONMENTAL ALLIANCE, A COMMUNITY-WIDE COALITION THAT DEVELOPED AND IS IMPLEMENTING A SHARED REGIONAL ENVIRONMENTAL AGENDA FOR WESTERN NEW YORK THE COALITION HAS IDENTIFIED PRIORITIES FOR ACTION AND FOR STRENGTHENING THE CAPACITY OF THE REGION'S ENVIRONMENTAL ORGANIZATIONS THE ALLIANCE IS NOW A SEPARATE NON-PROFIT ORGANIZATION WORKING TO ADVANCE THESE GOALS, WITH FINANCIAL ASSISTANCE AND SUPPORT FROM THE COMMUNITY FOUNDATION AND OTHER NATIONAL FOUNDATIONS ONE OF THE ALLIANCE'S PRIMARY ACTIVITIES IS EDUCATING YOUTH TO ADVOCATE FOR MEASURES THAT REDUCE CLIMATE CHANGE EXPENSES \$11,990,318GRANTS \$10,540,300OTHER PROGRAMSIN ADDITION TO THE PROGRAMS ALREADY LISTED, THE COMMUNITY FOUNDATION OPERATES SEVERAL OTHER PROGRAMS INCLUDING, BUT NOT LIMITED TO DESIGNATED FUNDS AND DONOR ADVISED FUNDS AS DESCRIBED BELOW DESIGNATED FUNDS THE COMMUNITY FOUNDATION ADMINISTERS MANY FUNDS THAT MAKE GRANTS TO CHARITABLE ORGANIZATIONS THAT ARE SPECIFICALLY IDENTIFIED IN THE ORIGINATING FUND DOCUMENTS GENERALLY, THE ORGANIZATIONS RECEIVING THESE GRANTS REMAIN THE SAME FROM YEAR-TO-YEAR IN 2016, 551 GRANTS TOTALING \$2.6 MILLION WERE AWARDED FROM THESE FUNDS DONOR/CLIENT DIRECTED FUNDS THE CLIENT/DONOR ASSOCIATED WITH EACH OF THESE FUNDS MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS OF THE COMMUNITY FOUNDATION REQUESTING GRANTS TO ONE OR MORE CHARITABLE ORGANIZATIONS THE RECIPIENTS OF THESE GRANTS MAY VARY FROM YEAR-TO-YEAR IN 2016, 1,253 GRANTS TOTALING \$6.9 MILLION WERE AWARDED FROM THESE FUNDS

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$ 12,679,733	including grants of \$ 10,610,405 )	(Revenue \$ )
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<b>4e</b>	Total program service expenses	19,213,577
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b> Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	42	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		No
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		No
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: NY

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ► **GERALD REGER** 726 EXCHANGE STREET SUITE 525 BUFFALO, NY 14210 (716) 852-2857

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2016)

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,113,236	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COLONIAL CONSULTING 750 THIRD AVE 20TH FLOOR NEW YORK, NY 10017	INVESTMENT CONSULTING	206,149

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	45,946			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	52,798,460			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <u>21,607,178</u>					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		52,844,406			
<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,229,864			3,229,864
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
			(i) Real	(ii) Personal		
	<b>6a</b> Gross rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory		19,502,421			
	<b>b</b> Less cost or other basis and sales expenses		18,424,074			
	<b>c</b> Gain or (loss)		1,078,347			
	<b>d</b> Net gain or (loss) . . . . . ▶		1,078,347			1,078,347
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . ▶					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . ▶					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>					
	<b>b</b> Less cost of goods sold . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code				
<b>11a</b> OTHER INCOME		900099	647,107	647,107		
<b>b</b> PASS THROUGH PARTNERSHIP K-1		523000	-98,847		-98,847	
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			548,260			
<b>12 Total revenue.</b> See Instructions . . . . . ▶			57,700,877	647,107	-98,847	4,308,211

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	12,125,223	12,125,223		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	4,135,289	4,135,289		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	752,798	431,894	248,953	71,951
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	1,660,698	1,112,020	454,574	94,104
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	83,323	53,410	28,156	1,757
<b>9</b> Other employee benefits.	104,702	73,648	22,125	8,929
<b>10</b> Payroll taxes.	144,911	101,031	35,681	8,199
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	653,076	563,223	42,223	47,630
<b>b</b> Legal.	63,144	24,439	25,021	13,684
<b>c</b> Accounting.	30,000		30,000	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	996,743		996,743	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
<b>12</b> Advertising and promotion.	227,105	194,003	7,222	25,880
<b>13</b> Office expenses.	91,604	38,736	47,456	5,412
<b>14</b> Information technology.	76,758	38,318	38,408	32
<b>15</b> Royalties.				
<b>16</b> Occupancy.	287,113	151,184	122,519	13,410
<b>17</b> Travel.	67,173	55,313	10,738	1,122
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	74,410	49,039	23,155	2,216
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	92,341	47,636	40,128	4,577
<b>23</b> Insurance.	30,765		30,765	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> PAYMENTS ON GIFT ANNUITY.	31,737		31,737	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses.	75,372	19,171	56,201	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	21,804,285	19,213,577	2,291,805	298,903
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>	
	<b>2</b>	Savings and temporary cash investments . . . . .		12,325,753	<b>2</b>	11,454,116
	<b>3</b>	Pledges and grants receivable, net . . . . .		3,045,350	<b>3</b>	1,592,788
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		7,669	<b>9</b>	26,842
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,011,323			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 604,458	491,586	<b>10c</b>	406,865
	<b>11</b>	Investments—publicly traded securities . . . . .		98,503,656	<b>11</b>	117,129,184
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		204,581,893	<b>12</b>	245,554,241
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		328,598	<b>13</b>	157,000
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		23,106,078	<b>15</b>	24,270,195
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		342,390,583	<b>16</b>	400,591,231	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		424,097	<b>17</b>	365,495
	<b>18</b>	Grants payable . . . . .		1,715,608	<b>18</b>	1,587,265
	<b>19</b>	Deferred revenue . . . . .		34,186	<b>19</b>	178,888
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		49,962,288	<b>25</b>	56,432,756
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		52,136,179	<b>26</b>	58,564,404
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		266,048,509	<b>27</b>	316,607,174
	<b>28</b>	Temporarily restricted net assets . . . . .		24,205,895	<b>28</b>	25,419,653
	<b>29</b>	Permanently restricted net assets			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		290,254,404	<b>33</b>	342,026,827
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		342,390,583	<b>34</b>	400,591,231	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,700,877
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,804,285
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	35,896,592
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	290,254,404
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,520,727
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,355,104
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	342,026,827

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 22-2743917  
**Name:** COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

Form 990 (2016)

**Form 990, Part III, Line 4a:**

BOARD DIRECTED GRANTS & SCHOLARSHIPS THE BOARD OF THE COMMUNITY FOUNDATION DIRECTS THE USE OF CERTAIN FUNDS (AS REQUESTED BY THE CLIENT/DONOR) AS FOLLOWS (1) CHANGING NEEDS CLIENTS/DONORS REQUEST THAT THEIR FUNDS BE DIRECTED BY THE BOARD TO ADDRESS THE CHANGING NEEDS OF OUR COMMUNITY OVER TIME GRANTS FROM THESE FUNDS ARE AWARDED TO ADDRESS ONE OR MORE OF THE FOLLOWING FOUR IMPACT AREAS (1) IMPROVE EDUCATIONAL ACHIEVEMENT FOR STUDENTS LIVING IN LOW-INCOME HOUSEHOLDS, (2) INCREASE RACIAL AND ETHNIC EQUITY, (3) ENHANCE AND LEVERAGE SIGNIFICANT NATURAL RESOURCES, AND (4) STRENGTHEN THE REGION AS A CENTER FOR ARCHITECTURE, ARTS AND CULTURE IN 2016 THE COMMUNITY FOUNDATION GRANTED \$739,000 FROM CHANGING NEEDS FUNDS IN SUPPORT OF THESE FOUR COMMUNITY GOALS (EXCLUDING GRANTS REPORTED ELSEWHERE IN PART III )(2) FIELD OF INTEREST CLIENTS/DONORS REQUEST THAT THEIR FUNDS BE DIRECTED TO A SPECIFIC AREA OF INTEREST THE GRANTEES RECEIVING THESE FUNDS ARE DETERMINED BY THE BOARD OF THE COMMUNITY FOUNDATION DURING 2016, THE COMMUNITY FOUNDATION AWARDED \$583,000 FROM FIELD OF INTEREST FUNDS (3) SCHOLARSHIPS CLIENTS/DONORS HAVE ESTABLISHED SCHOLARSHIP FUNDS, WHICH THE FOUNDATION AWARDS TO RESIDENTS OF WESTERN NEW YORK THESE AWARDS ARE BASED PRIMARILY ON FINANCIAL NEED, ALTHOUGH THE CLIENT/DONOR MAY HAVE MADE ADDITIONAL STIPULATIONS SUCH AS FIELD OF STUDY OR GRADUATES OF A PARTICULAR HIGH SCHOOL IN 2016, NEARLY \$1.67 MILLION WAS AWARDED FOR SCHOLARSHIPS

**Form 990, Part III, Line 4b:**

SAY YES BUFFALO (SYB) THE SAY YES BUFFALO INITIATIVE IS AN EDUCATION-BASED, ECONOMIC REVITALIZATION EFFORT DESIGNED TO STRENGTHEN THE REGIONAL WORKFORCE AND OFFER UNPRECEDENTED EDUCATIONAL OPPORTUNITY TO URBAN YOUTH IT IS BASED ON A SUCCESSFUL NATIONAL MODEL WITH THE BACKING OF A NATIONAL FOUNDATION AS WELL AS SIGNIFICANT SUPPORT FROM THE COMMUNITY FOUNDATION AND NUMEROUS LOCAL PARTNERS THE COMMUNITY FOUNDATION SUPPORTS AND ADMINISTERS THE SAY YES BUFFALO SCHOLARSHIP FUND WHICH SEEKS TO REMOVE ALL BARRIERS TO EDUCATIONAL SUCCESS THROUGH A COORDINATED SYSTEM OF SUPPORTS AND BY PROVIDING SCHOLARSHIPS FOR ALL GRADUATES OF BUFFALO PUBLIC AND CHARTER SCHOOLS TO PURSUE A POST-SECONDARY EDUCATION THIS SCHOLARSHIP PROGRAM SERVES TO ARTICULATE THE POSSIBILITY AND EXPECTATION OF POST-SECONDARY COMPLETION FOR ALL STUDENTS AND GIVES HOPE TO STUDENTS AND FAMILIES WHO MAY NOT OTHERWISE HAVE THOUGHT THAT COLLEGE IS AN OPTION SINCE SAY YES BUFFALO WAS LAUNCHED IN 2012, THE GRADUATION RATE FOR BUFFALO PUBLIC SCHOOL STUDENTS INCREASED BY 15% AND IS AT THE HIGHEST LEVEL IT HAS BEEN IN A DECADE THE NUMBER OF STUDENTS ENTERING COLLEGE ALSO INCREASED BY 10% TO 67% DURING THAT TIME, THE SAY YES SCHOLARSHIP FUND HAS SUPPORTED OVER 3,000 SCHOLARSHIPS WITH TOTAL FUNDING OF \$6.6 MILLION IN ADDITION TO CONTRIBUTING TO THE SCHOLARSHIP FUND, THE COMMUNITY FOUNDATION HAS ALSO MADE GRANTS TO ESTABLISH MENTAL HEALTH CLINICS DIRECTLY IN BUFFALO PUBLIC SCHOOL BUILDINGS THESE CLINICS ARE JUST ONE COMPONENT OF THE OVERALL EFFORT TO ADDRESS THE FINANCIAL, ACADEMIC, HEALTH AND SOCIAL/EMOTIONAL BARRIERS TO EDUCATIONAL ACHIEVEMENT DURING 2016, THE COMMUNITY FOUNDATION AWARDED \$120,000 TO ORGANIZATIONS WHO ARE PROVIDING THE MENTAL HEALTH SERVICES AS OF YEAR-END, THERE ARE 52 MENTAL HEALTH CLINICS THAT ARE OPERATIONAL IN BUFFALO PUBLIC SCHOOL BUILDINGS PROVIDING SERVICES TO STUDENTS AND FAMILIES

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**Form 990, Part III, Line 4c:**

RACIAL EQUITY ROUNDTABLE THE COMMUNITY FOUNDATION BOARD CONVENED A RACIAL EQUITY TASK FORCE IN 2014 TO EXPLORE BEST PRACTICES FOR RACIAL EQUITY WORK ACROSS THE COUNTRY AFTER HEARING FROM TOP EXPERTS IN THE FIELD, DURING 2015 THE FOUNDATION LAUNCHED THE RACIAL EQUITY ROUNDTABLE TO ENGAGE COMMUNITY LEADERS FROM THE PUBLIC, PRIVATE AND NONPROFIT SECTORS IN DEVELOPING AND IMPLEMENTING A PLAN FOR ADVANCING RACIAL EQUITY AS WELL AS A COMMON FACT BASE ON RACIAL EQUITY INDICATORS THE RACIAL EQUITY ROUNDTABLE HAS DEVELOPED A SHARED LANGUAGE AROUND RACIAL EQUITY AND COMMISSIONED AND RELEASED AN IN-DEPTH RESEARCH REPORT, "THE RACIAL EQUITY DIVIDEND BUFFALO'S GREATEST OPPORTUNITY" THE ROUNDTABLE HAS ALSO CREATED AN 8-POINT AGENDA FOCUSED ON NARRATIVE CHANGE, RACIAL EQUITY AND IMPACT ANALYSIS TOOL TRAINING, RACIAL HEALING CIRCLES, INCLUSIVE ECONOMY - WORKPLACE AND WORKFORCE, BOYS AND YOUNG MEN OF COLOR PLAN, JUVENILE JUSTICE POLICY PLATFORM DEVELOPMENT, AND A BLUEPRINT FOR THE REENTRY SYSTEM IN ERIE COUNTY THE ROUNDTABLE IS WORKING IN PARTNERSHIP WITH 125 ORGANIZATIONS TO ADVANCE THIS AGENDA

