

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 OUR COMMUNITY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE IN TOMPKINS COUNTY BY INSPIRING AND SUPPORTING ENDURING PHILANTHROPY.

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.

4a

(Code:) (Expenses \$ 2,438,661 including grants of \$ 2,438,661) (Revenue \$ 39,781)
TO PROVIDE GRANTS AND CONTRIBUTIONS TO CHARITIES LOCATED IN THE GREATER ITHACA, NEW YORK AREA.

4b

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 2,438,661

Form 990 (2022)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 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	3	No
4 Section 501(c)(3) organizations. 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	4	No
5 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 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	6 Yes	
7 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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 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	9	No
10 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	10 Yes	
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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	11b	No
c 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	11c	No
d 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	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f 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)?	11f	No
12a If "Yes," complete Schedule D, Part XI. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
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	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
15 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	15	No
16 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	16	No
17 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.	17	No
18 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	18	No
19 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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV

Checklist of Required Schedules (continued)

	Yes	No
22 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? If "Yes," complete Schedule I, Parts I and III	22	No
23 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? If "Yes," complete Schedule J	23	No
24a 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
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? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26	No
27 If "Yes," complete Schedule L, Part I. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31 If "Yes," complete Schedule M. Did the organization reorganize, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	No
34 If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 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? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V			Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a 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		2a	8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b			
4a 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)?		4a			No
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).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a 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?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a 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?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?		9a			No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			No
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?		13a			
Note. See the instructions for additional information the organization must report on Schedule O.					
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		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?					
16 Is the organization subject to the section 4968 excise tax on net investment income?					
If "Yes," complete Form 4720, Schedule O.		16			No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17			
If "Yes," complete Form 6069.					

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
1a	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	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
10a	Did the organization have local chapters, branches, or affiliates?	No
10b	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?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes
13	Did the organization have a written whistleblower policy?	Yes
14	Did the organization have a written document retention and destruction policy?	Yes
15	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?	
15a	The organization's CEO, Executive Director, or top management official	Yes
15b	Other officers or key employees of the organization	No
16a	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
16b	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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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:
THE ORGANIZATION 200 EAST BUFFALO STREET - SUITE 202 ITHACA, NY 14850 (607) 272-9333

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) KEITH MCCAFFERTY CHAIR	3.00	X		X				0	0	0
(2) THEORIA CASON VICE CHAIR	3.00	X		X				0	0	0
(3) JESSICA CUSTER-BINDEL SECRETARY	3.00	X		X				0	0	0
(4) ANN MARTIN TRUSTEE	3.00	X						0	0	0
(5) CHRISTINE BARKSDALE TRUSTEE	3.00	X						0	0	0
(6) LINDA GASSER TRUSTEE	3.00	X						0	0	0
(7) LYNN SWAIN TRUSTEE	3.00	X						0	0	0
(8) RICK PAGE PART YEAR TRUSTEE	3.00	X						0	0	0
(9) JOSEPHINE ALLEN TRUSTEE	3.00	X						0	0	0
(10) FRANK KRUPPA TRUSTEE	3.00	X						0	0	0
(11) BASIL SAFI TRUSTEE	3.00	X						0	0	0
(12) NATASHA THOMPSON TRUSTEE	3.00	X						0	0	0
(13) IAN HARROP TREASURER	3.00	X		X				0	0	0
(14) KRISTIN DADE PART YEAR TRUSTEE	3.00	X						0	0	0
(15) AISHA JASPER PART YEAR TRUSTEE	3.00	X						0	0	0
(16) CAROL MALLISON TRUSTEE	3.00	X						0	0	0
(17) REGINALD WHITE TRUSTEE	3.00	X						0	0	0

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) NICOLE EVERSLEY BRADWELL TRUSTEE	3.00	X						0	0	0
(19) ROB BROWN TRUSTEE	3.00	X						0	0	0
(20) STAMIE DESPO TRUSTEE	3.00	X						0	0	0
(21) MUDIT NOPANY TRUSTEE	3.00	X						0	0	0
(22) MEGAN OMOHUNDRO TRUSTEE	3.00	X						0	0	0
(23) RICHARD RIVERO TRUSTEE	3.00	X						0	0	0
(24) PEYI SOYINKA-AIREWELE TRUSTEE	3.00	X						0	0	0
(25) MARYBETH TARZIAN TRUSTEE	3.00	X						0	0	0
(26) JUMOKE WARRITAY TRUSTEE	3.00	X						0	0	0
(27) GEORGE P FERRARI JR EXECUTIVE DIRECTOR	40.00			X				120,853	0	19,205

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	120,853	0	19,205

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 ▶ 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3

No

4 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*

4

No

5 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*

5

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

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 ▶ 0

Form 990 (2022)

