

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Form

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY INC		D Employer identification number 16-1587553	
	Doing business as		E Telephone number (607) 272-9333	
	Number and street (or P.O. box if mail is not delivered to street address) 200 EAST BUFFALO STREET 202		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code ITHACA, NY 14850		G Gross receipts \$ 5,543,704	
F Name and address of principal officer: THEORIA CASON 200 EAST BUFFALO STREET 202 ITHACA, NY 14850			H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: WWW.CFTOMPKINS.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 2000	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE THE QUALITY OF LIFE IN TOMPKINS COUNTY BY INSPIRING AND SUPPOTING ENDURING PHILANTRHOPY.</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	6	
6 Total number of volunteers (estimate if necessary)	6	84	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	2,325,059	3,215,807
	9 Program service revenue (Part VIII, line 2g)	39,781	66,978
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	532,641	332,228
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,897,481	3,615,013
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,438,661	2,633,957
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	591,763	626,913
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>48,833</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	269,462	239,461
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,299,886	3,500,331
	19 Revenue less expenses. Subtract line 18 from line 12	-402,405	114,682
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	23,444,677	26,171,162
	21 Total liabilities (Part X, line 26)	1,129,658	1,346,485
	22 Net assets or fund balances. Subtract line 21 from line 20	22,315,019	24,824,677

Part II Signature Block

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

Sign Here	Signature of officer THEORIA CASON CHAIR			2024-08-14	
	Type or print name and title			Date	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date 2024-08-14
					Check ☐ if self-employed
					PTIN P00630018
	Firm's name EFPR GROUP CPAS PLLC				Firm's EIN 47-4526160
	Firm's address 6390 MAIN STREET SUITE 200 WILLIAMSVILLE, NY 14221				Phone no. (716) 634-0700

May the IRS discuss this return with the preparer shown above? See Instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

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 \$ 3,325,762 including grants of \$ 2,633,957) (Revenue \$ 66,978)
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 3,325,762

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 Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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	<i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31	<i>If "Yes," complete Schedule M.</i> Did the organization reorganize, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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	<i>If "Yes," complete Schedule R, Part I.</i> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	4
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	Yes

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	6			
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?		15			No	
16	Is the organization subject to the section 4968 excise tax on net investment income?		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? If "Yes," complete Form 6069.		17				

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 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) THEORIA CASON CHAIR	3.00	X		X				0	0	0
(2) FRANK KRUPPA VICE CHAIR	3.00	X		X				0	0	0
(3) JESSICA CUSTER-BINDEL SECRETARY	3.00	X		X				0	0	0
(4) IAN HARROP TREASURER	3.00	X		X				0	0	0
(5) ROB BROWN TRUSTEE	3.00	X						0	0	0
(6) JESSYE COHEN-FILIPIC TRUSTEE	3.00	X						0	0	0
(7) STAMIE DESPO TRUSTEE	3.00	X						0	0	0
(8) DON MANUEL PRESENTS TRUSTEE	3.00	X						0	0	0
(9) ROBIN DUBOVI TRUSTEE	3.00	X						0	0	0
(10) LINDA GASSER TRUSTEE	3.00	X						0	0	0
(11) TERRANCE KING TRUSTEE	3.00	X						0	0	0
(12) CAROL MALLISON TRUSTEE	3.00	X						0	0	0
(13) KEITH MCCAFFERTY I.P. CHAIR	3.00	X		X				0	0	0
(14) MUDIT NOPANY TRUSTEE	3.00	X						0	0	0
(15) TOM O'TOOLE TRUSTEE	3.00	X						0	0	0
(16) COURTNEY OWENS TRUSTEE	3.00	X						0	0	0
(17) JULIA RESSLER 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) RICHARD RIVERA TRUSTEE	3.00	X						0	0	0
(19) PAMELA TAN TRUSTEE	3.00	X						0	0	0
(20) MARYBETH TARZIAN TRUSTEE	3.00	X						0	0	0
(21) DEREK THOMPSON TRUSTEE	3.00	X						0	0	0
(22) JUMOKE WARRITAY TRUSTEE	3.00	X						0	0	0
(23) REGINALD WHITE TRUSTEE	3.00	X						0	0	0
(24) ANGELA ZHANG TRUSTEE	3.00	X						0	0	0
(25) GEORGE P FERRARI JR EXECUTIVE DIRECTOR	40.00			X				132,203	0	10,757
(26) GLORIA COICOU CHIEF INCLUSION & COMMUNITY ENGAGEMENT OFFICER	40.00					X		102,332	0	0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A . . .			
d Total (add lines 1b and 1c)	234,535	0	10,757