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIS J GEHL PHD ..... DIRECTOR	3 00 .....	X						0	0	0
PETE GRUM ..... DIRECTOR	3 00 .....	X						0	0	0
ALICE JACOBS JD ..... DIRECTOR	3 00 .....	X						0	0	0
THERESA MILLER ESQ ..... DIRECTOR	3 00 .....	X						0	0	0
ALEX MONTANTE ..... DIRECTOR	3 00 .....	X						0	0	0
KATIE SCHNEIDER ..... DIRECTOR	3 00 .....	X						0	0	0
HON ROSE SCONIERS ..... DIRECTOR	3 00 .....	X						0	0	0
JOHN SOMERS ..... DIRECTOR	3 00 .....	X						0	0	0
RICHARD STOCKTON PHD ..... DIRECTOR	3 00 .....	X						0	0	0
MARSHA JOY SULLIVAN ..... DIRECTOR	3 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN N WALSH III ..... DIRECTOR	3 00 .....	X						0	0	0
CLOTILDE PEREZ-BODE DEDECKER ..... PRESIDENT/CEO	55 00 .....			X				384,961	0	0
GERALD REGER ..... CFO/CAO	50 00 .....			X				150,064	0	0
ELIZABETH CONSTANTINE ..... EXECUTIVE VICE PRESIDENT	50 00 .....					X		178,637	0	0
CARA MATTELIANO ..... V P COMMUNITY IMPACT	50 00 .....					X		139,299	0	0
JEAN MCKEOWN ..... V P COMMUNITY IMPACT	50 00 .....					X		130,337	0	0
MYRA LAWRENCE ..... V P FINANCE	50 00 .....					X		129,938	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Employer identification number**  
22-2743917

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s) \_\_\_\_\_

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	20,288,442	15,972,312	19,402,832	35,159,090	52,844,406	143,667,082
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	20,288,442	15,972,312	19,402,832	35,159,090	52,844,406	143,667,082
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						38,247,754
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						105,419,328

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
<b>7</b>	Amounts from line 4	20,288,442	15,972,312	19,402,832	35,159,090	52,844,406	143,667,082
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,748,606	1,969,556	2,846,188	2,429,778	3,229,864	12,223,992
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on		37,410	91,938	7,469	0	136,817
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						156,027,891

**12** Gross receipts from related activities, etc. (see instructions)**12****13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	67.560 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	88.560 %

**16a** **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b** **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a** **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b** **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**Part VI**    **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>  For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ <b>Complete if the organization is described below.</b> ▶ <b>Attach to Form 990 or Form 990-EZ.</b> ▶ <b>Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	OMB No 1545-0047  <b>2016</b>  <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service		

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization COMMUNITY FOUNDATION FOR GREATER BUFFALO INC	<b>Employer identification number</b> 22-2743917
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
<b>2</b>	Political expenditures	▶ \$
<b>3</b>	Volunteer hours	

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b>	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
<b>4</b>	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

0

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

0

**c** Total lobbying expenditures (add lines 1a and 1b)

0

**d** Other exempt purpose expenditures

0

**e** Total exempt purpose expenditures (add lines 1c and 1d)

0

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

0

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

0

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i.			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319038307	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
<div>Name of the organization</div> <div>COMMUNITY FOUNDATION FOR GREATER BUFFALO INC</div>				<div>Employer identification number</div> <div>22-2743917</div>	
<div>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.</div>					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year	213		85	
2	Aggregate value of contributions to (during year)	36,336,407		2,765,111	
3	Aggregate value of grants from (during year)	7,325,067		2,421,041	
4	Aggregate value at end of year	102,545,645		22,874,139	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?					
<div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?					
<div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>					
<div>Part II Conservation Easements.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</div>					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)</div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
		<div>Held at the End of the Year</div>			
a	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easements	2b			
c	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d			
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?					
<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?					
<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
<div>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</div>					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1				► \$	
(ii) Assets included in Form 990, Part X				► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1				► \$	
b Assets included in Form 990, Part X				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	219,670,500	213,895,034	207,200,818	178,527,644	157,470,084
b Contributions	15,578,511	16,717,226	8,324,388	7,215,078	10,530,176
c Net investment earnings, gains, and losses	14,606,820	-971,048	9,984,012	29,982,562	19,264,572
d Grants or scholarships	8,397,509	8,112,544	9,870,392	6,891,194	7,049,031
e Other expenditures for facilities and programs	42,469	71,426	95,061	72,885	187,951
f Administrative expenses	1,925,395	1,786,742	1,648,731	1,560,389	1,500,206
g End of year balance	239,490,458	219,670,500	213,895,034	207,200,818	178,527,644

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		358,903	161,506	197,397
d Equipment		652,420	442,952	209,468
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				406,865

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives . . . . .		
(2)Closely-held equity interests . . . . .		
(3)Other _____		
(A) DOMESTIC EQUITIES	60,058,409	F
(B) INTERNATIONAL EQUITIES	93,068,069	F
(C) BONDS & FIXED INCOME	31,483,248	F
(D) MULTI STRATEGY FUNDS	13,895,372	F
(E) LONG/SHORT HEDGE FUNDS	18,078,779	F
(F) PRIVATE EQUITY	10,108,669	F
(G) PUBLIC AND PRIVATE REAL ASSETS	18,861,695	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	245,554,241	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	24,270,195
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . .	24,270,195

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
AMOUNTS HELD IN CUSTODY FOR OTHERS	56,432,756
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	56,432,756

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	72,579,965
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	14,520,727
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	259,514
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	14,780,241
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	57,799,724
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-98,847
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-98,847
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	57,700,877

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	20,807,542
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	20,807,542
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	996,743
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	996,743
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	21,804,285

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-2743917  
**Name:** COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	THE COMMUNITY FOUNDATION FOR GREATER BUFFALO, INC IS A COLLECTION OF OVER 800 FUNDS, WHICH INCLUDES 613 ENDOWMENT FUNDS THESE FUNDS HAVE BEEN ESTABLISHED BY INDIVIDUALS, FAMILIES , BUSINESSES AND NON-PROFIT ORGANIZATIONS MANY ARE CREATED IN A WILL OR THROUGH A PLANNED GIFT CONTRIBUTIONS TO THESE ENDOWMENT FUNDS, INCLUDING THOSE WITH CLIENT/DONOR IMPOSED RESTRICTIONS, ARE SUBJECT TO THE VARIANCE POWER ESTABLISHED BY THE FOUNDATION'S GOVERNING DOCUMENTS THIS VARIANCE POWER ALLOWS THE BOARD OF DIRECTORS TO MODIFY CLIENT/DONOR INSTRUCTIONS THAT ARE INCAPABLE OF FULFILLMENT AS A RESULT OF THE VARIANCE POWER, THE ENDOWMENT FUNDS ARE CLASSIFIED AS UNRESTRICTED NET ASSETS FOR FINANCIAL STATEMENT PURPOSES ALTHOUGH THE FOUNDATION HAS VARIANCE POWER, THE BOARD OF DIRECTORS CONSISTENTLY FOLLOW THE PRACTICE OF RESPECTING THE CLIENT'S/DONOR'S INTENT REGARDING GRANTMAKING PREFERENCES, AS STATED IN THEIR WILLS OR FUND AGREEMENTS GRANTS ARE AWARDED FROM THESE ENDOWMENT FUNDS TO SUPPORT MANY CHARITABLE CAUSES, IN ACCORDANCE WITH THE CLIENT'S/DONOR'S INTERESTS IF THE CLIENT/DONOR DIRECTS THEIR GRANTMAKING TO SUPPORT CHANGING NEEDS OVER TIME, THEN THE BOARD OF DIRECTORS DETERMINES THE GRANTEE THE FOUNDATION GOES BEYOND SIMPLY MAKING GRANTS THAT ADVANCE CHARITABLE ACTIVITIES BY IDENTIFYING AND FUNDING CURRENT AND EMERGING ISSUES IN WESTERN NEW YORK

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 1,164,117 INVESTMENT MANAGEMENT FEES -996,743 CHANGE IN OTHER RECEIVABLES 92,140

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	PASS THROUGH PARTNERSHIP K-1 -98,847

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES 996,743

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

22-2743917

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			93,011,094
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			93,011,094

**Part II**   **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>									
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2743917

**Name:** COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

Schedule F (Form 990) 2016

Page **5**

### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

### **Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	92,396,578
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS	N/A	614,516

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As Filed Data -

DLN: 93493319038307

Schedule I  
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

Employer identification number  
22-2743917

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 292

3 Enter total number of other organizations listed in the line 1 table . . . . . 7

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	186	4,135,289			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ORGANIZATIONS THAT RECEIVE GRANTS VIA A NON-COMPETITIVE PROCESS ARE NOTIFIED OF ANY RESTRICTION IN AN ACCOMPANYING LETTER THE RESTRICTION MAY ALSO BE PRINTED ON THE CHECK IN CERTAIN CIRCUMSTANCES, THE GRANTEE MUST CONFIRM THE CHARITABLE USE OF THE FUNDS IN WRITING OR SUBMIT DOCUMENTATION FOR GRANTS AWARDED VIA A COMPETITIVE PROCESS, THE COMMUNITY FOUNDATION HAS A FORMAL SET OF WRITTEN REQUIREMENTS AND OBLIGATIONS WHICH CLEARLY DEFINE THE GRANTEE'S REPORTING RESPONSIBILITIES IT INCLUDES INFORMATION ON THE LENGTH OF TIME THAT A GRANT CAN REMAIN OPEN, RESTRICTIONS ON ANY GRANT FUNDS RECEIVED, REPORTING REQUIREMENTS AND FOLLOW-UP BY FOUNDATION PERSONNEL

Additional Data

Software ID:  
Software Version:  
EIN: 22-2743917  
Name: COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 CLUB OF BUFFALO 338 HARRIS HILL ROAD WILLIAMSVILLE, NY 14221	16-0957291	501(C)(3)	20,000				UNRESTRICTED
43NORTH BPC INC 640 ELLICOTT STREET SUITE 108 BUFFALO, NY 14203	47-2878159	501(C)(3)	40,000				43NORTH'S ECONOMIC DEVELOPMENT INITIATIVES, CONTRIBUTING MEMBER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPTION STAR INC 131 JOHN MUIR DR AMHERST, NY 142281167	16-1584581	501(C)(3)	5,000				POST ADOPTION SERVICES TO FAMILIES
ALLEGHENY COLLEGE ACCOUNTING OFFICE MEADVILLE, PA 16335	25-0965212	501(C)(3)	12,117				DR GIDEON SUNDBACK CHEMISTRY LIBRARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENTOWN VILLAGE SOCIETY PO BOX 1566 BUFFALO, NY 14205	23-7024575	501(C)(3)	25,091				SCHOLARSHIPS FOR ART STUDENTS
ALZHEIMER'S ASSOCIATION OF WNY 2805 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	13-3039601	501(C)(3)	31,540				UNRESTRICTED USE, PT CARE HELP FOR VICTIMS OF ALZHEIMER'S DISEASE, PROVIDE SERVICES TO CAREGIVER FAMILY MEMBERS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY EC UNIT 101 JOHN JAMES AUDUBON PARKWAY AMHERST, NY 14228	13-1788491	501(C)(3)	9,866				UNRESTRICTED USE
AMERICAN DIABETES ASSOCIATION 4955 NORTH BAILEY AVENUE AMHERST, NY 14226	13-1623888	501(C)(3)	5,100				UNRESTRICTED USE, TOUR DE CURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN INSTITUTE 502 W MENDENHALL ST BOZEMAN, MT 597153451	81-0339551	501(C)(3)	5,000				OBP SPIRIT GAME
AMERICAN RED CROSS BUFFALO CHAPTER 786 DELAWARE AVENUE BUFFALO, NY 14209	53-0196605	501(C)(3)	27,747				UNRESTRICTED USE, PREFERABLY FOR FURTHERANCE OF BLOOD PROGRAM, FOR OPERATIONS IN WESTERN NEW YORK, FOR LOCKPORT AT DISCRETION OF BOARD OF DIRECTORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST CENTRAL ALUMNI FOUNDATION 4301 MAIN STREET AMHERST, NY 14226	22-2544684	501(C)(3)	5,000				FBO SMALLWOOD ELEMENTARY SCHOOL
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	25,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL FOR WYOMING COUNTY 31 SOUTH MAIN STREET PERRY, NY 14530	16-1065245	501(C)(3)	6,000				DANCERS IN OUR OWN BACKYARD, SATELLITE GALLERY ARTIST STIPENDS
ARTS SERVICES INITIATIVE OF WESTERN NEW YORK INC 95 PERRY STREET BUFFALO, NY 14203	45-4531129	501(C)(3)	102,000				UNRESTRICTED USE, GIVE FOR GREATNESS, SUPPORT OF TWO CREATIVE THEATRE ARTISTS-\$1,000 EA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRE OF WNY 2356 NORTH FOREST ROAD GETZVILLE, NY 14068	16-0757756	501(C)(3)	5,000				SPECIALTY PLAYGROUND FOR DISABLED CHILDREN
BACK TO BASIC OUTREACH MINISTRIES 1370 WILLIAM ST BUFFALO, NY 142061818	16-1509888	501(C)(3)	25,000				BUFFALO PEACEMAKERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKER MEMORIAL UNITED METHODIST CHURCH 345 MAIN STREET EAST AURORA, NY 14052	16-0743915	501(C)(3)	18,934				CAPITAL IMPROVEMENTS ONLY
BALLET ARTISTS OF WNY INC 1685 ELMWOOD AVENUE BUFFALO, NY 14207	16-1566576	501(C)(3)	106,398				UNRESTRICTED USE, MOVE/BUILD OUT EXPENSES, THE NUTCRACKER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BE-A-FRIEND PROGRAM INC- BIG BROTHERS BIG SISTERS OF ERIE COUNTY 85 RIVER ROCK DRIVE BUFFALO, NY 14207	16-1106399	501(C)(3)	5,100				UNRESTRICTED USE, SUPPORT FOR CHILDREN IN THE SITE- BASED MENTORING PROGRAM
BEECHWOODBLOCHER FOUNDATION 2235 MILLERSPORT HIGHWAY GETZVILLE, NY 14068	13-3201806	501(C)(3)	19,070				FOR CAPITAL IMPROVEMENTS ONLY, IN HONOR OF FOR BEECHWOOD FACILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	30,000				LEAD POISONING PREVENTION
BENNETT HIGH SCHOOL 2885 MAIN STREET BUFFALO, NY 14214		GOVERNMENT	16,711				MASTERMIND CHEST PROGRAM, COMPUTING ACADEMY OF TECHNOLOGICAL SCIENCE CAMPAIGN, SCHOLARSHIP-TOP %5 CONTRIBUTED TO WELFARE/GOOD OF SCHOOL, MEMORIAL BENCH, SPORTS SCHOLARSHIP, SCHOLARSHIPS, SUPPLIES AND MATERIALS NEEDED, ENGRAVING BRICK IN THE GARDEN WALK, ATTENDANCE AND ACADEMIC AWARDS, BENNETT WALKWAY