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
Contributions, Gifts, Grants, and Other			1a Federated campaigns . .		1a	
Amt Similar Amounts			b Membership dues . .		1b	
			c Fundraising events . .		1c	
			d Related organizations		1d	
			e Government grants (contributions)		1e	
			f All other contributions, gifts, grants, and similar amounts not included above		1f2,325,059	
			g Noncash contributions included in lines 1a - 1f:\$		1g1,026,917	
			h Total. Add lines 1a-1f		2,325,059	
Program Service Revenue	2a MISCELLANEOUS	Business Code				
		900099	39,781	39,781		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
g Total. Add lines 2a-2f.		39,781				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			641,529		641,529
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	6,144,715			
	b Less: cost or other basis and sales expenses	7b	6,253,603			
	c Gain or (loss)	7c	-108,888			
	d Net gain or (loss)			-108,888		-108,888
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events . .					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . .						
10a Gross sales of inventory, less returns and allowances . .	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory . .						
Other	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			2,897,481	39,781	0	532,641

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,438,661	2,438,661		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	140,058		119,049	21,009
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	391,317		332,620	58,697
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,006		7,655	1,351
9 Other employee benefits	13,879		11,797	2,082
10 Payroll taxes	37,503		31,878	5,625
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,372		23,266	4,106
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	64,075		64,075	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,151		17,128	3,023
12 Advertising and promotion	1,930		1,641	289
13 Office expenses	69,923		59,435	10,488
14 Information technology				
15 Royalties				
16 Occupancy	41,327		35,128	6,199
17 Travel	2,225		1,891	334
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,601		17,511	3,090
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,111		944	167
23 Insurance	3,969		3,374	595
24 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.)				
a MISCELLANEOUS	9,083		7,721	1,362
b DUES AND SUBSCRIPTIONS	7,695		6,541	1,154
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,299,886	2,438,661	741,654	119,571
26 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 ☐ 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)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		3,857,635	2	3,045,839	
	3	Pledges and grants receivable, net		47,477	3	56,477	
	4	Accounts receivable, net		83,496	4	62,665	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		5,849	9	8,288	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	28,258			
	b	Less: accumulated depreciation	10b	19,369	0	10c	8,889
	11	Investments—publicly traded securities		23,572,581	11	19,984,722	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		278,516	15	277,797	
16	Total assets: Add lines 1 through 15 (must equal line 33)		27,845,554	16	23,444,677		
Liabilities	17	Accounts payable and accrued expenses		85,051	17	121,566	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	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		1,096,053	25	1,008,092	
	26	Total liabilities: Add lines 17 through 25		1,181,104	26	1,129,658	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		14,670,946	27	10,115,227	
	28	Net assets with donor restrictions		11,993,504	28	12,199,792	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		26,664,450	32	22,315,019	
	33	Total liabilities and net assets/fund balances		27,845,554	33	23,444,677	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,897,481
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,299,886
3	Revenue less expenses. Subtract line 2 from line 1	3	-402,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,664,450
5	Net unrealized gains (losses) on investments	5	-3,947,026
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	22,315,019

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
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

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Name of the organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY INC	Employer identification number 16-1587553
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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).)
- 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 1/3% 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 1/3% 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 on 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		
Total						

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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	2,173,866	2,530,989	2,802,181	2,836,790	2,325,059	12,668,885
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	2,173,866	2,530,989	2,802,181	2,836,790	2,325,059	12,668,885
5 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) . .						3,885,097
6 Public support. Subtract line 5 from line 4.						8,783,788

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	2,173,866	2,530,989	2,802,181	2,836,790	2,325,059	12,668,885
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	437,005	415,455	398,590	713,107	641,529	2,605,686
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 Total support. Add lines 7 through 10						15,274,571
12 Gross receipts from related activities, etc. (see instructions)					12	301,080
13 First 5 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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	57.510 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	53.190 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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 IIISupport 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 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		
15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests–2022. 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–2021. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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 Part VI when and how the organization made the determination.</i>		
c	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 Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	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 Part VI 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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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 Part VI.</i>		
7	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) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	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 Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on 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 Part VI.</i>		
10a	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	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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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>		
2	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>		

Section C. Type II Supporting Organizations

		Yes	No
1	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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	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?		
2	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>		
3	By reason of the relationship described in line 2 above, 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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	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	Did the activities described on line 2a, above 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>			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	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>If "Yes" or "No", provide details in Part VI.</i>			
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>			

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 (*explain in **Part VI***). **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)