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 2

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 (2023)

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	1f	3,215,807
		g Noncash contributions included in lines 1a - 1f:\$	1g	419,550
		h Total. Add lines 1a-1f		3,215,807

Program Service Revenue	2a	PASS THROUGH FUNDS	Business Code				
			900099	54,747	54,747		
	b	ANNUAL LUNCH	900099	6,400	6,400		
	c	SERVICE REVENUE	561499	5,440	5,440		
	d	OTHER REVENUE	900099	391	391		
	e						
	f	All other program service revenue.					
9	Total. Add lines 2a-2f.		66,978				

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		677,455			677,455	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	6c	Less: rental expenses						
	6c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	1,583,464				
			7b	1,928,691				
	7c	Less: cost or other basis and sales expenses						
	7c	Gain or (loss)	-345,227					
	d	Net gain or (loss)		-345,227			-345,227	
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
8b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
9b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
10b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							

Other Revenue Misc Amt	11a	Business Code				
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		3,615,013	66,978	0	332,228

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	2,633,957	2,633,957		
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	113,203	96,223	10,188	6,792
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	424,329	360,679	38,190	25,460
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,494	10,620	1,124	750
9 Other employee benefits	37,056	31,498	3,335	2,223
10 Payroll taxes	39,831	33,856	3,585	2,390
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	52,486		52,486	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,406	26,695	2,826	1,885
12 Advertising and promotion	5,660	4,811	509	340
13 Office expenses	72,526	61,647	6,527	4,352
14 Information technology				
15 Royalties				
16 Occupancy	34,854	29,626	3,137	2,091
17 Travel	4,993	4,244	449	300
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,161	9,487	1,004	670
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,333	2,833	300	200
23 Insurance	4,716	4,009	424	283
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 TRAINING	8,650	7,352	779	519
b DUES AND SUBSCRIPTIONS	5,832	4,957	525	350
c CREDIT CARD FEES	3,756	3,193	338	225
d MISCELLANEOUS	88	75	10	3
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,500,331	3,325,762	125,736	48,833
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		3,045,839	2	1,280,139	
	3	Pledges and grants receivable, net		56,477	3	49,791	
	4	Accounts receivable, net		62,665	4	500,257	
	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	0	
	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		8,288	9	5,572	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	28,258			
	b	Less: accumulated depreciation	10b	22,702	8,889	10c	5,556
	11	Investments—publicly traded securities		19,984,722	11	24,052,050	
	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		277,797	15	277,797	
16	Total assets: Add lines 1 through 15 (must equal line 33)		23,444,677	16	26,171,162		
Liabilities	17	Accounts payable and accrued expenses		121,566	17	113,880	
	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		1,008,092	25	1,232,605	
	26	Total liabilities. Add lines 17 through 25		1,129,658	26	1,346,485	
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		10,115,227	27	7,502,142	
	28	Net assets with donor restrictions		12,199,792	28	17,322,535	
	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		22,315,019	32	24,824,677	
	33	Total liabilities and net assets/fund balances		23,444,677	33	26,171,162	

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	3,615,013
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,500,331
3	Revenue less expenses. Subtract line 2 from line 1	3	114,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,315,019
5	Net unrealized gains (losses) on investments	5	2,394,976
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	24,824,677

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

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.") . . .	2,530,989	2,802,181	2,836,790	2,325,059	3,215,807	13,710,826
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	2,530,989	2,802,181	2,836,790	2,325,059	3,215,807	13,710,826
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) . . .						2,795,424
6 Public support. Subtract line 5 from line 4.						10,915,402