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKSHIRE SCHOOL INC 245 N UNDERMOUNTAIN RD SHEFFIELD, MA 012579672	04-2121313	501(C)(3)	5,000				CLASS OF 66 GIFT TO THE GENERAL FINANCIAL AID ENDOWMENT
BISHOP TIMON - ST JUDE HIGH SCHOOL 601 MCKINLEY PARKWAY BUFFALO, NY 14220	16-1075384	501(C)(3)	6,000				UNRESTRICTED USE, CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORNHAVA PRESCHOOL 25 CHATEAU TERRACE BUFFALO, NY 14226	16-1206389	501(C)(3)	5,000				UNRESTRICTED USE
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK STREET BUFFALO, NY 14210	16-0849516	501(C)(3)	25,750				UNRESTRICTED USE, BRIDGING THE GAP ON THE EAST SIDE, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE NORTHTOWNS OF WNY 54 RIVERDALE AVENUE TOWN OF TONAWANDA, NY 14207	16-0755733	501(C)(3)	5,000				SUPPORT FUNDING OF A NEW POSITION OF LICENSED SOCIAL WORKER ON STAFF
BRADFORD EDUCATIONAL FOUNDATION 300 CAMPUS DR BRADFORD, PA 167012812	25-1399653	501(C)(3)	50,000				START UP OF THE PITT BRADFORD WRESTLING CLUB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BRADFORD TOWNSHIP VOLUNTEER FIRE DEPARTMENT PO BOX 179 BRADFORD, PA 16701	90-0328952	501(C)(3)	5,000				UNRESTRICTED USE
BRAIN ANEURYSM FOUNDATION INC 269 HANOVER STREET BUILDING 3 HANOVER, MA 02339	04-3243864	501(C)(3)	12,601				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BUFFALO & ERIE COUNTY BOTANICAL GARDENS 2655 SOUTH PARK AVENUE BUFFALO, NY 14218	22-2514024	501(C)(3)	37,100				UNRESTRICTED USE, HOUSES 2 AND 3 EXHIBIT SIGNAGE, FEASIBILITY STUDY
BUFFALO CENTER FOR ARTS AND TECHNOLOGY 1221 MAIN STREET BUFFALO, NY 14209	45-5213027	501(C)(3)	26,000				UNRESTRICTED USE, SUPPORT FOR YOUTH ART PROGRAM, CGLI PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO CHAMBER PLAYERS 511 POTOMAC AVENUE BUFFALO, NY 14222	26-4360797	501(C)(3)	5,500				PERGOLESI'S LA SERVA PADRONA
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS 97 LEMON STREET BUFFALO, NY 14204	16-1172623	501(C)(3)	38,000				BACK ON TRACK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BUFFALO FINE ARTS ACADEMY PO BOX 8000 BUFFALO, NY 142678000	16-6001555	501(C)(3)	593,794				UNRESTRICTED USE, WALTER KNIGHT STURGES ENDOWMENT FUND, BOARD DONATION, AK 360 CAPITAL CAMPAIGN, SUPPORT SCHOOL CHILDREN OUTREACH, PICASSO THE ARTIST AND HIS MODELS
BUFFALO HEARING & SPEECH CENTER 50 E NORTH STREET BUFFALO, NY 14203	16-0776186	501(C)(3)	7,000				TWO THERAPEUTIC LOFTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUFFALO NIAGARA RIVERKEEPER 721 MAIN STREET BUFFALO, NY 14203	22-2993054	501(C)(3)	262,681				UNRESTRICTED USE, MANAGEMENT OF NREC, FISH CONSUMPTION ANGLER OUTREACH, SCAJAQUADA CREEK RESTORATION, STELLA NIAGARA PRESERVE KAYAK LAUNCH AND SHORELINE PROJECT,
BUFFALO OLMSTED PARKS CONSERVANCY 84 PARKSIDE AVENUE BUFFALO, NY 14214	22-2720927	501(C)(3)	181,725				UNRESTRICTED USE, TO FUND A NEW MAJOR GIFTS OFFICER DEVELOPMENT POSITION, PURCHASE OF EQUIPMENT, IN MEMORY OF, SPARP FUND, PARK IMPROVEMENTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BUFFALO OPERA UNLIMITED 61 ANDERSON PLACE BUFFALO, NY 14222	16-1545741	501(C)(3)	8,500				HANSEL AND GRETEL
BUFFALO PHILHARMONIC ORCHESTRA SOCIETY 499 FRANKLIN STREET BUFFALO, NY 14202	16-0755739	501(C)(3)	264,550				UNRESTRICTED USE, MAINTENANCE SUPPORT OF ORCHESTRA, TO SUPPORT EDUCATIONAL PROGRAMMING, BPO EDUCATION DEPARTMENT, WESTSIDE CONNECTIONS PROGRAM, ENDOWMENT, CRESCENDO, IN MEMORY OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BUFFALO PREP 18 ACHESON ANNEX BUFFALO, NY 14214	16-1359846	501(C)(3)	220,208				UNRESTRICTED USE, FOR OPERATING SUPPORT, SCHOLARSHIP AWARDS, 25TH ANNIVERSARY INITIATIVE, TO SUPPORT HIRING A DEVELOPMENT DIRECTOR, DATA UPGRADE AND CAPITAL FUNDING, FOR CAPITAL CAMPAIGN, PREP FOR TOMORROW CAMPAIGN
BUFFALO PUBLIC SCHOOL 45 141 HOYT STREET BUFFALO, NY 14213	16-0001554	GOVERNMENT	8,400				PURCHASE SCIENCE DEMO EQUIP FOR GRADES 4-6, PROJECTOR AND HDMI CABLE, LOCK AND LEARN, MINI-GRANTS TO SCHOOLTEACHERS FOR EXTRA-CURRICULAR OR SCHOOL-BASED ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO RENAISSANCE FOUNDATION INC PO BOX 322 BUFFALO, NY 14205	13-3204330	501(C)(3)	5,000				UNRESTRICTED USE
BUFFALO SCHOLASTIC ROWING ASSOCIATION INC 120 W TUPPER ST BUFFALO, NY 142012170	26-4831602	501(C)(3)	5,000				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BUFFALO SEMINARY 205 BIDWELL PARKWAY BUFFALO, NY 14222	16-0367980	501(C)(3)	81,902				UNRESTRICTED USE, ANNUAL APPEAL, UGOSEM, FOR SCHOLARSHIPS, DISTRIBUTION
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PARKWAY BUFFALO, NY 14211	16-6000178	501(C)(3)	133,755				UNRESTRICTED USE, IN MEMORY OF, TIFFT COMMITTEE, TIFFT NATURE PRESERVE, TELESCOPE AND SPACE EXHIBIT, TIFFT NATURE PRESERVE ENVIRONMENTAL EDUCATION PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUFFALO STATE COLLEGE FOUNDATION CLEVELAND HALL 304 BUFFALO, NY 142221095	16-6037117	501(C)(3)	40,362				UNRESTRICTED USE, FBO STUDENTS PURSUING CAREER IN VOCATIONAL EDUCATION, ART CONSERVATION DEPT-MELLON GRANT SCHOLARSHIP, ART CONSERVANCY PROGRAM, MADELINE DAVIS LGBT ARCHIVES OF WNY, GERTRUDE ANGERT VICTOR SCHOLARSHIP, RALPH HUBBELL ATHLETIC HALL OF FAME AWARD
BUFFALO STRING WORKS 179 ANDERSON PLACE BUFFALO, NY 14222	81-0718400	501(C)(3)	20,000				STRING WORKS EXPANSION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BURCHFIELD-PENNEY ART CENTER SUC AT BUFFALO BUFFALO, NY 142221095	16-1596245	501(C)(3)	7,150				UNRESTRICTED USE, MABEL DODGE LUHAN EXHIBIT, FRIEND LEVEL GIVING
CAMP GOOD DAYS AND SPECIAL TIMES INC 6430 TRANSIT ROAD DEPEW, NY 14043	22-2329654	501(C)(3)	10,956				UNRESTRICTED USE, PROVIDE YEAR-ROUND PROGRAMMING AND SUPPORT TO CHILDREN WITH CANCER, TUITION/EXPENSES SUPPORT FOR QUALIFIED CANDIDATES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAMPION RESIDENCE & RENEWAL CTR INC 319 CONCORD RD WESTON, MA 024931310	04-2104886	501(C)(3)	5,500				PURCHASE OF THERACYCLE AND INSTALLATION
CANINE HELPERS FOR THE HANDICAPPED INC 5699 RIDGE ROAD LOCKPORT, NY 14094	16-1204576	501(C)(3)	7,016				OPERATION LIFE, DISTRIBUTION

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CANISIUS COLLEGE CANISIUS COLLEGE - STUDENT ACCOUNTS OFFICE BUFFALO, NY 14208	16-0743942	501(C)(3)	74,972				UNRESTRICTED USE, CLASS OF 1964 50TH REUNION GIFT, LEADERSHIP SOCIETY, FINANCIAL LAB, AT REGENTS' BOARD DISCRETION, EILEEN & RUPERT WARREN SCHOLARSHIP FUND
CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO, NY 14209	16-0743943	501(C)(3)	11,534				UNRESTRICTED USE



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CANOPY OF NEIGHBORS INC 805 DELAWARE AVE BUFFALO, NY 14209	27-1007766	501(C)(3)	6,500				UNRESTRICTED USE, 5TH ANNIVERSARY FUND
CARMELITE MONASTERY 75 CARMEL ROAD BUFFALO, NY 14214	16-0743986	501(C)(3)	7,952				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	5,000				UNRESTRICTED USE
CATHOLIC CHARITIES OF BUFFALO NEW YORK 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	88,153				UNRESTRICTED USE, SUPPORT FOR MENTAL HEALTH SERVICES OF NIAGARA COUNTY, SUPPORT FOR ANNUAL CATHOLIC CHARITIES APPEAL PARISH AFFILIATION-ST JOSEPH UNIVERSITY, GERIATRICS ACCOUNT, IN MEMORY OF, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTER FOR HOSPICE & PALLIATIVE CARE 225 COMO PARK BLVD CHEEKTOWAGA, NY 14227	51-0202066	501(C)(3)	7,075				UNRESTRICTED USE
CF LEADS 1055 BROADWAY SUITE 130 KANSAS CITY, MO 64105	43-1645180	501(C)(3)	5,000				UNRESTRICTED USE

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CHALLENGER LEARNING CENTER OF ORLEANS NIAGARA AND ERIE COUNTIES 210 WALNUT STREET LOCKPORT, NY 14094	20-4596844	501(C)(3)	15,658				COMPLETION OF THE CHALLENGER LEARNING CENTER IN LOCKPORT
CHARITYSTRONG 355 LEXINGTON AVENUE NEW YORK, NY 10017	46-4094066	501(C)(3)	35,000				PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILD & ADOLESCENT TREATMENT SERVICES AIRPORT COMMERCE PARK CHEEKTOWAGA, NY 14225	16-0839225	501(C)(3)	25,000				C&A TREATMENT SERVICES AND LAKE SHORE BEHAVIORAL HEALTH MERGER
CHRIST CHURCH 61 GROSSE POINTE BLVD GROSSE POINTE FARMS, MI 48236		RELIGIOUS	9,000				GROSSE POINTE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHRIST THE KING CHURCH 30 LAMARACK DRIVE SNYDER, NY 14226		RELIGIOUS	5,037				DISTRIBUTION
CHURCH MISSION OF HELP 153 WEST UTICA STREET BUFFALO, NY 142222017	16-0743964	501(C)(3)	30,121				UNRESTRICTED USE, DISTRIBUTION