- | | |
|---|----------|
| 1 Net short-term capital gain | 1 |
| 2 Recoveries of prior-year distributions | 2 |
| 3 Other gross income (see instructions) | 3 |
| 4 Add lines 1 through 3 | 4 |
| 5 Depreciation and depletion | 5 |
| 6 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) | 6 |
| 7 Other expenses (see instructions) | 7 |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | |
|--|-----------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 |
| a Average monthly value of securities | 1a |
| b Average monthly cash balances | 1b |
| c Fair market value of other non-exempt-use assets | 1c |
| d Total (add lines 1a, 1b, and 1c) | 1d |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 |
| 3 Subtract line 2 from line 1d | 3 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 |
| 6 Multiply line 5 by 0.035 | 6 |
| 7 Recoveries of prior-year distributions | 7 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 |

Section C - Distributable Amount

Current Year

- | | |
|--|----------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 Enter 85% of line 1 | 2 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 Enter greater of line 2 or line 3 | 4 |
| 5 Income tax imposed in prior year | 5 |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |

- 7** ☐ 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)
Section D - Distributions		Current Year	
1 Amounts paid to supported organizations to accomplish exempt purposes	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5		
6 Other distributions (<i>describe in Part VI</i>). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8		
9 Distributable amount for 2022 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART VI, LIST OF UNUSUAL GRANTS:	DESCRIPTION: CASH DATE: 12/31/18 AMOUNT: 350000. DESCRIPTION: CASH DATE: 12/31/19 AMOUNT: 1565573.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2022
Name of the organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY INC		Employer identification number 16-1587553

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
16-1587553

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
COMMUNITY FOUNDATION OF
TOMPKINS COUNTY INC

Employer identification number

16-1587553

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY INC	Employer identification number 16-1587553
--	--

Part III

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

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

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Software Version:

Name of the organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY INC	Employer identification number 16-1587553
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	86	
2 Aggregate value of contributions to (during year)	1,301,971	
3 Aggregate value of grants from (during year)	1,886,321	
4 Aggregate value at end of year	13,473,284	
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? ☒ Yes ☐ No		
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? ☒ Yes ☐ No		

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
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.	<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a Total number of conservation easements</td><td>2a</td></tr><tr><td>b Total acreage restricted by conservation easements</td><td>2b</td></tr><tr><td>c Number of conservation easements on a certified historic structure included in (a)</td><td>2c</td></tr><tr><td>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td><td>2d</td></tr></table>		Held at the End of the Year	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 7/25/06, and not on a historic structure listed in the National Register	2d
	Held at the End of the Year										
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 7/25/06, 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?	☐ Yes ☐ No										
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)?	☐ Yes ☐ No										
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.											

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 | 17,623,183 | 15,849,817 | 13,773,527 | 11,642,539 | 17,702,077 |
| b Contributions | 197,288 | 731,881 | 665,523 | 537,239 | 1,014,182 |
| c Net investment earnings, gains, and losses | -2,594,144 | 1,775,409 | 2,090,926 | 2,063,322 | -602,072 |
| d Grants or scholarships | 663,701 | 617,900 | 432,830 | 310,615 | 287,895 |
| e Other expenditures for facilities and programs | 231,096 | 241,387 | 246,047 | 163,118 | 166,116 |
| f Administrative expenses | | -125,363 | 1,282 | -4,160 | 6,017,637 |
| g End of year balance | 14,331,530 | 17,623,183 | 15,849,817 | 13,773,527 | 11,642,539 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 15.269 %

b Permanent endowment ▶ 84.732 %

c Term endowment ▶ 0 %

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

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 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 | | | | |
| d Equipment | | 28,258 | 19,369 | 8,889 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 8,889 |

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,008,092

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.

1	Total revenue, gains, and other support per audited financial statements	1	-904,673
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,947,026
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	208,947
e	Add lines 2a through 2d	2e	-3,738,079
3	Subtract line 2e from line 1	3	2,833,406
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,075
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	64,075
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,897,481

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.

1	Total expenses and losses per audited financial statements	1	3,444,758
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	208,947
e	Add lines 2a through 2d	2e	208,947
3	Subtract line 2e from line 1	3	3,235,811
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,075
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	64,075
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,299,886

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
PART V, LINE 4:	TO ENCOURAGE AND DEVELOP SUSTAINABLE PHILANTHROPY FOR A BROAD RANGE OF COMMUNITY EFFORTS BY: MAKING STRATEGIC GRANTS, ENCOURAGING THE GROWTH OF A PERMANENT CHARITABLE ENDOWMENT, PROVIDING DONORS WITH WAYS TO MAKE GIVING EASY AND EFFECTIVE AND SERVING AS CATALYST AND CONVENER.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INTERFUND TRANSFER 208,947.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	INTERFUND TRANSFER 208,947.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule T
(Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF TOMPKINS COUNTY INC