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. . .	2,530,989	2,802,181	2,836,790	2,325,059	3,215,807	13,710,826
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	415,455	398,590	713,107	641,529	624,969	2,793,650
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						16,504,476

12 Gross receipts from related activities, etc. (see instructions)

12301,603

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 2023 (line 6, column (f) divided by line 11, column (f))	14	66.140 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	57.510 %

16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2023. 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—2022. 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 (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023:		
a	From 2018.		
b	From 2019.		
c	From 2020.		
d	From 2021.		
e	From 2022.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019.		
b	Excess from 2020.		
c	Excess from 2021.		
d	Excess from 2022.		
e	Excess from 2023.		

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: DATE: 12/31/18 AMOUNT: 350000. DESCRIPTION: DATE: 12/31/19 AMOUNT: 1565573.

Additional Data

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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
		2023
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

Schedule B (Form 990) (2023)

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

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

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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	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
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.	
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 July 25, 2006, 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 | 14,331,530 | 17,623,183 | 15,849,817 | 13,773,527 | 11,642,539 |
| b Contributions | 1,181,946 | 197,288 | 731,881 | 665,523 | 537,239 |
| c Net investment earnings, gains, and losses | 1,996,412 | -2,594,144 | 1,775,409 | 2,090,926 | 2,063,322 |
| d Grants or scholarships | 538,102 | 663,701 | 617,900 | 432,830 | 310,615 |
| e Other expenditures for facilities and programs | 546 | 231,096 | 241,387 | 246,047 | 163,118 |
| f Administrative expenses | -1,819 | | -125,363 | 1,282 | -4,160 |
| g End of year balance | 16,973,059 | 14,331,530 | 17,623,183 | 15,849,817 | 13,773,527 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 14.530 %

b Permanent endowment ▶ 85.470 %

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 | 22,702 | 5,556 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 5,556 |

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	
ORGANIZATIONAL LIABILITY	1,232,605
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,232,605
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	5,957,503
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,394,976
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,394,976
3	Subtract line 2e from line 1	3	3,562,527
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	52,486
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	52,486
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,615,013

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	3,447,845
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,447,845
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	52,486
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	52,486
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,500,331

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 X, LINE 2:	THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE FOUNDATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES. MANAGEMENT HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT IN ITS FINANCIAL STATEMENTS. U.S. FORM 990 FILED BY THE FOUNDATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.
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.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF TOMPKINS COUNTY INC

Employer identification number
16-1587553

OMB No. 1545-0047

2023

Open to Public Inspection

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.

► Attach to Form 990.

Part I

General Information on Grants and Assistance

1

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

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREATER ITHACA ACTIVITIES CENTER (GIAC) 301 W COURT ST ITHACA, NY 14850	16-0997063	501 (C) (3)	132,949	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(2) FIRST UNITARIAN SOCIETY OF ITHACA PO BOX 6 ITHACA, NY 14851	15-0569354	501 (C) (3)	89,000	0			COMMUNITY BUILDING-RELIGIOUS
(3) CENTER FOR TRANSFORMATIVE ACTION PO BOX 760 ITHACA, NY 14851	16-0990318	501 (C) (3)	78,400	0			EDUCATION
(4) GOLDEN OPPORTUNITY PO BOX 370 ITHACA, NY 14851	45-5280487	501 (C) (3)	73,000	0			EDUCATION
(5) FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELIRA, NY 14903	20-8808059	501 (C) (3)	62,150	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(6) COMMUNITY FOUNDATION OF TOMPKINS COUNTY 200 WYFALDO ST ITHACA, NY 14850	16-1587553	501 (C) (3)	54,500	0			COMMUNITY BUILDING-PHILANTHROPY
(7) SOUTHSIDE COMMUNITY CENTER 305 SOUTH PLAIN ST ITHACA, NY 14850	15-0539123	501 (C) (3)	52,863	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(8) PLANNED PARENTHOOD OF GREATER NEW YORK 620 W SENECA STREET ITHACA, NY 14850	13-2621497	501 (C) (3)	52,630	0			HEALTH & HUMAN SERV. - HEALTH
(9) ITHACA YOUTH BUREAU 1 JAMES L GIBBS DRIVE ITHACA, NY 14850	27-1480389	501 (C) (3)	51,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(10) KATHY A CHILDREN'S SERVICE OF ITHACA 127 WEST STATE STREET ITHACA, NY 14850	15-0589039	501 (C) (3)	49,700	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(11) TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION 101 EAST GREEN ST ITHACA, NY 14850	16-1422052	501 (C) (3)	42,254	0			ARTS AND CULTURE-LIBRARY
(12) CATHOLIC CHARITIES OF TOMPKINS/IOGA 324 WEST BUFFALO STREET ITHACA, NY 14850	51-0621633	501 (C) (3)	42,032	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(13) ITHACA HEALTH ALLIANCE PO BOX 362 ITHACA, NY 14851	90-0192978	501 (C) (3)	38,512	0			HEALTH & HUMAN SERV. - HEALTH
(14) FINGER LAKES REUSE INC 214 ELMIRA ROAD ITHACA, NY 14850	26-2093547	501 (C) (3)	38,271	0			COMMUNITY BUILDING-PHILANTHROPY
(15) VILLAGE AT ITHACA 401 W SENECA ST ITHACA, NY 14850	16-1554144	501 (C) (3)	35,400	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(16) US-RULM OFFICE 256 FEENEY WAY ITHACA, NY 14853	52-2274965	501 (C) (3)	33,468	0			ARTS AND CULTURE-LIBRARY
(17) STATE THEATRE OF ITHACA INC 107 WEST STATE STREET / MARTIN LUTHER KING STREET ITHACA, NY 14850	30-0520118	501 (C) (3)	31,400	0			ARTS AND CULTURE-OTHER
(18) CANCER RESOURCE CENTER OF THE FINGER LAKES 840 HANSHAW RD SUITE 5 ITHACA, NY 14850	16-1453042	501 (C) (3)	31,300	0			COMMUNITY BUILDING-PHILANTHROPY
(19) SCIENCENTER 601 1ST ST ITHACA, NY 14850	22-2470652	501 (C) (3)	27,835	0			ARTS AND CULTURE-MUSEUM
(20) VANDERBILT FARM PROJECT INC 11013 W STATE STMLK JR BLVD ITHACA, NY 14850	45-4906962	501 (C) (3)	27,700	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(21) FOODNET MEALS ON WHEELS 2422 N TRIPHAMMER ROAD ITHACA, NY 14850	16-1285569	501 (C) (3)	26,892	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(22) FIRST PRESBYTERIAN CHURCH OF ITHACA 892 N CAYUGA STREET ITHACA, NY 14850	15-0532169	501 (C) (3)	25,800	0			COMMUNITY BUILDING-RELIGIOUS
(23) HOSPIECARE & PALLIATIVE CARE SERVICES OF TC 172 EAST KING ROAD ITHACA, NY 14850	22-2473715	501 (C) (3)	22,450	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(24) ITHACA NEIGHBORHOOD SERVICES INC 115 W CLINTON ST ITHACA, NY 14850	22-2141948	501 (C) (3)	21,471	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(25) WOMEN'S OPPORTUNITY CENTER OF TOMPKINS AND ONONDAGA COUNTIES 315 N TIOGA STREET ITHACA, NY 14850	16-1482758	501 (C) (3)	21,450	0			COMMUNITY BUILDING-PHILANTHROPY
(26) RUNNING TO PLACES THERE COMPANY 1013 WEST STATE STREET ITHACA, NY 14850	26-3434662	501 (C) (3)	21,100	0			ARTS AND CULTURE-OTHER
(27) LOAVES & FISHES OF TOMPKINS COUNTY 210 N CAYUGA ST ITHACA, NY 14850	16-1271406	501 (C) (3)	21,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(28) NATIONAL PARK FOUNDATION 1500 K STREET NW WASHINGTON, DC 20005	52-1086761	501 (C) (3)	20,000	0			ENVIRONMENT/SUSTAINABILITY/ANIMAL WELFARE
(29) ITHACA, WELCOMES REFUGEES 315 N CAYUGA STREET ITHACA, NY 14850	82-1987282	501 (C) (3)	19,550	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(30) KITCHEN THEATRE COMPANY PO BOX 429 ITHACA, NY 148510429	16-1443072	501 (C) (3)	16,450	0			ARTS AND CULTURE-OTHER
(31) THE ITHACA VOICE 121 E STATE STREET ITHACA, NY 14850	46-5495365	501 (C) (3)	15,250	0			ARTS AND CULTURE-OTHER
(32) SOUTH SUDAN NATION BUILDERS 1519 CLETONS WAY MIDLOTHIAN, VA 23114	83-1739061	501 (C) (3)	15,000	0			EDUCATION
(33) NO MAS LAGRIMAS - NO MORE TEARS INC PO BOX 814 ITHACA, NY 14850	85-1387770	501 (C) (3)	14,600	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(34) KENDAL AT ITHACA 2230 N TRIPHAMMER RD ITHACA, NY 14850	52-1787487	501 (C) (3)	14,500	0			HEALTH & HUMAN SERV. - HEALTH
(35) FAMILY READING PARTNERSHIP 40 CATHERWOOD RD STE D01 ITHACA, NY 14850	16-1594725	501 (C) (3)	14,466	0			EDUCATION
(36) COMMUNITY SCIENCE INSTITUTE 95 BROWN ROAD ROOM 283 ITHACA, NY 14850	16-1598492	501 (C) (3)	14,155	0			ENVIRONMENT/SUSTAINABILITY/ANIMAL WELFARE
(37) THREEFOLD EDUCATIONAL FOUNDATION-DBA EURYTHMY SPRING VALLEY 260 HUNGRY HOLLOW RD CHESTNUT RIDGE, NY 10977	13-6196291	501 (C) (3)	13,500	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(38) FREE SCIENCE WORKSHOP 210 HANCOCK ST ITHACA, NY 14850	82-0861664	501 (C) (3)	13,000	0			COMMUNITY BUILDING-PHILANTHROPY
(39) LODI WHITTIER LIBRARY 8484 SOUTH MAIN STREET LODI, NY 14860	15-0585897	501 (C) (3)	11,754	0			ARTS AND CULTURE-LIBRARY
(40) SENECA FALLS LIBRARY 47 CAYUGA ST SENECA FALLS, NY 13148	16-6075457	501 (C) (3)	11,632	0			ARTS AND CULTURE-LIBRARY
(41) AURORA FREE LIBRARY 370 MAIN ST AURORA, NY 13026	16-1268178	501 (C) (3)	11,483	0			ARTS AND CULTURE-LIBRARY
(42) HAZARD LIBRARY ASSOCIATION 2487 STATE ROUTE 34B BOX 3 POPLAR RIDGE, NY 13139	16-0960873	501 (C) (3)	11,460	0			ARTS AND CULTURE-LIBRARY
(43) OPPORTUNITIES ALTERNATIVES AND RESOURCES OF TOMPKINS COUNTY 230 S FULTON STREET ITHACA, NY 14850	16-1085194	501 (C) (3)	11,271	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(44) SEYMOUR PUBLIC LIBRARY DISTRICT 176-178 GENESEE ST AUBURN, NY 13021	16-1460484	501 (C) (3)	11,133	0			ARTS AND CULTURE-LIBRARY
(45) ULTIMATE REENTRY OPPORTUNITY INITIATIVE A PROJECT OF THE CENTER FOR TRANSF PO BOX 760 ITHACA, NY 14851	16-1085194	501 (C) (3)	10,850	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(46) TOMPKINS LEARNING PARTNERS INC 124 WEST BUFFALO ST ITHACA, NY 14850	51-0234823	501 (C) (3)	10,600	0			EDUCATION
(47) CHALLENGE WORKFORCE SOLUTIONS 450 DABBY RD STE 179 ITHACA, NY 14850	16-0956917	501 (C) (3)	10,300	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(48) GROTON PUBLIC LIBRARY 112 EAST CORTLAND ST GROTON, NY 13073	15-0618030	501 (C) (3)	10,263	0			ARTS AND CULTURE-LIBRARY
(49) BALLENTREE BOOKS 3700 BALLENTREE LANE CINCINNATI, OH 45236	83-2952050	501 (C) (3)	10,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(50) CAROLINE AFTER SCHOOL PROGRAM INC 2439 SLATERVILLE ROAD SLATERVILLE SPRINGS, NY 14881	16-1304786	501 (C) (3)	10,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(51) COMMUNITY RECREATION CENTER 1767 EAST SHORE DRIVE ITHACA, NY 14850	86-2958723	501 (C) (3)	10,000	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(52) DOWNTOWN ITHACA CHILDREN'S CENTER 506 FIRST ST ITHACA, NY 14850	16-1080409	501 (C) (3)	10,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(53) FOOD JUSTICE PROJECTS INC PO BOX 492 ITHACA, NY 14851	26-0612095	501 (C) (3)	10,000	0			COMMUNITY BUILDING-PHILANTHROPY
(54) FRIENDS OF GIVAT HAVIVA 500 7TH AVENUE NEW YORK, NY 10018	13-2584337	501 (C) (3)	10,000	0			EDUCATION
(55) ITHACA COLLEGE GIFT PROCESSING ITHACA, NY 14850	15-0532204	501 (C) (3)	10,000	0			ENVIRONMENT/SUSTAINABILITY/ANIMAL WELFARE
(56) NATIVE RENEWABLES PO BOX 37222 FLAGSTAFF, AZ 86003	85-2285816	501 (C) (3)	10,000	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(57) ROAD RUNNERS CLUB OF AMERICA INC 1501 LANGSTON BLVD STE 140 ARLINGTON, VA 22209	23-7283854	501 (C) (3)	10,000	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(58) SECOND WIND COTTAGES 1435 ELMIRA RD NEWFIELD, NY 14867	47-1807433	501 (C) (3)	10,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(59) THE REACH PROJECT INC 1001 W SENECA STREET ITHACA, NY 14850	82-2642732	501 (C) (3)	10,000	0			HEALTH & HUMAN SERV. - HEALTH
(60) YMCA OF ITHACA AND TOMPKINS COUNTY 50 GRAHAM ROAD WEST ITHACA, NY 14850	15-0545415	501 (C) (3)	10,000	0			HEALTH & HUMAN SERV. - HEALTH
(61) HANGAR THEATRE CENTER FOR THE ARTS AT ITHACA PO BOX 205 ITHACA, NY 14850	16-0902355	501 (C) (3)	9,850	0			ARTS AND CULTURE-OTHER
(62) IMMACULATE CONCEPTION CHURCH 113 NORTH GENEVA STREET INC ITHACA, NY 14850	15-0542693	501 (C) (3)	9,796	0			COMMUNITY BUILDING-RELIGIOUS
(63) CIVIC ENSEMBLE INC PO BOX 6765 ITHACA, NY 14851	80-0901924	501 (C) (3)	9,600	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(64) LOVE LIVING AT HOME 757 WARREN ROAD 4836 ITHACA, NY 14852	47-4323905	501 (C) (3)	9,571	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(65) CORNELL COOPERATIVE EXTENSION OF TOMPKINS COUNTY 615 WILLOW AVENUE ITHACA, NY 14850	16-1159507	501 (C) (3)	9,420	0			ENVIRONMENT/SUSTAINABILITY/ANIMAL WELFARE
(66) COMMUNITY SCHOOL OF MUSIC AND ARTS (CSMA) 330 E MARTIN LUTHER KING JR / STATE ST ITHACA, NY 14850	16-0877976	501 (C) (3)	9,350	0			ARTS AND CULTURE-OTHER
(67) FINGER LAKES TOY LIBRARY PO BOX 6769 ITHACA, NY 14851	81-1957742	501 (C) (3)	9,300	0			ARTS AND CULTURE-LIBRARY
(68) CINEMAPOLIS SEVENTH AV ART CORPORATION OF ITHACA 120 E GREEN STREET ITHACA, NY 14850	16-1596844	501 (C) (3)	9,100	0			ARTS AND CULTURE-OTHER
(69) COMMUNITY UNITY MUSIC EDUCATION PROGRAM INTERNATIONAL 631 WARREN PLACE ITHACA, NY 14850	20-1866818	501 (C) (3)	9,000	0			ARTS AND CULTURE-OTHER
(70) CORTLAND FREE LIBRARY 32 CHURCH ST CORTLAND, NY 13045	15-0569362	501 (C) (3)	8,746	0			ARTS AND CULTURE-LIBRARY
(71) KHUBA INTERNATIONAL 272 EMFIELD FALLS RD ITHACA, NY 14850	80-0931645	501 (C) (3)	8,600	0			EDUCATION
(72) TRUMANSBURG CONSERVATORY OF FINE ARTS PO BOX 1053 TRUMANSBURG, NY 14886	16-1185052	501 (C) (3)	8,500	0			ARTS AND CULTURE-OTHER
(73) SOUTHWORTH LIBRARY ASSOCIATION 24 WEST MAIN STREET DRYDEN, NY 13053	15-0539132	501 (C) (3)	8,411	0			ARTS AND CULTURE-LIBRARY
(74) DOWNTOWN ITHACA ALLIANCE 171 E STATE ST PMB 136 ITHACA, NY 14850	16-1518142	501 (C) (3)	8,400	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(75) GROTON COMMUNITY CUPBOARD FIRST BAPTIST CHURCH OF NEWFIELD CENTER/ENFIELD FOOD DISTRIB PROG ITHACA, NY 14850	16-1445489	501 (C) (3)	8,071	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(76) SPCA OF TOMPKINS COUNTY 1640 HANSHAW ROAD ITHACA, NY 14850	15-0624378	501 (C) (3)	8,021	0			ENVIRONMENT/SUSTAINABILITY/ANIMAL WELFARE
(77) PALEONTOLOGICAL RESEARCH INSTITUTION 1259 TRUMANSBURG ROAD ITHACA, NY 14850	15-0554849	501 (C) (3)	8,020	0			ARTS AND CULTURE-MUSEUM
(78) MIDSTATE COSH 701 MARTIN LUTHER KING JR BLVD STATE ST ITHACA, NY 14850	16-1586561	501 (C) (3)	8,000	0			EDUCATION
(79) SAOIRSE PASTURES 1009 PERRY CITY ROAD ITHACA, NY 14850	87-0908751	501 (C) (3)	8,000	0			ENVIRONMENT/SUSTAINABILITY/ANIMAL WELFARE
(80) SPECIAL OLYMPICS NEW YORK 94 NEW KARNER RD ALBANY, NY 12203	23-7061382	501 (C) (3)	8,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(81) ST JOHN'S COMMUNITY SERVICES 801 D ST SW SUITE 800 WASHINGTON, D.C 20024	53-0196554	501 (C) (3)	8,000	0			COMMUNITY BUILDING-RELIGIOUS
(82) PHILLIPS FREE LIBRARY 37 S MAIN ST HOMER, NY 13077	15-0532226	501 (C) (3)	7,730	0			ARTS AND CULTURE-LIBRARY
(83) DOULA ACCESS INITIATIVE 211 S CORN ST ITHACA, NY 14850	85-4237708	501 (C) (3)	7,500	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(84) LANSING COMMUNITY LIBRARY 27 AUBURN RD LANSING, NY 14882	80-0179278	501 (C) (3)	7,472	0			ARTS AND CULTURE-LIBRARY
(85) DOROTHY COTTON JUBILEE SINGERS INC PO BOX 61 ITHACA, NY 148510061	47-3338091	501 (C) (3)	7,250	0			ARTS AND CULTURE-OTHER
(86) ITHACA COMMUNITY RECOVERY 518 W SENECA ST ITHACA, NY 14850	31-1692853	501 (C) (3)	7,000	0			HEALTH & HUMAN SERV. - HEALTH
(87) ULYSSES PHILOMATHIC LIBRARY PO BOX 655 TRUMANSBURG, NY 14886	22-3260334	501 (C) (3)	6,978	0			ARTS AND CULTURE-LIBRARY
(88) TEMPLE BETH EL 402 NORTH TIOGA STREET ITHACA, NY 14850	16-0970265	501 (C) (3)	6,933	0			COMMUNITY BUILDING-RELIGIOUS
(89) NEWFIELD PUBLIC LIBRARY PO BOX 154 NEWFIELD, NY 14867	15-0572885	501 (C) (3)	6,850	0			ARTS AND CULTURE-LIBRARY
(90) CAYUGA LAKE WATERSHED NETWORK PO BOX 348 AURORA, NY 13026	16-1556541	501 (C) (3)	6,600	0			ENVIRONMENT/SUSTAINABILITY/ANIMAL WELFARE
(91) PAPERWORK CORP 305 STABLE ROAD NEWFIELD, NY 14867	87-1664766	501 (C) (3)	6,600	0			COMMUNITY BUILDING-PHILANTHROPY
(92) DIVERSITY CONSORTIUM OF TOMPKINS COUNTY PO BOX 5714 ITHACA, NY 14851	68-0645269	501 (C) (3)	6,500	0			COMMUNITY BUILDING-PHILANTHROPY
(93) A NETWORK FOR GRATEFUL LIVING 245 RUSSELL ST 218 HAOLE, HI 96715	23-7022057	501 (C) (3)	6,277	0			EDUCATION
(94) TOMPKINS COUNTY SR CITIZENS COUNCIL INC DBA LIFE LONG 119 W COURT STREET ITHACA, NY 14850	15-0591993	501 (C) (3)	6,270	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(95) ITHACA WALDORF SCHOOL 20 NELSON RD ITHACA, NY 14850	16-1389464	501 (C) (3)	6,250	0			COMMUNITY BUILDING-PHILANTHROPY
(96) INTERLAKEN PUBLIC LIBRARY 8390 MAIN ST INTERLAKEN, NY 14847	16-1057630	501 (C) (3)	6,163	0			ARTS AND CULTURE-LIBRARY
(97) CAYUGA MEDICAL CENTER / HUNTER TON 101 DATES DRIVE ITHACA, NY 14850	16-1072414	501 (C) (3)	6,100	0			HEALTH & HUMAN SERV. - HEALTH
(98) CHLD DEVELOPMENT COUNCIL INC 609 WEST CLINTON ST ITHACA, NY 14850	16-0918618	501 (C) (3)	6,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(99) DISCOVER CAYUGA 110 NORTH TIOGA STREET STE 303 ITHACA, NY 14850	84-3370855	501 (C) (3)	6,000	0			ENVIRONMENT/SUSTAINABILITY/ANIMAL WELFARE
(100) LIFE LONG 119 WEST COURT STREET ITHACA, NY 14850	15-0591993	501 (C) (3)	6,000	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(101) WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267	04-2104847	501 (C) (3)	6,000	0			EDUCATION
(102) AMERICAN RED CROSS - SOUTHERN TIER CHAPTER 620 E MAIN ST ENDICOTT, NY 13760	53-0196605	501 (C) (3)	5,700	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(103) SALVATION ARMY OF ITHACA 150 N ALBANY ST ITHACA, NY 14850	13-5562351	501 (C) (3)	5,700	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(104) TOMPKINS COUNTY WORKERS' CENTER 103 W SENECA STREET SUITE 301B ITHACA, NY 14850	45-3135903	501 (C) (3)	5,500	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(105) UNITY HOUSE OF CAYUGA COUNTY INC 217 GENESEE ST AUBURN, NY 13021	16-1081372	501 (C) (3)	5,500	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(106) WORDS INTO DEEDS INC 211 WEST REMINGTON RD ITHACA, NY 14850	87-2067970	501 (C) (3)	5,402	0			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
(107) CADAROUS TRANSPORTATION SERVICES INC 737 WILLOW AVENUE ITHACA, NY 14850	16-1158497	501 (C) (3)	5,300	0			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
(1							

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 SUBJECT 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	16	419,550	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?

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

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

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.

Yes

No

No

No

No

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 DONORS.

Additional Data

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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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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