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CHURCHILL MEMORIAL METHODIST CHURCH 8019 BOSTON STATE ROAD BOSTON, NY 14025		RELIGIOUS	10,000				DISTRIBUTION
CITY MISSION SOCIETY INC 100 EAST TUPPER STREET BUFFALO, NY 14203	16-0743965	501(C)(3)	24,591				UNRESTRICTED USE, FOR USE AT CORNERSTONE MANOR PROGRAM, IN MEMORY OF, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITY OF NORTH TONAWANDA 500 WHEATFIELD ST N TONAWANDA, NY 14120	16-6002549	GOVERNMENT	15,573				SEABEES MONUMENT MAINTENANCE
CITY VISION INC 149 BIRD AVENUE BUFFALO, NY 14213	20-2834959	501(C)(3)	32,444				UNRESTRICTED USE, FBO FUNDRAISING CONSULTANT



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CLEAN AIR COALITION OF WESTERN NEW YORK 52 LINWOOD BUFFALO, NY 14209	27-0746038	501(C)(3)	25,000				STRATEGIC PLANNING
CLOSE UP FOUNDATION C/O BURKE AND HERBERT BANK AND TRUST ALEXANDRIA, VA 22313	23-7122882	501(C)(3)	12,040				SCHOOL ID# NY061

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COMMUNITY SERVICES FOR THE DEVELOPMENTALLY DI 452 DELAWARE AVENUE BUFFALO, NY 14216	16-1317369	501(C)(3)	5,565				HUMPHREY SENSORY ROOM PROJECT
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 142091732	23-7363167	501(C)(3)	11,382				UNRESTRICTED USE, DISTRIBUTION

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COMPATIBLE TECHNOLOGY INTERNATIONAL 800 TRANSFER ROAD ST PAUL, MN 55114	41-1400421	501(C)(3)	10,000				UNRESTRICTED USE
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE BUFFALO, NY 14202	22-2482872	501(C)(3)	25,000				SAY YES BUFFALO SCHOLAR MENTORING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPUTERS FOR CHILDREN INC 701 SENECA ST BUFFALO, NY 14210	16-1535203	501(C)(3)	5,400				MIDDLE SCHOOL PROGRAM AT NATIVITY MIGUEL MIDDLE SCHOOL
CONGREGATION SHIR SHALOM OF BUFFALO NY 4660 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221		RELIGIOUS	5,136				UNRESTRICTED USE, OPERATIONS AND BUILDING FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL COOPERATIVE EXTENSION OF NIAGARA COUNTY 4487 LAKE AVENUE LOCKPORT, NY 14094	16-6072887	501(C)(3)	60,650				EAT FRESH WNY, AGNET
COUNCIL ON FOUNDATIONS PO BOX 75661 BALTIMORE, MD 21275	13-6068327	501(C)(3)	20,850				DUES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CRADLE BEACH CAMP 8038 OLD LAKE SHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	93,224				UNRESTRICTED USE, CAMPAIGN FOR A GREATER CRADLE BEACH, CAMPER SCHOLARSHIPS, ENDOWMENT, PROGRAMS AND CAPITAL NEEDS, SCHOLARSHIPS, PROJECT SOAR
CYSTIC FIBROSIS FOUNDATION OF WNY 1775 WHERLE DRIVE WILLIAMSVILLE, NY 14221	13-6161105	501(C)(3)	5,100				UNRESTRICTED USE, RISING STARS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAEMEN COLLEGE 4380 MAIN STREET AMHERST, NY 142263592	16-0759798	501(C)(3)	27,515				STONE WALL PROJECT, REFUGEE TEEN EMPOWERMENT PROGRAM, SCHOLARSHIP FUND FOR UNDERPRIVILEGED STUDENTS
DANCEABILITY INC 3859 UNION RD CHEEKTOWAGA, NY 14225	26-0584991	501(C)(3)	6,000				SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	13,100				UNRESTRICTED USE, NEEDS OF REFUGEES
DOMINIK HASEK YOUTH HOCKEY LEAGUE INC 2607 NIAGARA STREET BUFFALO, NY 14207	16-1605422	501(C)(3)	133,571				DISTRIBUTION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
D'YOUVILLE COLLEGE 1 DYOUVILLE SQUARE BUFFALO, NY 14201	16-0743989	501(C)(3)	75,055				KAVINOKY THEATRE, SCHOOL HEALTH & WELLNESS COLLABORATIVE OF BUFFALO EXPANSION, UNHEARD VOICES
EDEN SENIOR HIGH SCHOOL 3150 SCHOOLVIEW ROAD EDEN, NY 14057		GOVERNMENT	10,102				SCHOLARSHIP-STUDY OF THEATER, DRAMA, OR RELATED FIELD, SCHOLARSHIP-STUDY OF ARTS OR RELATED FIELD, RUTH S SZALASNY MEMORIAL SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL MUSEO FRANCISCO OLLER Y DIEGO RIVERA 91 ALLEN STREET BUFFALO, NY 14201	16-1320053	501(C)(3)	20,000				EDUCATION BEYOND THE BORDER OF SCHOOL 2
ELIZABETH PIERCE OLMSTED MD CENTER FOR THE VISUALLY IMPAIRED 1170 MAIN STREET BUFFALO, NY 142092331	16-0743930	501(C)(3)	72,812				UNRESTRICTED USE, CAREER TRAINING FOR BLIND, VISUALLY IMPAIRED & PHYSICALLY DISABLED, CHRISTMAS BASKETS, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELMWOOD-FRANKLIN SCHOOL 104 NEW AMSTERDAM AVE BUFFALO, NY 14216	16-0743000	501(C)(3)	10,900				UNRESTRICTED USE, FOR KEYNOTE SPEAKER AT REGGIO EMILIA CONFERENCE
EMPIRE CENTER FOR PUBLIC POLICY INC 100 STATE STREET ALBANY, NY 122071800	46-1987418	501(C)(3)	20,000				CENTER'S EMPIRE STATE HEALTH CARE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EPISCOPAL CHURCH HOME FOUNDATION CANTERBURY WOODS WILLIAMSVILLE, NY 14221	16-1291047	501(C)(3)	89,054				UNRESTRICTED USE, DISTRIBUTION
EPISCOPAL DIOCESE OF WNY 1064 BRIGHTON ROAD TONAWANDA, NY 14150	16-0743985	501(C)(3)	5,500				EATON SUMMER READING CAMP, EPISCOPAL PARTNERSHIP FOR MISSION AND OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE COMMUNITY COLLEGE - SOUTH BURSARS OFFICE ORCHARD PARK, NY 14127	16-1320337	GOVERNMENT	11,000				LCPA REPLICATION
ERIE COUNTY SPCA 300 HARLEM ROAD WEST SENECA, NY 14224	16-0425315	501(C)(3)	122,757				UNRESTRICTED USE, TEACHING LOVE & COMPASSION PROGRAM, SUPPORT OPERATIONS AND PROGRAMS, TLC PROGRAM, ENDOWMENT, GENERAL FUND, IN HONOR OF, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	12,820				FAMILY ENGAGEMENT/PARENT COACHING & CHILD MENTORING
EXPLORE & MORE CHILDREN'S MUSEUM 300 GLEED AVENUE EAST AURORA, NY 14052	16-1441078	501(C)(3)	31,600				UNRESTRICTED USE, CAPITAL CAMPAIGN, SPONSOR 50 CHILDREN FOR DAY-OF-PLAY AT TOUCH-A-TRUCK, ENCOMPASS OUTREACH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
F BITES INC 414 PORTER AVENUE BUFFALO, NY 14201	47-4954148	501(C)(3)	23,080				THE HOSPITALITY REVITALIZATION
FAMILY JUSTICE CENTER OF ERIE COUNTY INC 438 MAIN STREET BUFFALO, NY 14201	20-2250813	501(C)(3)	6,783				UNRESTRICTED USE, DOMESTIC VIOLENCE VICTIMS IN NEED OF ANIMAL SHELTER, PROGRAM FOR DOMESTIC VIOLENCE VICTIMS, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIELD AND FORK NETWORK INC PO BOX 1772 WILLIAMSVILLE, NY 14231	26-4287659	501(C)(3)	45,000				EXPANSION OF DOUBLE UP FOOD BUCKS
FISHTOWN PRESERVATION SOCIETY INC PO BOX 721 LELAND, MI 49654	38-3621736	501(C)(3)	25,000				UNRESTRICTED USE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOOD BANK OF WNY 91 HOLT STREET BUFFALO, NY 14206	22-2470820	501(C)(3)	33,788				UNRESTRICTED USE, BABY NEEDS PROGRAM, BACKPACK PROGRAM, MEALS IN CATTARAUGUS, CHAUTAUQUA, ERIE & NIAGARA COUNTIES, FOOD TO FAMILIES 2016, IN MEMORY OF
FOREST LAWN CEMETERY & MAUSOLEUM 1411 DELAWARE AVENUE BUFFALO, NY 14209	16-1405484	501(C)(3)	15,000				COMPREHENSIVE CREEK RESTORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM FROM HUNGER 1460 DREW AVENUE SUITE 300 DAVIS, CA 95618	95-1647835	501(C)(3)	11,000				UNRESTRICTED USE, MERGER INVESTIGATION PROCESS, SUPPORT PROCESS OF PLANNING WITH THE GRAMEEN FOUNDATION
FRESH AIR FUND 633 THIRD AVENUE NEW YORK, NY 100176706	13-1656653	501(C)(3)	30,000				MODEL FARM COMPOSTING TOILET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRESH AIR MISSION C/O CRADLE BEACH CAMP ANGOLA, NY 14006	16-0743025	501(C)(3)	6,624				UNRESTRICTED USE
FRIENDS OF THE CITY OF BUFFALO ANIMAL SHELTER 380 NORTH OAK STREET BUFFALO, NY 14203	27-4225387	501(C)(3)	5,034				FBO CITY OF BUFFALO ANIMAL SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE LOCKPORT PUBLIC LIBRARY INC 23 EAST AVENUE LOCKPORT, NY 14094	16-1546553	501(C)(3)	10,166				LAPTOPS FOR COMMUNITY EDUCATION
FSG INC 500 BOYLSTON STREET BOSTON, MA 02116	20-2776974	501(C)(3)	25,000				AFFORDABLE HOUSING CONSULTANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES 1500 SAN REMO AVENUE CORAL GABLES, FL 33146	57-1173613	501(C)(3)	6,000				SUPPORT BROOKING INSTITUTE REPORT
GATEWAY-LONGVIEW FOUNDATION 6350 MAIN STREET WILLIAMSVILLE, NY 14221	16-0743081	501(C)(3)	197,644				UNRESTRICTED USE, FOR CAPITAL IMPROVEMENTS ONLY, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GENESEE CANCER ASSISTANCE INC 16 BANK STREET BATAVIA, NY 140202250	16-1510816	501(C)(3)	15,000				FINANCIAL ASSISTANCE FOR CANCER PATIENTS
GENESEE COUNTY UNITED WAY 29 LIBERTY STREET BATAVIA, NY 14020	16-1015782	501(C)(3)	10,647				UNRESTRICTED USE, LEROY COMMUNITY FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GENESEO MIGRANT CENTER INC LEICESTER SERVICE CENTER LEICESTER, NY 14481	16-1409164	501(C)(3)	22,500				INCREASING HEALTH CARE ACCESS IIX
GERARD PLACE HOUSING DEVELOPMENT FUND COMPANY 2515 BAILEY AVENUE BUFFALO, NY 14215	16-1562738	501(C)(3)	235,000				UNRESTRICTED USE, COMMERCIAL KITCHEN, EDUCATION AND COMMUNITY CENTER, 20-25 CHILDREN PER YEAR-INCREASED READINESS FOR SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GIRLS ON THE RUN PO BOX 1271 BUFFALO, NY 14213	27-2193377	501(C)(3)	25,000				SCHOLARSHIP FUND, TUITION ASSISTANCE FOR GIRLS WITH LOW FAMILY INCOME
GOODWILL INDUSTRIES OF WESTERN NEW YORK 1119 WILLIAM STREET BUFFALO, NY 14206	16-0761225	501(C)(3)	20,736				UNRESTRICTED USE, TO PROVIDE ENDOWED SUPPORT TO THE "SHELTERED EMPLOYEES" OF GOODWILL INDUSTRIES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GOWANDA'S HISTORIC HOLLYWOOD THEATRE LTD PO BOX 164 GOWANDA, NY 14070	75-3079002	501(C)(3)	14,800				MURAL RESTORATION
GRASSROOTS GARDENS OF BUFFALO INC 30 C ESSEX STREET BUFFALO, NY 14213	16-1479159	501(C)(3)	55,800				UNRESTRICTED USE, MERGER EXPENSES- GREENPRINT NIAGARA, SAFE ROOTS FOR NEW AMERICANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GROUP MISSION TRIPS 1515 CASCADE AVENUE LOVELAND, CO 80538	84-1157651	501(C)(3)	12,889				2016 BUFFALO GROUP MISSION TRIP
HARVARD LAW SCHOOL ALUMNI CENTER CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	14,923				FOR THE EMORY R BUCKNER SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARVEST HOUSE OF SOUTH BUFFALO INC 1782 SENECA ST BUFFALO, NY 142101895	16-1436840	501(C)(3)	25,000				HOPE WITHIN REACH CAPITAL PROJECT-FENCE
HAUPTMAN-WOODWARD MEDICAL RESEARCH INSTITUTE 700 ELLICOTT STREET BUFFALO, NY 14203	16-0807558	501(C)(3)	25,649				UNRESTRICTED USE, IN MEMORY OF, CANCER RESEARCH/EDUCATION-PREF TO BE ALIGNED W/CFGB FOCUS AREAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWK CREEK WILDLIFE CENTER INC PO BOX 662 EAST AURORA, NY 14052	16-1395421	501(C)(3)	18,000				UNRESTRICTED USE, RAPTOR PARK
HEALTH SCIENCES CHARTER SCHOOL 1140 ELLICOTT STREET BUFFALO, NY 14209	27-0770418	501(C)(3)	10,000				ATHLETIC ACADEMIC STUDY TABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEART OF NIAGARA ANIMAL RESCUE 3652 EWINGS RD LOCKPORT, NY 140941029	46-1753982	501(C)(3)	14,432				HON'S 2ND GARAGE RENOVATION THE MULTI-PURPOSE ROOM
HERITAGE OAK FOUNDATION 101 OAK ST BUFFALO, NY 14203	16-1325908	501(C)(3)	7,500				LIFE STORAGE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HILBERT COLLEGE FINANCIAL AID OFFICE HAMBURG, NY 14075	16-6031585	501(C)(3)	750				UNRESTRICTED USE, SCHOLARSHIPS
HISTORIC LOCKPORT MILL RACE INC 2 PINE ST LOCKPORT, NY 140942819	47-1702835	501(C)(3)	14,000				LOCKPORT GAS & ELECTRIC RE-USE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOBART COLLEGE PETER POLINAK VP FOR FINANCE GENEVA, NY 14456	16-0743040	501(C)(3)	6,013				UNRESTRICTED USE
HOLY TRINITY LUTHERAN CHURCH 1080 MAIN STREET BUFFALO, NY 14209		RELIGIOUS	90,165				UNRESTRICTED USE, FURTHERANCE OF SOCIAL SERVICES/MUSICAL PROGRAMS, DISBURSEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOMESPACE CORPORATION 1030 ELLICOTT STREET BUFFALO, NY 14209	16-1360009	501(C)(3)	5,000				\$2,500 SPECIFICALLY DESIGNATED FOR USE AT SECOND CHANCE HOUSE
HOPE FOR TOMORROW FOUNDATION PO BOX 187 BUFFALO, NY 14231	16-1472489	501(C)(3)	12,435				DISTRIBUTION



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HOSPICE FOUNDATION OF WNY INC 225 COMO PARK BLVD CHEEKTOWAGA, NY 14227	22-3137812	501(C)(3)	101,835				UNRESTRICTED USE, ESSENTIAL CARE PROGRAM, IN MEMORY OF, IN-HOME SERVICES, DISTRIBUTION
HOUSING OPPORTUNITIES MADE EQUAL (HOME) 1542 MAIN STREET BUFFALO, NY 14209	16-6061434	501(C)(3)	6,744				UNRESTRICTED USE, TO FUND SCHOLARSHIPS, DISTRIBUTION

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INTERNATIONAL INSTITUTE OF BUFFALO INC 864 DELAWARE AVENUE BUFFALO, NY 14209	16-0743052	501(C)(3)	17,100				UNRESTRICTED USE, ANNUAL FUND, TO SUPPORT CULTURAL COMPETENCY TRAINING FOR TEACHERS, HEATH EDUCATION PROGRAM FOR REFUGEES
INVESTIGATIVE POST 487 MAIN STREET BUFFALO, NY 14203	45-3844514	501(C)(3)	41,000				UNRESTRICTED USE, ENVIRONMENTAL REPORTING BEAT

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IRISH CLASSICAL THEATRE 625 MAIN STREET BUFFALO, NY 14203	16-1423127	501(C)(3)	62,950				UNRESTRICTED USE, ANNUAL FUND, DISBURSEMENT
ISAIAH 61 PROJECT INC 1625 BUFFALO AVENUE NIAGARA FALLS, NY 14303	46-1307107	501(C)(3)	25,500				UNRESTRICTED USE, ISAISH 61 PROJECT-LOCKPORT EXPANSION PILOT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON AWARDS FOR PUBLIC SERVICE 100 WEST 10TH STREET WILMINGTON, DE 19801	52-0959336	501(C)(3)	30,000				GIFT TO THE JEFFERSON AWARDS FOUNDATION TO SUPPORT STUDENT SERVICE PROGRAMMING
JERICO ROAD COMMUNITY HEALTH CENTER 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501(C)(3)	39,413				UNRESTRICTED USE, TO SUPPORT THE LEAD POISONING PREVENTION PROGRAM, TO PURCHASE COMMERCIAL WASHER AND DRYER FOR VIVE SHELTER, HOPE REFUGEE DROP IN CTR COMM HEALTH WORKER OUTREACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF GREATER BUFFALO 2640 NORTH FOREST RD GETZVILLE, NY 14068	16-0760887	501(C)(3)	21,811				UNRESTRICTED USE, TO PAY FOR SOME OF THE NEW DOCK EXPENSE AT THE CAMP, ACADEMICALLY-ORIENTED EARLY CHILDHOOD EDUCATION, DAY CAMP PROGRAMMING, DISTRIBUTION
JEWISH FEDERATION OF GREATER BUFFALO 2640 NORTH FOREST RD GETZVILLE, NY 14068	16-0743210	501(C)(3)	22,800				UNRESTRICTED USE, IN HONOR OF, UNITED JEWISH FUND, FBO UNITED JEWISH APPEAL BUFFALO NY,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN WORNALL HOUSE MUSEUM INC 6115 WORNALL ROAD KANSAS CITY, MO 641131417	43-1834180	501(C)(3)	12,601				UNRESTRICTED USE
JOSLIN DIABETES CENTER INC 1 JOSLIN PLACE BOSTON, MA 02215	04-2203836	501(C)(3)	25,792				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST BUFFALO LITERARY CENTER 468 WASHINGTON STREET 2 BUFFALO, NY 142031708	22-2995665	501(C)(3)	5,550				EXPAND BADILLO SCHOOL WRITING PROGRAMS, SUPPORT SILO CITY READING SERIES, IN HONOR OF
KAELYS KINDNESS FOUNDATION PO BOX 341 ORCHARD PARK, NY 141270341	90-0868739	501(C)(3)	7,500				WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALEIDA HEALTH FOUNDATION 1028 MAIN STREET BUFFALO, NY 14202	16-1579143	501(C)(3)	62,936				UNRESTRICTED USE, LYMPHEDEMA THERAPY PROGRAM, BUFFALO GENERAL HOSPITAL-IN MEMORY OF, MAINTENANCE, EQUIPMENT AND OPERATING COSTS
KENAN CENTER 433 LOCUST STREET LOCKPORT, NY 14094	16-6088230	501(C)(3)	8,609				UNRESTRICTED USE, FOR CAPITAL IMPROVEMENTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEVIN GUEST HOUSE 782 ELLICOTT ST BUFFALO, NY 14203	23-7218160	501(C)(3)	28,000				UNRESTRICTED USE, SUPPORT FIVE BLOOD AND MARROW TRANSPLANT PATIENTS, IN MEMORY OF
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 14224	16-1319839	501(C)(3)	5,752				UNRESTRICTED USE, FACE 2 FACE IN THE WORKPLACE PROGRAM, FBO KIDS ESCAPING DRUGS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING URBAN LIFE CENTER 945 GENESEE STREET BUFFALO, NY 14211	16-1336419	501(C)(3)	50,368				PARENT CHILD HOME PROGRAM
LAKE SHORE BEHAVIORAL HEALTH 254 FRANKLIN STREET BUFFALO, NY 14202	16-1004090	501(C)(3)	25,000				CATS MERGER COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LAUNCH NEW YORK INC 77 GOODELL STREET BUFFALO, NY 14203	45-3980649	501(C)(3)	7,000				UNRESTRICTED USE, SUPPORT LAUNCH NY'S SEED FUND, WHICH FILLS A GAP IN VITAL RESOURCES TO SUPPORT OUR MOST PROMISING STARTUP BUSINESSES
LEGAL SERVICES FOR ELDERLY DISABLED OR DISADVANTAGED OF WNY 438 MAIN STREET BUFFALO, NY 14202	16-1118282	501(C)(3)	5,200				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEROY HISTORICAL SOCIETY TREASURER LEROY, NY 14482	16-0867469	501(C)(3)	13,109				FOR CURATOR, FOR SCHOLARSHIPS
LEWISTON PORTER ALUMNI ASSOCIATION 4061 CREEK ROAD YOUNGSTOWN, NY 14174	33-1182708	501(C)(3)	7,520				DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIONS SEE INC 56 VIA DONATO E DEPEW, NY 14043	26-3351273	501(C)(3)	11,575				UNRESTRICTED, ONE SPOT VISION SCREENER/PRINTER
LOCKPORT MAIN STREET INC 1 EAST AVE LOCKPORT, NY 140943724	26-3838339	501(C)(3)	35,000				DOWNTOWN LOCKPORT MARKETING AND EVENT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LORAIN LIGHTHOUSE UNITED METHODIST CHURCH 3015 MEISTER ROAD LORAIN, OH 44053	26-1825248	501(C)(3)	6,600				CAMP IDEAS, YOUTH PROGRAMS
LUMBER CITY DEVELOPMENT CORPORATION 500 WHEATFIELD STREET NORTH TONAWANDA, NY 14120	20-1170011	501(C)(3)	50,000				DOWNTOWN FACADE IMPROVEMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SERVICE SOCIETY OF NEW YORK INC 6680 MAIN STREET WILLIAMSVILLE, NY 14221	16-1400251	501(C)(3)	6,064				UNRESTRICTED USE
MARTIN HOUSE RESTORATION CORPORATION 143 JEWETT PARKWAY BUFFALO, NY 142142301	16-1426693	501(C)(3)	18,200				UNRESTRICTED USE, LEGO KITS AND WNED VIDEO, SUPPORT STEWARDSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS AVENUE PROJECT 271 GRANT STREET BUFFALO, NY 14213	16-1585356	501(C)(3)	10,000				UNRESTRICTED USE, TO PROVIDE WORK AND FOSTER YOUTH LEADERSHIP, PHILANTHROPIES OF COLOR NETWORK, CGLI YOUNG PHILANTHROPIST-GROWING GREEN
MEALS ON WHEELS FOUNDATION OF WNY INC 100 JAMES E CASEY DRIVE BUFFALO, NY 14206	16-1475486	501(C)(3)	12,350				UNRESTRICTED USE, ANNUAL APPEAL, BREAKFAST OF HOPE, TO PURCHASE MOBILE OVENS AND HEAT RETAINING COVERS FOR FOOD DELIVERY SERVICES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDAILLE COLLEGE 18 AGASSIZ CIRCLE BUFFALO, NY 14214	16-0805158	501(C)(3)	10,000				LUMINA, TECHNOLOGY-RAPID INSIGHT, LCPA REPLICATION
MENTAL HEALTH ASSOCIATION OF ERIE COUNTY FOUNDATION 999 DELAWARE AVENUE BUFFALO, NY 142091892	16-6050686	501(C)(3)	30,000				CASA PROGRAM, EDUCATIONAL SUPPORT FOR CHILDREN WITH MENTAL HEALTH CHALLENGES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOUNT ST MARY ACADEMY 3756 DELAWARE AVENUE KENMORE, NY 14217	16-1283636	501(C)(3)	79,347				UNRESTRICTED USE, SCHOLARSHIP
NARDIN ACADEMY 135 CLEVELAND AVENUE BUFFALO, NY 14222	16-0838979	501(C)(3)	185,754				UNRESTRICTED USE, NARDIN ATHLETIC CENTER, NEW ATHLETIC FACILITY, ANNUAL FUND, FORTUNE, GOLF, JACQUELYN V ZANGHI SPORTSMANSHIP AWARD FUND, MARIE STEVEN ENDOWED SCHOLARSHIP FUND, GIRLSLEAD SCHOLARSHIP, DESIGNATED SCHOLARSHIP SUPPORT, NARDIN FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL AUDUBON SOCIETY OF NEW YORK STATE 2 THIRD STREET SUITE 480 TROY, NY 12180	14-1698061	501(C)(3)	35,732				PRESERVE WETLAND/ACQUIRE LAND SUITABLE FOR NATURAL HABITAT
NATIONAL FOUNDATION FOR FACIAL RECONSTRUCTION 333 EAST 30TH ST NEW YORK, NY 10016	13-6013760	501(C)(3)	5,919				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL MULTIPLE SCLEROSIS SOCIETY-UPSTATE NY CHAPTER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	13-5661935	501(C)(3)	10,200				UNRESTRICTED USE, PATIENT SERVICES
NATIVE AMERICAN COMMUNITY SERVICES OF ERIE & NIAGARA COUNTIES ERIE NIAGARA COUNTIES BUFFALO, NY 142070086	16-1043710	501(C)(3)	57,394				UNRESTRICTED USE, PHILANTHROPIES OF COLOR NETWORK, EXCELL AFTER SCHOOL PROGRAM, NATIVE AMERICAN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVITY OF THE BLESSED VIRGIN MARY 4375 HARRIS HILL ROAD WILLIAMSVILLE, NY 14221	16-0848757	501(C)(3)	25,300				UNRESTRICTED USE, THE NATIVITY OF MARY GALA, CAPITAL CAMPAIGN
NATIVITYMIGUEL MIDDLE SCHOOL OF BUFFALO 21 DAVIDSON AVENUE BUFFALO, NY 14215	27-2855965	501(C)(3)	7,500				GENERAL SUPPORT, EDUCATE YOUNG BUFFALONIANS WITH INTEGRITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCCC FOUNDATION INC 3111 SAUNDERS SETTLEMENT ROAD SANBORN, NY 14132	16-1315885	501(C)(3)	15,000				NIAGARA COUNTY ENTREPRENEURIAL TRAINING PROGRAM
NETWORK OF RELIGIOUS COMMUNITIES 1272 DELAWARE AVE BUFFALO, NY 14209	16-0743975	501(C)(3)	43,291				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEW APOSTOLIC CHURCH USA 3753 NORTH TROY STREET CHICAGO, IL 60618	36-6001991	501(C)(3)	15,000				NEW APOSTOLIC CHURCH NEW BUILDING FUND
NEW BUFFALO IMPACT 34 PEUQUET PARKWAY TONAWANDA, NY 14150	16-1556437	501(C)(3)	5,000				EPA TRAINING/CERTIFICATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW DIRECTIONS YOUTH AND FAMILY SERVICES 6395 OLD NIAGARA ROAD LOCKPORT, NY 14094	16-0743220	501(C)(3)	40,000				HENRIETTA G LEWIS CAMPUS SCHOOL GYMNASIUM RENOVATION
NEW YORK STATE ELKS ASSOCIATION MAJOR PROJECTS INC 33 HOLCOMB RD AVERILL PARK, NY 120185000	22-3282516	501(C)(3)	15,000				ELKS CAMP HAPPINESS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NIAGARA AEROSPACE MUSEUM 9990 PORTER ROAD NIAGARA FALLS, NY 14304	16-1419013	501(C)(3)	50,136				UNRESTRICTED USE, DISTRIBUTION
NIAGARA COMMUNITY CENTER INC 435 N 2ND ST LEWISTON, NY 140921280	46-4331306	501(C)(3)	664,994				UNRESTRICTED USE, COMPLETE COMMUNITY CENTER'S MAJOR COMPONENTS, SUPPORTING FURTHER CONSTRUCTION OF ATHLETIC FACILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIAGARA COUNTY SPCA 2100 LOCKPORT ROAD NIAGARA FALLS, NY 14304	16-0743092	501(C)(3)	8,384				UNRESTRICTED USE
NIAGARA FALLS BOARD OF EDUCATION 630 66TH STREET NIAGARA FALLS, NY 14304	16-6001929	501(C)(3)	5,000				CAMP WOLVERINE FUNCTIONAL SKILLS SUMMER CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NIAGARA FALLS BOYS AND GIRLS CLUB 725 - 17TH STREET NIAGARA FALLS, NY 14301	16-0743093	501(C)(3)	7,000				SUMMER EXPANSION
NIAGARA FALLS MEMORIAL MEDICAL CENTER FOUNDATION 621 TENTH ST NIAGARA FALLS, NY 14302	22-2877349	501(C)(3)	10,000				FBO EMERGENCY DEPARTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NIAGARA FRONTIER RADIO READING SERVICE INC PO BOX 575 BUFFALO, NY 14225	16-1272790	501(C)(3)	7,276				UNRESTRICTED USE
NIAGARA HOSPICE INC 4675 SUNSET DRIVE LOCKPORT, NY 14094	22-2524016	501(C)(3)	7,859				UNRESTRICTED USE, AT DISCRETION OF BOARD OF DIRECTORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NIAGARA LUTHERAN HOME AND REHABILITATION CTR 5959 BROADWAY LANCASTER, NY 14086	16-1315868	501(C)(3)	133,824				UNRESTRICTED USE
NIAGARA UNIVERSITY DEVELOPMENT OFFICE PO BOX 2008 NIAGARA UNIVERSITY, NY 14109	16-0755807	501(C)(3)	22,000				SCHOLARSHIP SUPPORT, TO BE USED AT THE PRESIDENT'S DISCRETION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NICHOLS SCHOOL 1250 AMHERST STREET BUFFALO, NY 14216	16-0755808	501(C)(3)	19,550				UNRESTRICTED USE, 2016-17 NICHOLS FUND (UNRESTRICTED), ANNUAL FUND, FOR KEITH CELNIKER MEMORIAL SCHOLARSHIP, IN HONOR OF
NORTHWEST FILM FORUM 1515 12TH AVENUE SEATTLE, WA 981223994	91-1702331	501(C)(3)	20,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NY FUNDERS ALLIANCE 431 E FAYETTE STREET SYRACUSE, NY 13202		501(C)(3)	5,900				UNRESTRICTED USE, ANNUAL FUND
OAK ORCHARD COMMUNITY HEALTH CENTER INC 300 WEST AVENUE BROCKPORT, NY 14420	16-1020913	501(C)(3)	5,000				PHYSICIAN RECRUITMENT PROGRAM IN WARSAW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ORCHARD PARK LIONS CLUB PO BOX 61 ORCHARD PARK, NY 14127	16-1233033	501(C)(3)	5,589				SCHOLARSHIPS OR OTHER CHARITABLE PURPOSES
ORLEANSNIAGARA BOCES 4232 SHELBY BASIN ROAD MEDINA, NY 14103		GOVERNMENT	160,982				WORKFORCE READY