Employer identification number
16-1587553

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, and 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 noncash assistance	(h) Purpose of grant or assistance
(1) ALCOHOL AND DRUG COUNCIL 201 EAST GREEN ST STE 500 ITHACA, NY 14850	16-0906024	501(C)(3)	11,995	0			GENERAL SUPPORT
(2) ALLIANCE OF FAMILIES FOR JUSTICE 8 W 126TH ST FL 3 NEW YORK, NY 10027	82-1971330	501(C)(3)	10,250	0			GENERAL SUPPORT
(3) ALL SAINTS CHURCH - LANSING 347 RIDGE RD LANSING, NY 14882		501(C)(3)	7,500	0			GENERAL SUPPORT
(4) AMERICAN RED CROSS - SOUTHERN TIER CHAPTER 620 E MAIN ST ENDICOTT, NY 13760	53-0196605	501(C)(3)	5,450	0			GENERAL SUPPORT
(5) AURORA FREE LIBRARY 370 MAIN ST PO BOX 85 AURORA, NY 13026	16-1268178	501(C)(3)	15,505	0			GENERAL SUPPORT
(6) BELIZE ZOO AND NEOTROPICAL CONSERVANCY PO BOX 4165 ITHACA, NY 14850	47-3380675	501(C)(3)	7,500	0			GENERAL SUPPORT
(7) BERKSHIRE FREE LIBRARY 12519 STATE ROUTE 38 PO BOX 151 BERKSHIRE, NY 13736	16-0993212	501(C)(3)	6,075	0			GENERAL SUPPORT
(8) CATHOLIC CHARITIES OF TOMPKINS TIOGA 324 WEST BUFFALO STREET ITHACA, NY 14850	51-0621633	501(C)(3)	47,677	0			GENERAL SUPPORT
(9) CAYUGA LAKE WATERSHED NETWORK PO BOX 348 AURORA, NY 13026	16-1556541	501(C)(3)	13,190	0			GENERAL SUPPORT
(10) CAYUGA MEDICAL CENTER FOUNDATION 101 DATES DRIVE ITHACA, NY 14850	16-1072414	501(C)(3)	5,900	0			GENERAL SUPPORT
(11) CAYUGA TRAILS CLUB PO BOX 754 ITHACA, NY 14851	16-0956916	501(C)(3)	6,000	0			GENERAL SUPPORT
(12) CENTER FOR TRANSFORMATIVE ACTION PO BOX 760 ITHACA, NY 14851	16-0990318	501(C)(3)	53,710	0			GENERAL SUPPORT
(13) CHALLENGE WORKFORCE SOLUTIONS 950 DANBY RD STE 179 ITHACA, NY 14850	16-0956917	501(C)(3)	15,200	0			GENERAL SUPPORT
(14) CHILD DEVELOPMENT COUNCIL OF CENTRAL NEW YORK INC 609 WEST CLINTON ST ITHACA, NY 14850	16-0918618	501(C)(3)	6,100	0			GENERAL SUPPORT
(15) CIVIC ENSEMBLE PO BOX 6765 ITHACA, NY 14851	80-0901924	501(C)(3)	14,000	0			GENERAL SUPPORT
(16) COALITION FOR HEALTHY SCHOOL FOOD PO BOX 6858 ITHACA, NY 14851	43-2054405	501(C)(3)	9,750	0			GENERAL SUPPORT
(17) COBURN FREE LIBRARY 275 MAIN STREET WEGO, NY 13827	15-0614230	501(C)(3)	6,000	0			GENERAL SUPPORT
(18) CODDINGTON ROAD COMMUNITY CENTER INC 920 CODDINGTON ROAD ITHACA, NY 14850	16-1233953	501(C)(3)	14,590	0			GENERAL SUPPORT
(19) COMMUNITY ARTS PARTNERSHIP OF TOMPKINS COUNTY 110 N TIOGA ST SUITE 302 ITHACA, NY 14850	16-1384455	501(C)(3)	12,300	0			GENERAL SUPPORT
(20) COMMUNITY SCIENCE INSTITUTE 95 BROWN ROAD ROOM 283 ITHACA, NY 14850	16-1598492	501(C)(3)	51,000	0			GENERAL SUPPORT
(21) CORNELL COOPERATIVE EXTENSION OF TC 615 WILLOW AVE ITHACA, NY 14850	16-1159507	501(C)(3)	15,420	0			GENERAL SUPPORT
(22) CORTLAND FREE LIBRARY 32 CHURCH ST CORTLAND, NY 13045	15-0569362	501(C)(3)	11,217	0			GENERAL SUPPORT
(23) DOROTHY COTTON JUBILEE SINGERS 125 PEARL STREET ITHACA, NY 14850	47-3338091	501(C)(3)	6,250	0			GENERAL SUPPORT
(24) DOULA ACCESS INITIATIVE 211 S CORN ST ITHACA, NY 14850	85-4237708	501(C)(3)	6,712	0			GENERAL SUPPORT
(25) DOWNTOWN ITHACA CHILDREN'S CENTER 506 FIRST ST ITHACA, NY 14850	16-1080409	501(C)(3)	18,593	0			GENERAL SUPPORT
(26) EDITH B FORD MEMORIAL LIBRARY OF OVID NY 7169 N MAIN ST PO BOX 410 OVID, NY 14521	15-0625873	501(C)(3)	9,000	0			GENERAL SUPPORT
(27) FAMILY & CHILDREN'S SERVICE OF ITHACA 127 WEST STATE STREET ITHACA, NY 14850	15-0589039	501(C)(3)	38,775	0			GENERAL SUPPORT
(28) FAMILY READING PARTNERSHIP 54 GUNDERMAN ROAD ITHACA, NY 14850	16-1594725	501(C)(3)	19,916	0			GENERAL SUPPORT
(29) FINGER LAKES LAND TRUST INC 202 EAST COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	13,926	0			GENERAL SUPPORT
(30) FINGER LAKES LIBRARY SYSTEM 1300 DRYDEN RD ITHACA, NY 148505613	15-0613223	501(C)(3)	10,105	0			GENERAL SUPPORT
(31) FINGER LAKES TOY LIBRARY PO BOX 6769 ITHACA, NY 14851	81-1957742	501(C)(3)	7,090	0			GENERAL SUPPORT
(32) FIRST CONGREGATIONAL CHURCH 309 HIGHLAND ROAD ITHACA, NY 14850	15-0619594	501(C)(3)	6,100	0			GENERAL SUPPORT
(33) FIRST UNITARIAN SOCIETY OF ITHACA PO BOX 6 ITHACA, NY 14851	15-0569354	501(C)(3)	80,400	0			GENERAL SUPPORT
(34) FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	20-8808059	501(C)(3)	76,850	0			GENERAL SUPPORT
(35) FOODNET MEALS ON WHEELS 2422 N TRIPHAMMER RD ITHACA, NY 14850	16-1285569	501(C)(3)	35,305	0			GENERAL SUPPORT
(36) FREE SCIENCE WORKSHOP 210 HANCOCK ST STE 1 ITHACA, NY 14850	82-0861664	501(C)(3)	10,250	0			GENERAL SUPPORT
(37) FRIENDS OF STEWART PARK 1001 W SENECA STREET SUITE 101 ITHACA, NY 14850	38-3898381	501(C)(3)	22,000	0			GENERAL SUPPORT
(38) FRIENDS OF THE ITHACA YOUTH BUREAU PO BOX 4198 ITHACA, NY 14852	27-1480389	501(C)(3)	10,500	0			GENERAL SUPPORT
(39) GADABOUT TRANSPORTATION SERVICES INC 737 WILLOW AVENUE ITHACA, NY 14850	16-1158497	501(C)(3)	5,300	0			GENERAL SUPPORT
(40) GIVE WELL 1714 FRANKLIN STREET 100335 OAKLAND, CA 94612	20-8625442	501(C)(3)	10,000	0			GENERAL SUPPORT
(41) GOLDEN OPPORTUNITY PO BOX 370 ITHACA, NY 14851	45-5280487	501(C)(3)	79,700	0			GENERAL SUPPORT
(42) GREATER ITHACA ACTIVITIES CENTER (GIAC) 301 W COURT ST ITHACA, NY 14850	16-0997063	501(C)(3)	109,114	0			GENERAL SUPPORT
(43) GROTON CENTRAL SCHOOL DISTRICT 400 PERU ROAD GROTON, NY 13073	15-6002224	501(C)(3)	6,000	0			GENERAL SUPPORT
(44) GROTON PUBLIC LIBRARY 112 EAST CORTLAND ST GROTON, NY 13073	15-0618030	501(C)(3)	26,000	0			GENERAL SUPPORT
(45) GROUNDSWELL CENTER FOR LOCAL FOOD & FARMING PO BOX 327 ITHACA, NY 14850	83-1192242	501(C)(3)	6,800	0			GENERAL SUPPORT
(46) HABITAT FOR HUMANITY OF TOMPKINS AND CORTLAND COUNTIES PO BOX 4683 ITHACA, NY 14852	90-0238478	501(C)(3)	12,400	0			GENERAL SUPPORT
(47) HANGAR THEATRE PO BOX 205 ITHACA, NY 14850	16-0902355	501(C)(3)	8,500	0			GENERAL SUPPORT
(48) HAZARD LIBRARY ASSOCIATION 2487 STATE ROUTE 348 BOX 3 POPLAR RIDGE, NY 13139	16-0960873	501(C)(3)	16,000	0			GENERAL SUPPORT
(49) HOSPICARE & PALLIATIVE CARE SERVICES OF TC 172 EAST KING ROAD ITHACA, NY 14850	22-2473715	501(C)(3)	22,813	0			GENERAL SUPPORT
(50) INTERLAKEN PUBLIC LIBRARY 8390 MAIN ST PO BOX 317 INTERLAKEN, NY 14847	16-1057630	501(C)(3)	6,750	0			GENERAL SUPPORT
(51) ITHACA COMMUNITY RECOVERY CENTER 518 W SENECA ST ITHACA, NY 14850	31-1692853	501(C)(3)	8,500	0			GENERAL SUPPORT
(52) ITHACA HEALTH ALLIANCE 521 W SENECA ST PO BOX 362 ITHACA, NY 14851	90-0192978	501(C)(3)	35,370	0			GENERAL SUPPORT
(53) ITHACA NEIGHBORHOOD HOUSING SERVICES 115 W CLINTON ST ITHACA, NY 14850	22-2141948	501(C)(3)	222,700	0			GENERAL SUPPORT
(54) ITHACA WELCOMES REFUGEES 315 N CAYUGA STREET ITHACA, NY 14850	82-1987282	501(C)(3)	10,500	0			GENERAL SUPPORT
(55) ITHACA YOUTH BUREAU 1 JAMES L GIBBS DRIVE ITHACA, NY 14850		501(C)(3)	54,333	0			GENERAL SUPPORT
(56) KENDAL AT ITHACA 2335 N TRIPHAMMER RD ITHACA, NY 14850	52-1787487	501(C)(3)	14,500	0			GENERAL SUPPORT
(57) KHUBA INTERNATIONAL 272 ENFIELD FALLS RD ITHACA, NY 14850	80-0931645	501(C)(3)	17,000	0			GENERAL SUPPORT
(58) KITCHEN THEATRE COMPANY PO BOX 429 ITHACA, NY 148510429	16-1443072	501(C)(3)	9,500	0			GENERAL SUPPORT
(59) LIFE LONGER 119 WEST COURT STREET ITHACA, NY 14850	15-0591993	501(C)(3)	12,250	0			GENERAL SUPPORT
(60) LOAVES & FISHES OF TOMPKINS COUNTY 210 N CAYUGA ST ITHACA, NY 14850	16-1271406	501(C)(3)	22,050	0			GENERAL SUPPORT
(61) LODI WHITTIER LIBRARY 8484 S MAIN ST PO BOX 208 LODI, NY 14860	68-0438028	501(C)(3)	15,995	0			GENERAL SUPPORT
(62) LOVE LIVING AT HOME 757 WARREN RD 4836 ITHACA, NY 14850	47-4323905	501(C)(3)	22,850	0			GENERAL SUPPORT
(63) MIDSTATE EDUCATION AND SERVICE FOUNDATION (MESF) 701 W STATE ST ITHACA, NY 148503390	16-1586561	501(C)(3)	8,500	0			GENERAL SUPPORT
(64) NATIONAL MATH FOUNDATION INC PO BOX 4226 ITHACA, NY 14852	46-1116885	501(C)(3)	10,000	0			GENERAL SUPPORT
(65) NATIONAL PARK FOUNDATION 1500 K STREET NW STE 700 WASHINGTON, DC 20005	52-1086761	501(C)(3)	20,000	0			GENERAL SUPPORT
(66) NEWFIELD PUBLIC LIBRARY PO BOX 154 NEWFIELD, NY 14867	15-0572885	501(C)(3)	19,910	0			GENERAL SUPPORT
(67) OPPORTUNITIES ALTERNATIVES & RESOURCES (OAR) 910 W STATE ST FIRST FL ITHACA, NY 14850	16-1085194	501(C)(3)	21,000	0			GENERAL SUPPORT
(68) PALEONTOLOGICAL RESEARCH INSTITUTION (PRI) 1259 TRUMANSBURG ROAD ITHACA, NY 14850	15-0554849	501(C)(3)	9,500	0			GENERAL SUPPORT
(69) PEOPLE ASSISTING THE HOMELESS 340 N MADISON AVENUE LOS ANGELES, CA 90004	95-3950196	501(C)(3)	10,000	0			GENERAL SUPPORT
(70) PHILLIPS FREE LIBRARY 37 S MAIN ST HOMER, NY 13077	15-0532226	501(C)(3)	9,223	0			GENERAL SUPPORT
(71) PLANNED PARENTHOOD OF GREATER NEW YORK 620 W SENECA STREET ITHACA, NY 14850	13-2621497	501(C)(3)	55,230	0			GENERAL SUPPORT
(72) RUNNING TO PLACES THEATRE COMPANY 1013 WEST STATE STREET ITHACA, NY 14850	26-3434662	501(C)(3)	25,600	0			GENERAL SUPPORT
(73) SALVATION ARMY OF ITHACA 150 N ALBANY ST ITHACA, NY 14850	13-5562351	501(C)(3)	5,500	0			GENERAL SUPPORT
(74) SAOIRSE PASTURES 1009 PERRY CITY ROAD ITHACA, NY 14850	87-0908751	501(C)(3)	7,500	0			GENERAL SUPPORT
(75) SCIENCE CENTER 601 FIRST STREET ITHACA, NY 14850	22-2470652	501(C)(3)	17,585	0			GENERAL SUPPORT
(76) SENECA FALLS LIBRARY 47 CAYUGA ST SENECA FALLS, NY 13148	16-6075457	501(C)(3)	16,040	0			GENERAL SUPPORT
(77) SEYMOUR PUBLIC LIBRARY DISTRICT 176-178 GENESEE ST AUBURN, NY 13021	16-1460484	501(C)(3)	13,006	0			GENERAL SUPPORT
(78) SOUTHSIDE COMMUNITY CENTER 305 SOUTH PLAIN ST ITHACA, NY 14850	15-0539123	501(C)(3)	62,071	0			GENERAL SUPPORT
(79) SOUTH SUDAN NATION BUILDERS 1519 CLEMENS WAY MIDLOTHIAN, VA 23114	83-1739061	501(C)(3)	15,000	0			GENERAL SUPPORT
(80) SOUTHWORTH LIBRARY ASSOCIATION 24 WEST MAIN STREET PO BOX 45 DRYDEN, NY 13053	15-0539132	501(C)(3)	11,245	0			GENERAL SUPPORT
(81) SPECIAL OLYMPICS NEW YORK 94 NEW KARNER RD STE ALBANY, NY 12203	23-7061382	501(C)(3)	10,000	0			GENERAL SUPPORT
(82) SPRINGPORT FREE LIBRARY 171 CAYUGA ST PO BOX UNION SPRINGS, NY 13160	22-2501692	501(C)(3)	6,207	0			GENERAL SUPPORT
(83) STATE THEATRE OF ITHACA INC 105 W STATE ST ITHACA, NY 14850	30-0520118	501(C)(3)	37,000	0			GENERAL SUPPORT
(84) ST JAMES AME ZION CHURCH 116 CLEVELAND AVENUE ITHACA, NY 14850		501(C)(3)	7,500	0			GENERAL SUPPORT
(85) ST JOHN'S COMMUNITY SERVICES 901 D ST SW SUITE 800 WASHINGTON, DC 20024	53-0196554	501(C)(3)	10,000	0			GENERAL SUPPORT
(86) SUSTAINABLE TOMPKINS 309 N AURORA ST ITHACA, NY 14850	35-231138	501(C)(3)	7,055	0			GENERAL SUPPORT
(87) TAPPAN-SPAULDING MEMORIAL LIBRARY 6 ROCK ST PO BOX 397 NEWARK VALLEY, NY 13811	87-0801100	501(C)(3)	8,000	0			GENERAL SUPPORT
(88) THE ADVOCACY CENTER OF TOMPKINS COUNTY PO BOX 164 ITHACA, NY 14851	22-2237195	501(C)(3)	18,834	0			GENERAL SUPPORT
(89) THE DISCOVERY TRAIL 110 N TIOGA ST SUITE 204B ITHACA, NY 14850	26-1208633	501(C)(3)	7,000	0			GENERAL SUPPORT
(90) THE MENTAL HEALTH ASSOCIATION IN TOMPKINS COUNTY 171 EAST STATE STREET SUITE 275 ITHACA, NY 14850	16-6061424	501(C)(3)	12,280	0			GENERAL SUPPORT
(91) THREEFOLD EDUCATIONAL FOUNDATION-DBA EURYTHMY SPRING VALLEY 260 HUNGRY HOLLOW RD CHENANGO RIDGE, NY 10977	13-6196291	501(C)(3)	10,250	0			GENERAL SUPPORT
(92) TOMPKINS COUNTY AREA DEVELOPMENT FOUNDATION INC 119 E SENECA ST STE 200 ITHACA, NY 14850	46-1547375	501(C)(3)	7,500	0			GENERAL SUPPORT
(93) TOMPKINS COUNTY CHAMBER OF COMMERCE FOUNDATION 124 BUNDLEY ST ITHACA, NY 14850	22-2812937	501(C)(3)	25,000	0			GENERAL SUPPORT
(94) TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION 101 EAST GREEN ST ITHACA, NY 14850	16-1422052	501(C)(3)	46,842	0			GENERAL SUPPORT
(95) TOMPKINS COUNTY WORKERS' CENTER 103 W SENECA STREET ITHACA, NY 14850	45-3135903	501(C)(3)	9,500	0			GENERAL SUPPORT
(96) TOMPKINS LEARNING PARTNERS INC 124 WEST BUFFALO ST ITHACA, NY 14850	51-0234823	501(C)(3)	10,500	0			GENERAL SUPPORT
(97) TRUMANSBURG CONSERVATORY OF FINE ARTS PO BOX 1053 TRUMANSBURG, NY 14886	16-1185052	501(C)(3)	8,790	0			GENERAL SUPPORT
(98) JUVENILES PO BOX 655 TRUMANSBURG, NY 14886	22-3260334	501(C)(3)	8,385	0			GENERAL SUPPORT
(99) UNBROKEN PROMISE INITIATIVE 1485 TRUMANSBURG RD ITHACA, NY 14850	85-2813408	501(C)(3)	10,500	0			GENERAL SUPPORT
(100) UNITED WAY OF TOMPKINS COUNTY 313 NORTH AURORA ST ITHACA, NY 14850	15-0572883	501(C)(3)	22,680	0			GENERAL SUPPORT
(101) US-RILM OFFICE 256 EAST AVENUE CORNELL UNIVERSITY 101 LINCOLN HALL ITHACA, NY 14853	52-2274965	501(C)(3)	45,601	0			GENERAL SUPPORT
(102) VARNIA COMMUNITY ASSOCIATION 942 DRYDEN ROAD ITHACA, NY 14850	16-6052986	501(C)(3)	5,250	0			GENERAL SUPPORT
(103) VILLAGE AT ITHACA 401 W SENECA ST ITHACA, NY 14850	16-1554144	501(C)(3)	33,500	0			GENERAL SUPPORT
(104) WOMEN'S OPPORTUNITY CENTER 315 N TIOGA ST ITHACA, NY 14850	16-1482758	501(C)(3)	15,500	0			GENERAL SUPPORT
(105) YOUTH FARM PROJECT 1013 W STATE ST MLK JR BLVD ITHACA, NY 14850	45-4906962	501(C)(3)	20,950	0			GENERAL SUPPORT

3

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

105

4

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

►

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule T (Form 990) 2022

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(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:	A GRANTEE ATTESTATION FORM IS REQUIRED TO BE COMPLETED AND RETURNED BEFORE A GRANT CHECK IS ISSUED. THIS FORM REQUIRES ACCEPTANCE OF ALL GRANT REQUIREMENTS. IN ADDITION, SITE VISITS ARE EMPLOYED FOR A SUBSET OF GRANTS MADE AS WELL AS WRITTEN INTERIM AND FINAL REPORTS FOR SELECTED GRANTS.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
COMMUNITY FOUNDATION OF
TOMPKINS COUNTY INC

Employer identification number
16-1587553

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	22	1,026,917	MEAN PRICE
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 isn't required to be used for exempt purposes for the entire holding period?

Yes

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 nonstandard contributions?

Yes

No

32a

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

Yes

No

b

If "Yes," describe in Part II.

33

If the organization didn't 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
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

Additional Data

[Return to Form](#)

Software ID:

Software Version:

2022**Open to Public
Inspection****SCHEDULE O**
(Form 990)Department of the Treasury
Internal Revenue Service**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.

▶ Go to www.irs.gov/Form990 for the latest information.Name of the organization
COMMUNITY FOUNDATION OF
TOMPKINS COUNTY INC**Employer identification number**

16-1587553

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS AND THE FINANCIAL ADMINISTRATION COMMITTEE REVIEWS THE 990 BEFORE SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL DISCLOSURE STATEMENTS SHALL BE AVAILABLE TO ANY DIRECTOR OF THE CORPORATION ON REQUEST. WHEN ANY MATTER COMES BEFORE THE BOARD IN WHICH A DIRECTOR HAS AN INTEREST, THAT INTEREST SHALL BE IMMEDIATELY DISCLOSED TO THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15A	SALARY DETERMINATION FOR THE EXECUTIVE DIRECTOR IS DONE BY THE HUMAN RESOURCES TASK FORCE OF THE BOARD AND THE BOARD CHAIR BASED UPON PERFORMANCE APPRAISAL AND REVIEW OF SALARIES AT COMPARABLE WITH OTHER ORGANIZATIONS. THE DISCUSSION AND THE REVIEW, WHICH IS FINALIZED BY BOARD APPROVAL, IS DOCUMENTED IN EXECUTIVE SESSION MINUTES.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PAGE 12, PART XII, LINE 2C	THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

[Return to Form](#)

Software ID:

Software Version: