DLN: 93493311022959 **Return of Organization Exempt From Income Tax** Form **990 2018** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) \blacktriangleright Do not enter social security numbers on this form as it may be made public

Department of the Freasury Internal Revenue Service			► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.						Open to Public Inspection	C
A Fo	or th	e 2019		eginning 01-01-2018 , and end	ling 12-3	1-2018	—			_
	dress	applicable change nange	C Name of organization GOOD SHEPHERD-FAIRVIEW FOUNDATION INC					D Employer identification number 13-3386383		
☐ Init			Doing business as GOOD SHEPHERD COMMUNITIES FOUNDATION							
☐ Final return/terminated☐ Amended return☐ Application pending			Number and street (or P O box if mail is not delivered to street address) Room/suite			·	E Telephone number			
			City or town, state or province, country, and ZIP or foreign postal code			(607) 72	24-2477	'	_	
			BINGHAMTON, NY 13904				G Gross red	ceipts \$ 3	3,836,924	
			F Name and address of prir MICHAEL J KEENAN	F Name and address of principal officer MICHAEL J KEENAN			this a group ret	turn for		
			80 FAIRVIEW AVENUE BINGHAMTON, NY 13904			Н(b) Аг	bordinates? e all subordinat	es	□Yes ☑No □Yes □No	
[Tax	k-exe	mpt status		Includ			cluded? "No," attach a li	ıst (see		
J W	ebsi	te:► W	WW GSFHOME COM	, , , , , , , , , , , , , , , , , , , ,		1	oup exemption		•	
∢ Forn	n of c	organizatio	n 🗹 Corporation 🗌 Trust 🔲	Association ☐ Other ►		L Year of fo	ormation 1986	M State	of legal domicile NY	
Pa	irt I		nmary escribe the organization's mission	on or most significant activities						
. & Governance		CHASE M GOOD SI THROUG LIVING C HOME FO SCHOLAI	ERD VILLAGE AT ENDWELL, INC, GOOD SHEPHERD-FAIRVIEW HOME, INC, CHASE MEMORIAL NURSING HOME COMPANY, INC, MEMORIAL COMMUNITY CENTER, AND CHASE HOUSING CORPORATION THE FOUNDATION PROVIDES FINANCIAL SUPPORT TO SHEPHERD-FAIRVIEW HOME FOR ADULT CARE FACILITY RESIDENTS WITH LIMITED FINANCIAL RESOURCES THIS IS DONE JOB A YEARLY FUNDRAISING CAMPAIGN CALLED THE LIVING CARE FUND THIS CAMPAIGN INCLUDES GIFTS TO THE ANNUAL OF CAPE FUND AND TO THE LIVING CARE FUND ENDOWMENT THE FOUNDATION ALSO ALLOCATES FUNDS FOR GRANTS TO THE FOR VARIOUS CAPITAL EXPENDITURES, RESIDENT WELLNESS PROGRAMS, STAFF EDUCATION/TRAINING, AND EMPLOYEE ARSHIP/TUITION PROGRAMS IN ADDITION, THE FOUNDATION OFFERS SCHOLARSHIPS TO AREA STUDENTS ENROLLED IN HCARE CURRICULUMS AT LOCAL COLLEGES IT PROVIDES COMMUNITY GRANTS TO ORGANIZATIONS AS SEED MONEY FOR NEW RAMS							
										<u> </u>
Ж	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its n								1	
Activities &	l		of voting members of the gove				3		15 14	
	l	4 Number of independent voting members of the governing body (Part VI, line 1b)						5	-	0
	l	Total number of volunteers (estimate if necessary)						6		0
	ı			Part VIII, column (C), line 12				7a		0
	b	Net unr	elated business taxable income	from Form 990-T, line 34				7b		0
	8	Contribi	utions and grants (Part VIII, line	(1h)	_		Prior Year 142,0	140	Current Year 476,8	7:
enue	l		• •	2g)				0		
s Expenses Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					145,9	933	53,1	54
	11	. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				26,2		21,0		
	_	2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					314,2	_	551,0	
	l	Grants and similar amounts paid (Part IX, column (A), lines 1–3)					289,9	080	470,6	50
	l	Benefits paid to or for members (Part IX, column (A), line 4)						0		_
	l	a Professional fundraising fees (Part IX, column (A), line 11e)						0		_
	l	b Total fundraising eees (Part IX, Column (A), line 11e)						+		_
	l	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)					418,7	705	275,0	15
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)					708,6	85	745,6	65
	19	9 Revenue less expenses Subtract line 18 from line 12					-394,4		-194,6	26
Net Assets or Fund Balances	20	Total ac	sets (Part X, line 16)			Beginn	2,511,3		1,918,8	60
	l		ibilities (Part X, line 26)				456,8		207,8	
FE	22 Net assets or fund balances Subtract line 21 from line 20				2,054,5		1,710,9			
	rt II		nature Block					<u> </u>		
				xamined this return, including accor plete Declaration of preparer (other						5
any ki	nowl	edge								
		****					2019-11-07			_
Sign							Date			
Here	;		S KONISZEWSKI CFO or print name and title							-
		 	Print/Type preparer's name	Preparer's signature	10	Pate		PTIN		-
Paic	t							0089301	2	
Preparer		er	Firm's name				Firm's EIN ► 16-	1131146		
Uaa Onbe 📙			Firm's address ▶ 171 SULLYS TRAIL Phon				Phone no (585) 3	ne no (585) 381-1000		
			PITTSFORD NY 1	4534						

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

☑ Yes ☐ No Form **990** (2018)

OMB No 1545-0047