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OUR LADY OF VICTORY HOMES OF CHARITY 780 RIDGE ROAD LACKAWANNA, NY 14218	16-0743191	501(C)(3)	26,134				FACILITIES UPGRADES, BASILICA RESTORATION, IN MEMORY OF, DISTRIBUTION
OVERFLOW VINEYARD CHURCH PO BOX 701355 WABASSO, FL 32970	81-3603590	RELIGIOUS	5,000				UNRESTRICTED USE

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PEO FOUNDATION 3700 GRAND AVENUE DES MOINES, IA 503122899	46-6094564	501(C)(3)	7,593				DISCRETION OF BOARD OF DIRECTORS/PREFERRED FOR CONTINUING EDUCATION
P2 COLLABORATIVE OF WNY INC 6225 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221	42-1604185	501(C)(3)	5,000				AFRICAN AMERICAN TASK FORCE ON HEALTHCARE DISPLAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PEACE OF THE CITY MINISTRIES P O BOX 750 BUFFALO, NY 14213	75-3008707	501(C)(3)	21,940				UNRESTRICTED USE, LITERACY FOR ALL INITIATIVE, INFRASTRUCTURE DEVELOPMENT AND CAPACITY BUILDING PROJECT
PEOPLE UNITED FOR SUSTAINABLE HOUSING INC 271 GRANT STREET BUFFALO, NY 14213	20-3558447	501(C)(3)	74,500				UNRESTRICTED USE, FOR HOUSE-BUILDING PROJECTS ON THE WEST SIDE, TO SUPPORT THE GREEN DEVELOPMENT ZONE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERRY ROTARY FOUNDATION P O BOX 103 PERRY, NY 14530	16-6053172	501(C)(3)	9,500				READ AROUND PERRY, PERRY FAMILY LITERACY CENTER
PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK 2697 MAIN STREET BUFFALO, NY 14214	16-0746860	501(C)(3)	34,661				UNRESTRICTED USE, FOR USE IN WNY, FOR USE IN ERIE COUNTY ONLY, FOR USE IN BUFFALO REGION ONLY, NIAGARA COUNTY (UNRESTRICTED), BUT PREFER EDUCATIONAL PURPOSES, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVE NEW HAVEN, CT 065112348	06-0263565	501(C)(3)	10,000				UNRESTRICTED USE
PLATTSBURGH COLLEGE FOUNDATION 101 BROAD STREET PLATTSBURGH, NY 12901	14-1484644	501(C)(3)	20,000				PLATTSBURGH/EOP EMERGENCY/EOP SCHOLARSHIP, CAREER EDGE, PLATTSBURGH FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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POLISH COMMUNITY CENTER OF BUFFALO INC 1081 BROADWAY BUFFALO, NY 14212	16-1067572	501(C)(3)	30,500				MATT URBAN HOPE GARDENS, LT COL MATT URBAN HUMAN SERVICES CENTER OF WNY, MATT URBAN HOPE HOUSE
POOR MAGAZINE INC 8032 MACARTHUR BLVD OAKLAND, CA 94605	94-3330014	501(C)(3)	10,000				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PUBLIC RELATIONS SOCIETY OF AMERICA FOUNDATION INC 33 MAIDEN LANE NEW YORK, NY 10038	13-3556137	501(C)(3)	16,187				MAY C RANDAZZO SCHOLARSHIP
READ TO SUCCEED BUFFALO INC 392 PEARL STREET BUFFALO, NY 14202	26-3606661	501(C)(3)	132,501				UNRESTRICTED USE, DOLLY PARTON IMAGINATION LIBRARY, EXPERIENCE CORPS MATCH, EXPERIENCE CORPS SMALL GROUP TUTORING PROGRAM, ENDOWMENT, BOOK EXPO AUTHOR DR TRENT, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RED CLOUD INDIAN SCHOOL C/O FATHER PETER J KLINK SJ PINE RIDGE, SD 577702100	46-0275071	501(C)(3)	17,720				DISTRIBUTION
RESOURCE COUNCIL OF WNY INC 2025 BAILEY AVE BUFFALO, NY 142112401	47-4267047	501(C)(3)	37,500				PROJECT POWER PLAY, TO SUPPORT THE COUNCIL'S COMMUNITY HEALTH PROGRAM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RESPONSE TO LOVE CENTER 130 KOSCIUSZKO ST BUFFALO, NY 14212	20-8083508	501(C)(3)	13,935				UNRESTRICTED USE, SUPPORT FOR INDIVIDUALS AND FAMILIES IN NEED
RICHARDSON CENTER CORPORATION 726 EXCHANGE STREET SUITE 1006 BUFFALO, NY 14210	20-5148995	501(C)(3)	65,505				UNRESTRICTED USE, SUPPORT ARCHITECTURAL CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH ST NEW YORK, NY 10036	13-3615533	501(C)(3)	10,000				EXECUTIVES' ALLIANCE YR 2 OF 3 SUPPORT
ROSWELL PARK ALLIANCE FOUNDATION ELM CARLTON STREETS BUFFALO, NY 14263	16-1391608	501(C)(3)	141,753				UNRESTRICTED USE, IN MEMORY OF, IN HONOR OF, RIDE FOR ROSWELL, GRATWICK SOCIETY, PELOTON RIDERS AND REMAINING TEAM MEMBERS, VIVACQUA ENDOWMENT FOR SARCOMA RESEARCH, GOIN' BALD FOR BUCKS, EMERGENCY FUND, JUNIOR ROBOTICS CHALLENGE, DR PILI'S CDC RESEARCH, 11 DAY POWER PLAY FUNDRAISING, CANCER RESEARCH-PREFERENCE TO BE ALIGNED W/CFGB FOCUS AREAS, DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROXBURY AMBULANCE ASSOCIATION INC PO BOX 94 ROXBURY, CT 067830094	06-1076186	501(C)(3)	7,500				UNRESTRICTED USE
ROXBURY LAND TRUST INC 6 MINE HILL RD ROXBURY, CT 067831322	23-7098549	501(C)(3)	5,000				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROXBURY VOLUNTEER FIRE DEPT INC PO BOX 146 ROXBURY, CT 067830146	06-0959487	501(C)(3)	5,000				UNRESTRICTED USE
ROYCROFT CAMPUS CORPORATION 31 SOUTH GROVE EAST AURORA, NY 14052	16-1361346	501(C)(3)	30,500				UNRESTRICTED USE, PRINT SHOP EXTERIOR PRESERVATION AND RENOVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RURAL OUTREACH CENTER INC PO BOX 447 EAST AURORA, NY 140520447	46-0817544	501(C)(3)	5,000				SINGLE PARENT FAMILY PROGRAMS WITH WRAPAROUND SUPPORT SERVICES
SABAH SKATING ATHLETES BOLD AT HEART 2607 NIAGARA STREET BUFFALO, NY 14207	22-2200201	501(C)(3)	12,136				UNRESTRICTED USE, IN HONOR OF, ADULT FIT & FUN PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAVE THE MICHAELS OF THE WORLD INC PO BOX 55 BUFFALO, NY 14207	46-1191636	501(C)(3)	5,000				UNRESTRICTED USE
SAY YES TO EDUCATION INC 712 MAIN STREET BUFFALO, NY 14202	20-8916545	501(C)(3)	165,245				BUFFALO STATE COLLEGE SUMMER SUCCESS ACADEMY, LUMINA COMMUNITY PARTNERSHIP FOR ATTAINMENT GRANT-TECHNOLOGY PURCHASE, SAY YES BUFFALO TEXTING TRANSITION SUPPORT, ADMINISTRATIVE FEES AND OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SENECA STREET COMMUNITY DEVELOPMENT CORPORATION 1218 SENECA STREET BUFFALO, NY 14210	26-3678723	501(C)(3)	5,000				ASSIST IN FUNDING THE TEEN PROGRAM
SHAKE ON THE LAKE INC PO BOX 57 SILVER LAKE, NY 145490057	47-3204135	501(C)(3)	5,000				EDUCATION/TOURING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHAW FESTIVAL FOUNDATION PO BOX 628 LEWISTON, NY 14092	22-2809351	501(C)(3)	7,200				UNRESTRICTED USE, SHAW FESTIVAL GOVERNOR'S COUNCIL
SHINE SOME LIGHT INC 133 E DE LA GUERRA 146 SANTA BARBARA, CA 931012228	45-2402944	501(C)(3)	10,000				"EMPOWER YOUR CITY" POLICE TRAINING PROGRAM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOCIETY OF ST VINCENT DEPAUL 1298 MAIN ST BUFFALO, NY 14209	16-0747359	501(C)(3)	5,000				UNRESTRICTED USE
SOLUTIONS JOURNALISM NETWORK INC 79 MADISON AVE NEW YORK, NY 10016	46-2265729	501(C)(3)	50,000				UNRESTRICTED USE

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SOUTHTOWNS CATHOLIC SCHOOL PO BOX 86 LAKE VIEW, NY 14085	22-2468687	501(C)(3)	10,000				TO BE USED FOR UPDATING TECH APPARATUS AT THE SCHOOL INCLUDING VIDEO, GYM/SCIENCE LAB EQUIPMENT FOR GRADES PRE-K TO 8
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C)(3)	5,000				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SPECTRUM HUMAN SERVICES 227 THORN AVENUE ORCHARD PARK, NY 14127	16-1019944	501(C)(3)	35,000				CHILD/ADOLESCENT PSYCHIATRIC SERVICES/SUICIDE PREVENTION
ST ANTHONY OF PADUA 160 COURT STREET BUFFALO, NY 14202	16-0769641	501(C)(3)	7,942				UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST BONAVENTURE UNIVERSITY DEVELOPMENT OFFICE ST BONAVENTURE, NY 14778	16-0743150	501(C)(3)	5,000				SR MARGARET'S DISCRETION
ST FRANCIS HIGH SCHOOL 4129 LAKE SHORE ROAD ATHOL SPRINGS, NY 14010		501(C)(3)	25,000				CAPITAL CAMPAIGN FOR THE FIELD AND FIELD HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST JAMES UNITED CHURCH OF CHRIST 76 MAIN STREET HAMBURG, NY 140754962	16-0816641	501(C)(3)	18,224				FOR PROJECTS OUTSIDE REGULAR CHURCH BUDGET
ST JOHN THE BAPTIST CHURCH 168 CHESTNUT STREET LOCKPORT, NY 14094		501(C)(3)	14,500				KEEPING IT COOL!

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST JOHN'S - GRACE EPISCOPAL CHURCH 51 COLONIAL CIRCLE BUFFALO, NY 14222		RELIGIOUS	51,499				UNRESTRICTED USE
ST JOSEPH UNIVERSITY SCHOOL 3275 MAIN STREET BUFFALO, NY 14214		501(C)(3)	12,750				DESIGNATED FOR SCHOLARSHIP SUPPORT

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ST JUDE CENTER 760 ELLICOTT STREET BUFFALO, NY 14203		501(C)(3)	8,325				UNRESTRICTED USE, DISTRIBUTION
SUBURBAN ADULT SERVICES INC 960 W MAPLE CT ELMA, NY 140599397	16-1115992	501(C)(3)	15,000				SASI ADAPTIVE FITNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SUMMIT EDUCATIONAL RESOURCES 150 STAHL ROAD GETZVILLE, NY 14068	16-1095750	501(C)(3)	10,000				GENETIC SEQUENCING STUDY
SYNCHRONICITY FOUNDATION INC PO BOX 694 NELLYSFORD, VA 229580694	52-1056632	501(C)(3)	10,000				UNRESTRICTED USE, NEEDS OF MONKS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TEACH FOR AMERICA INC 345 W FERRY STREET BUFFALO, NY 14213	13-3541913	501(C)(3)	45,000				SPONSOR A TEACHER PROGRAM, TEACH FOR AMERICA BUFFALO
TEMPLE BETH TZEDEK 621 GETZVILLE ROAD AMHERST, NY 14226		501(C)(3)	7,944				UNRESTRICTED USE, HIGH HOLIDAY APPEAL, FBO ROSH HASHANAH RABBI POOR FUND, FBO PASSOVER RABBI POOR FUND

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TFT FOUNDATION 60189 VIA POINSETTIA LA QUINTA, CA 922537680	33-0915399	501(C)(3)	10,000				UNRESTRICTED USE
THE BISON CHILDREN'S SCHOLARSHIP FUND PO BOX 1134 BUFFALO, NY 14205	16-1477288	501(C)(3)	53,300				UNRESTRICTED USE, SCHOLARSHIP INITIATIVE, SCHOLARSHIPS FOR ECONOMICALLY DISADVANTAGED CHILDREN, ANNUAL CELEBRATION, EDUCATION

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THE BUFFALO HISTORY MUSEUM ONE MUSEUM COURT BUFFALO, NY 142163199	16-6000166	501(C)(3)	32,200				UNRESTRICTED USE, IN MEMORY OF, RESTORE, REACTIVATE, RECONNECT, REOPENING PARK ENTRANCE, ANNUAL CAMPAIGN
THE BUFFALO THERAPEUTIC RIDING CENTER 950 AMHERST STREET BUFFALO, NY 14216	16-1384642	501(C)(3)	8,500				UNRESTRICTED USE, SCHOLARSHIPS, ANNUAL FUND

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THE CHILDREN'S GUILD FOUNDATION INC 726 EXCHANGE STREET BUFFALO, NY 14210	16-0756286	501(C)(3)	7,304				UNRESTRICTED USE, IN MEMORY OF, FOR PATIENT MOST IN NEED OF FINANCIAL/MEDICAL HELP, CHILDREN WITH BIRTH DEFECTS INCLUDING VISION/HEARING DISABILITIES
THE CLEVELAND CLINIC FOUNDATION DEPT INSTITUTIONAL ADVANCEMENT CLEVELAND, OH 44195	34-0714585	501(C)(3)	75,000				IN MEMORY OF

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THE DALE ASSOCIATION INC 33 ONTARIO STREET LOCKPORT, NY 14094	16-0863230	501(C)(3)	16,109				AT DISCRETION OF BOARD OF DIRECTORS, INTERGENERATIONAL PROGRAM, VISION AND HEARING IMPAIRMENT PROGRAM
THE NATIONAL FEDERATION FOR JUST COMMUNITIES OF WNY 360 DELAWARE AVENUE BUFFALO, NY 14202	20-3185568	501(C)(3)	31,500				UNRESTRICTED USE, FIRST TIME LAST TIME PROGRAM, INSTITUTE FOR EXCELLENCE AND EQUITY EDUCATION, DASH FOR DIVERSITY, IN HONOR OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE NATURE CONSERVANCY CENTRAL & WNY CHAPTER 1048 UNIVERSITY AVENUE ROCHESTER, NY 14607	53-0242652	501(C)(3)	13,712				UNRESTRICTED USE, ENDOWED SUPPORT
THE PARK SCHOOL OF BUFFALO 4625 HARLEM ROAD SNYDER, NY 14226	16-0755814	501(C)(3)	165,649				UNRESTRICTED USE, SCIENCE AT PARK, ANNUAL FUND, NEW SCIENCE BUILDING, SCHOLARSHIPS, IN HONOR OF, S DOUGLAS CORNELL SCHOLARSHIP, FBO PHOENIX-HASSETT SCHOLARSHIP, KNOPP- HAILPERN SCIENCE BUILDING, DISTRIBUTION

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THE SALVATION ARMY LOCKPORT 50 COTTAGE STREET LOCKPORT, NY 14094	13-5562351	501(C)(3)	10,609				UNRESTRICTED USE, SOUP KITCHEN, CITY OF LOCKPORT AND SURROUNDING AREAS IN NIAGARA COUNTY, LONG POINT CAMPSHIP IN MEMORY OF
THE SALVATION ARMY OF BUFFALO NY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	323,045				UNRESTRICTED USE, SALVATION ARMY BAS, UPDATE THE GYMS AND SPORTING EQUIPMENT, ANNUAL APPEAL, FOR OPERATIONS IN WESTERN NEW YORK, FOR BUFFALO AREA SERVICES, DISTRIBUTION

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THE SENSES FOUNDATION INC 360 GENESEE STREET BUFFALO, NY 14204	27-0792123	501(C)(3)	20,000				GRADUATION INITIATIVE OPERATION MISSION POSSIBLE
THE YOUTH LIFE SKILLS FOUNDATION INC 742 DELAWARE AVE BUFFALO, NY 142092202	16-1490270	501(C)(3)	15,000				TO INTRODUCE AT-RISK YOUTH TO THE GAME OF GOLF AND SOCCER



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TORN SPACE THEATER 270 LAFAYETTE AVENUE BUFFALO, NY 14213	33-1159716	501(C)(3)	7,500				UNRESTRICTED USE
TRE AND ASSOCIATES 411 OLYMPIC AVENUE BUFFALO, NY 14215	16-1558569	501(C)(3)	18,000				AFTER SCHOOL PROGRAMS

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TRINITY EPISCOPAL CHURCH 371 DELAWARE AVENUE BUFFALO, NY 14202	16-0805167	501(C)(3)	18,545				UNRESTRICTED USE, WINDOWS, ANNUAL CAMPAIGN, DISTRIBUTION
TROCAIRE COLLEGE STUDENT ACCOUNTS OFFICE BUFFALO, NY 14220	16-0909446	501(C)(3)	41,000				WOMEN'S SCHOLAR PROGRAM, LCPA REPLICATION

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UNITED CHURCH OF CHRIST FOR DUNKIRK 3602 LAKE SHORE DR E DUNKIRK, NY 14048	16-0791042	501(C)(3)	18,934				FOR DUNKIRK CONF CTR -CAPITAL IMPROVEMENTS ONLY
UNITED MEMORIAL MEDICAL CENTER FOUNDATION NICHOLS BUILDING BATAVIA, NY 14020	22-2611543	501(C)(3)	12,421				UNRESTRICTED USE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BUFFALO & ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	141,660				UNRESTRICTED USE, TEACHER-CHILD INTERACTION TRAINING, SEFA NIAGARA FRONTIER, UNITED WAY CHALLENGE, INCOME FOCUS, ANNUAL CAMPAIGN, ALBRIGHT KNOX ART GALLERY, FOR PROGRAMS, DISTRIBUTION
UNIVERSITY AT BUFFALO FOUNDATION INC PO BOX 900 BUFFALO, NY 142260900	16-0865182	501(C)(3)	181,252				UNRESTRICTED USE, AQUAHACKING 2017 UNITED FOR LAKE ERIE, SCHOOL OF NURSING, DEPT OF ORTHOPAEDIC SURGERY-SUPPORT MEDICAL EDUCATION AND RESEARCH, UB MEDICAL SCHOOL, ARMS FOR MS, UB SCHOOL OF LAW, FOR SCHOLARSHIPS DEPT OF MECHANICAL ENGINEERING & SCHOOL OF ENGINEERING, SCHOOL OF ARCHITECTURE AND PLANNING- KENSINGTON BAILEY, BUILD THE VISION CAMPAIGN FOR JACOBS SCHOOL OF MEDICINE, FBO UB DEPT OF ANTHROPOLOGY, ALISON DESFORGE FUND, DR AMY JACOBS AIDS RESEARCH, ITS CURE, AND OTHER SIMILAR HEALTH RELATED PROBLEMS, TO BENEFIT THE DEPT OF OPHTHALMOLOGY, SCHOOL OF MANAGEMENT-RAND PROGRAM IN INTERNATIONAL STUDIES, IN MEMORY OF, SOCIALLY RELEVANT ISSUES IN COMPUTER SCIENCE, DEPT OF JEWISH THOUGHT, CANCER RESEARCH-PREF TO BE ALIGNED WITH CFGF FOCUS AREAS, DEPT OF SURGERY CHAIR OR VISITING PROFESSOR FOR MEDICAL SCHOOL, FOR RESEARCH TECH AND ALZHEIMER'S DISEASE AND MEMORY DISORDERS CENTER, TO BE USED FOR RESEARCH, MEDICAL SCHOOL AND DENTAL SCHOOL SCHOLARSHIP,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY AT BUFFALO- SCHOOL OF DENTAL MEDICINE UB FOUNDATION AMHERST, NY 14226	16-0865182	501(C)(3)	15,330				UNRESTRICTED USE, DR ALAN J GROSS STUDENT RESOURCE FUND
UNIVERSITY AT BUFFALO- SCHOOL OF ENGINEERING UNIV AT BUFFALO FDN INC BUFFALO, NY 142260900	16-0865182	501(C)(3)	25,844				DEPT MECHANICAL ENGINEERING AND SCHOOL OF ENGINEERING SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HEIGHTS COMMUNITY DEVELOPMENT ASSO 3242 MAIN ST BUFFALO, NY 14214	16-1072548	501(C)(3)	6,700				URBAN YOUTH PERFORMANCE POETRY WORKSHOP
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL LINCOLN, NE 685082886	47-0379839	501(C)(3)	10,719				UNRESTRICTED USE, FOR DEAN HENRY H FOSTER SCHOLARSHIP FUND IN LAW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046270	23-1352685	501(C)(3)	25,000				WILFRED & JOAN LARSON FAMILY FOUNDATION ENDOWED SCHOLARSHIP
UPSTATE NEW YORK TRANSPLANT SERVICES 110 BROADWAY BUFFALO, NY 14203	16-1172453	501(C)(3)	34,850				UNRESTRICTED USE, EYE BANKING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN CHRISTIAN MINISTRIES INC 967 JEFFERSON AVENUE BUFFALO, NY 14204	16-0975270	501(C)(3)	16,273				UNRESTRICTED USE, CONFIDENCE AND CONDITIONING AFTERSCHOOL INITIATIVE
VILLA MARIA COLLEGE 240 PINE RIDGE ROAD BUFFALO, NY 14225	16-0871487	501(C)(3)	11,000				LCPA REPLICATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION BEYOND SIGHT FOUNDATION INC PO BOX 524 LANCASTER, NY 14086	56-2355762	501(C)(3)	6,279				UNRESTRICTED USE
WELLESLEY COLLEGE DEVELOPMENT OFFICE WELLESLEY, MA 02482	04-2103637	501(C)(3)	50,100				UNRESTRICTED USE, IN SUPPORT OF FINANCIAL AID

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLNESS INSTITUTE OF GREATER BUFFALO & WNY 65 NIAGARA SQUARE BUFFALO, NY 14202	16-1360887	501(C)(3)	15,500				YOUTH ADVANTAGE NEIGHBORHOOD 60, FBO EXPLORE BUFFALO
WESTERN NEW YORK BOOK ARTS COLLABORATIVE 468 WASHINGTON STREET BUFFALO, NY 14203	20-5755731	501(C)(3)	10,000				PRINTING PARTNERS EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN NEW YORK ENVIRONMENTAL ALLIANCE 617 MAIN STREET BUFFALO, NY 14203	22-3067123	501(C)(3)	10,000				UNRESTRICTED USE
WESTERN NEW YORK LAND CONSERVANCY PO BOX 471 EAST AURORA, NY 14052	22-3160426	501(C)(3)	50,100				UNRESTRICTED USE, CREATING THE JACKSON FALLS PRESERVE, ENHANCING WILDLIFE HABITAT WITH THE COMMUNITY AT THE NIAGARA ESCARPMENT PRESERVE, DISTRIBUTION, LAND CONSERVANCY IN WESTERN NEW YORK

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIAT PO BOX 1263 BUFFALO, NY 142401263	16-0834459	501(C)(3)	68,164				UNRESTRICTED USE, ANNUAL APPEAL, CLASSICAL 94 5 WNED IN MEMORY OF, WBFO, WNED, WNED-TV, HELP WITH BUDGET SHORTFALL, WNED-MARSHALL MOVIE TO BE FILMED IN BUFFALO, TO SUPPORT THE LOCAL PUBLIC RADIO AND TV SERVICES,
WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE INC (WEDI) 436 GRANT STREET BUFFALO, NY 14213	20-4230463	501(C)(3)	36,000				UNRESTRICTED USE, TO SUPPORT THE WEST SIDE BAZAAR, ENERGY LITERACY FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTMINSTER PRESBYTERIAN CHURCH 724 DELAWARE AVENUE BUFFALO, NY 14209	16-0743224	501(C)(3)	52,771				UNRESTRICTED USE, GENEROSITY CAMPAIGN, EARLY CHILDHOOD PROGRAMS-WECP RES ENDOW, EARLY CHILDHOOD PROGRAMS-ANNUAL FUND, DISTRIBUTION
WNY RURAL AHEC - WESTERN NEW YORK RURAL AREA HEALTH EDUCATIO PO BOX 152 WARSAW, NY 145690152	16-1570657	501(C)(3)	20,000				PULSE ACADEMY/HEALTH PROFESSIONAL STUDENT HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNY WOMEN'S FOUNDATION 742 DELAWARE AVENUE BUFFALO, NY 14209	27-4154672	501(C)(3)	32,700				UNRESTRICTED USE, MOMS FROM EDUCATION TO EMPLOYMENT
WOMEN & CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION 1028 MAIN STREET BUFFALO, NY 14202	16-1332044	501(C)(3)	80,525				UNRESTRICTED USE, DR QUATTRIN JUVENILE DIABETES RESEARCH, OISHEI CHILDREN'S HOSPITAL, FOR THE HEART PROGRAM, THE OISHEI CHILDREN'S CULTURAL FUND-HEALING ARTS FUND, ENDOWMENT, FOR MEDICAL EXPENSES OF NEEDY CHILDREN, SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	5,100				UNRESTRICTED USE
WYOMING COMMUNITY HOSPITAL FOUNDATION 400 NORTH MAIN STREET WARSAW, NY 14569	16-1450280	501(C)(3)	80,000				DIGITAL RADIOGRAPHY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING COUNTY COMMUNITY ACTION INC 6470 ROUTE 20A PERRY, NY 14530	16-1488538	501(C)(3)	45,096				ANGEL ACTION-ANGEL AID, CHARLOTTE HOUSE MARKETING MATERIALS, REIMBURSE FOR SENIOR MENTAL HEALTH PROJECT
YOUNG AUDIENCES OF WESTERN NEW YORK 1 LAFAYETTE SQUARE BUFFALO, NY 14203	16-0916472	501(C)(3)	60,000				ART PARTNERS FOR LEARNING



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH MENTORING SERVICES OF NIAGARA COUNTY 86 PARK AVENUE LOCKPORT, NY 14094	16-1106399	501(C)(3)	9,977				SITE, SCHOOL, COMMUNITY BASED MENTORING
YOUTH WITH A PURPOSE INC 157 LOCUST STREET BUFFALO, NY 14204	26-1628749	501(C)(3)	17,600				VIOLENCE PREVENTION PROGRAM, INNER-CITY YOUTH ACHIEVE PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF NIAGARA 32 COTTAGE STREET LOCKPORT, NY 14094	16-0743245	501(C)(3)	39,000				TO ASSIST WITH CRITICAL REPAIRS NEEDED TO YWCA DOMESTIC VIOLENCE SHELTER, ENLARGE AND RENOVATE BUILDING
YWCA USA 1020 19TH STREET NW WASHINGTON, DC 20036	13-1624103	501(C)(3)	9,959				FBO YWCA FOREIGN DEPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZOOLOGICAL SOCIETY OF BUFFALO 300 PARKSIDE AVE BUFFALO, NY 14214	16-0911204	501(C)(3)	291,808				UNRESTRICTED USE, ANNUAL FUND, IN MEMORY OF, REPTILE HOUSE, BEAR NECESSITIES, DISBURSEMENT, ENDOWMENT, DISTRIBUTION

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

Employer identification number  
22-2743917

Part I

Questions Regarding Compensation

	Yes	No
<div><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	Yes	
<div><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	Yes	
<div><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> <div><div><b>a</b> Receive a severance payment or change-of-control payment?</div><div><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></div>		
<div><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div><div><b>a</b> The organization?</div><div><b>b</b> Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> <div><div><b>a</b> The organization?</div><div><b>b</b> Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	Yes	
<div><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>		No
<div><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLOTILDE PEREZ-BODE DEDECKER PRESIDENT/CEO	(i)	271,875 -----	90,000 -----	23,086 -----	0 -----	0 -----	384,961 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 GERALD REGERCFO/CAO	(i)	126,250 -----	12,000 -----	11,814 -----	0 -----	0 -----	150,064 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 ELIZABETH CONSTANTINE EXECUTIVE VICE PRESIDENT	(i)	130,000 -----	30,000 -----	18,637 -----	0 -----	0 -----	178,637 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	EACH YEAR, THE PERFORMANCE OF THE OFFICERS AND EMPLOYEES IS EVALUATED BASED ON ACCOMPLISHMENTS RELATIVE TO EACH INDIVIDUAL'S APPROVED ANNUAL OBJECTIVES AND OTHER COMPENSATION FACTORS (AS DESCRIBED ON SCHEDULE O FOR PART VI, SECTION B, LINE 15) THE BOARD OF DIRECTORS EVALUATES THE PRESIDENT/CEO BY HAVING EACH BOARD MEMBER SUBMIT AN EVALUATION ON THE PRESIDENT/CEO'S PERFORMANCE TO THE FOUNDATION'S EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE THEN REVIEWS THESE EVALUATIONS AND MAKES RECOMMENDATIONS TO THE BOARD ON THE COMPENSATION OF THE PRESIDENT/CEO. THE BOARD MEETS IN EXECUTIVE SESSION TO REVIEW THE RECOMMENDATIONS, FINALIZE THE OVERALL EVALUATION AND DETERMINE THE ANNUAL COMPENSATION OF THE PRESIDENT/CEO INCLUDING ANY NON-FIXED PAYMENT THAT MAY BE MADE. THE PRESIDENT/CEO EVALUATES THE PERFORMANCE OF THE MEMBERS OF THE SENIOR MANAGEMENT TEAM AND DETERMINES ANNUAL COMPENSATION INCLUDING ANY NON-FIXED PAYMENT THAT MAY BE MADE TO THOSE INDIVIDUALS. THE EXECUTIVE COMMITTEE ALSO REVIEWS THE COMPENSATION FOR THE SENIOR MANAGEMENT TEAM.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

Employer identification number  
22-2743917

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . .				
7 Boats and planes . . . .				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	68	21,751,440	FAIR MARKET VALUE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests . . . .				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles . . . . .				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . .				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION FOR GREATER  
BUFFALO INC

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

22-2743917

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 2A	ALL PAYROLL AND HUMAN RESOURCES FUNCTIONS HAVE BEEN OUTSOURCED TO THE ALCOTT GROUP - A PROFESSIONAL EMPLOYMENT ORGANIZATION THIS CONTRACT ESTABLISHES A CO-EMPLOYMENT RELATIONSHIP BETWEEN THE FOUNDATION AND THE ALCOTT GROUP UNDER THIS RELATIONSHIP, THE ALCOTT GROUP ASSUMES RESPONSIBILITY FOR RISK MANAGEMENT, PERSONNEL MANAGEMENT, HUMAN RESOURCE COMPLIANCE AND PAYROLL AND EMPLOYEE TAX COMPLIANCE ALL PAYROLL TAX FILINGS FOR THE FOUNDATION'S EMPLOYEES ARE FILED BY AND INCLUDED AS PART OF THE ALCOTT GROUP

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF THE COMMUNITY FOUNDATION DELEGATED RESPONSIBILITY FOR AN IN-DEPTH REVIEW OF THE FORM 990 TO THE EXECUTIVE COMMITTEE WHICH CARRIED OUT THE REVIEW AFTER EXECUTIVE COMMITTEE REVIEW AND PRIOR TO THE FILING OF THE RETURN, A COMPLETE COPY OF THE RETURN WAS MADE AVAILABLE TO EACH MEMBER OF THE BOARD FOR THEIR REVIEW

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, PRINCIPAL OFFICER, KEY EMPLOYEE, AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT HE OR SHE IS AWARE OF AND UNDERSTANDS THE COMMUNITY FOUNDATION'S CONFLICT OF INTEREST POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. THE POLICY CLEARLY DESCRIBES THE PROCEDURES FOR ADDRESSING ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST AND INCLUDES THE CONSEQUENCES OF VIOLATING THE POLICY. THE MEETING MINUTES CONTAIN THE NAMES OF PERSONS WHO DISCLOSED OR WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST. SUCH PERSON IS REQUIRED TO LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST. THE MINUTES WILL INCLUDE THE NAMES OF PERSONS PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION, THE CONTENT OF THE DISCUSSION AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>SEVERAL FACTORS ARE INVOLVED AND WEIGHED IN THE COMPENSATION DECISION FOR EACH EMPLOYEE INCLUDING, PRIOR YEAR COMPENSATION, WORK QUALITY, ACHIEVEMENT OF ANNUAL GOALS, CHANGE IN STATUS (SUCH AS A PROMOTION), COMPARISON TO LOCAL AND NATIONAL SURVEY DATA AND OTHER FACTORS SPECIFIC TO EACH SITUATION DURING 2015, A TASK FORCE OF THE BOARD LED THE EFFORT TO COMPLETE A COMPREHENSIVE COMPENSATION REVIEW TO ENSURE COMPETITIVE POSITIONING FOR THE FOUNDATION THE TASK FORCE HIRED AN INDEPENDENT CONSULTANT TO ASSIST THEM IN CONDUCTING THE REVIEW WHICH BENCHMARKED THE SALARY STRUCTURE OF ALL POSITIONS WITHIN THE FOUNDATION THE GOALS OF THE REVIEW INCLUDED, BUT WERE NOT LIMITED TO, THE FOLLOWING (1) MAINTAIN A COMPENSATION PROGRAM (SALARY AND BENEFITS) THAT IS COMPARABLE TO OTHER SIMILAR WESTERN NEW YORK ORGANIZATIONS AND OTHER COMMUNITY FOUNDATIONS OF SIMILAR SIZE, STRUCTURE AND ACTIVITIES, (2) PRESERVE EMPLOYEE SATISFACTION BY PROVIDING A COMPETITIVE COMPENSATION PROGRAM, (3) DEMONSTRATE FISCAL RESPONSIBILITY BY MANAGING THE COMPENSATION PROGRAM APPROPRIATELY, (4) RECOMMEND A STRATEGY FOR ADDRESSING THE MAINTENANCE OF CURRENT AND FUTURE SALARY EQUITY FOR EMPLOYEES, (5) ENSURE THAT COMPENSATION INCREASES ARE TIED TO PERFORMANCE (SEE SCHEDULE J, PART III - SUPPLEMENTAL INFORMATION)</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE COMMUNITY FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S WEB SITE ALL OF THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CURRENT YEAR CHANGE IN VALUE OF THE BENEFICIAL INTEREST IN PERPETUAL TRUST 1,164,117 PASS THROUGH PARTNERSHIP K-1 98,847 CHANGE IN OTHER RECEIVABLES 92,140

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR