

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2001**Open to Public  
Inspection**A** For the 2001 calendar year, or tax year period beginning **APR 1, 2001** and ending **MAR 31, 2002****B** Check if  
applicable:

- ☒ Address  
change  
☐ Name  
change  
☐ Initial  
return  
☐ Final  
return  
☐ Amended  
return  
☐ Application  
pending

Please  
use IRS  
label or  
print or  
type. See  
Specific  
Instruc-  
tions.**C** Name of organization  
**COMMUNITY FOUNDATION OF  
TOMPKINS COUNTY, INC.**

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

**309 N. AURORA STREET**

City or town, state or country, and ZIP + 4

**ITHACA, NY 14850**• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).**D** Employer identification number**16-1587553****E** Telephone number**607-273-1188****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶**G** Web site: **WWW.COMMUNITYFOUNDATIONOFTC.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The  
organization need not file a return with the IRS; but if the organization received a Form 990 Package  
in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,651,795.****H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is **not** required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>1,641,102.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,641,102.</b> noncash \$ )			<b>1d</b>	<b>1,641,102.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>542.</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	<b>3,493.</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
Revenue	<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
		<b>6,658.</b>	<b>8a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>11,441.</b>	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>&lt;4,783.&gt;</b>	<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 1</b>		<b>8d</b>	<b>&lt;4,783.&gt;</b>
	<b>9</b> Special events and activities (attach schedule)				
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>		
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
	<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>1,640,354.</b>
Expenses	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>58,890.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>93,072.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>151,962.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>1,488,392.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>186,317.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>SEE STATEMENT 2</b>		<b>20</b>	<b>4,561.</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>1,679,270.</b>

**COMMUNITY FOUNDATION OF  
TOMPKINS COUNTY, INC.**

16-1587553

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ..... cash \$ <b>58,890.</b> noncash \$	22 58,890.	58,890.	<b>STATEMENT 5</b>	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. ....	25 40,000.	0.	40,000.	0.
26	Other salaries and wages .....	26 6,033.		6,033.	
27	Pension plan contributions .....	27			
28	Other employee benefits .....	28			
29	Payroll taxes .....	29 4,017.		4,017.	
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31 3,227.		3,227.	
32	Legal fees .....	32			
33	Supplies .....	33 16,576.		16,576.	
34	Telephone .....	34 1,724.		1,724.	
35	Postage and shipping .....	35 458.		458.	
36	Occupancy .....	36 7,150.		7,150.	
37	Equipment rental and maintenance .....	37 464.		464.	
38	Printing and publications .....	38 1,936.		1,936.	
39	Travel .....	39 35.		35.	
40	Conferences, conventions, and meetings .....	40 2,821.		2,821.	
41	Interest .....	41			
42	Depreciation, depletion, etc. (attach schedule) ...	42 386.		386.	
43	Other expenses not covered above (itemize):				
a	.....	43a			
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	<b>SEE STATEMENT 3</b>	43e 8,245.		8,245.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 151,962.	58,890.	93,072.	0.

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	<b>TO PROVIDE GRANTS AND CONTRIBUTIONS TO CHARITIES LOCATED IN THE GREATER ITHACA, NEW YORK AREA.</b>	
	(Grants and allocations \$ _____)	58,890.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>58,890.</b>

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45
	46 Savings and temporary cash investments .....	80,306.	46 242,836.
	47 a Accounts receivable .....	47a	
	b Less: allowance for doubtful accounts .....	47b	47c
	48 a Pledges receivable .....	48a 415,000.	
	b Less: allowance for doubtful accounts .....	48b	48c 415,000.
	49 Grants receivable .....		49
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....	51a	
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....		53
	54 Investments - securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	7,056.	54 1,017,558.
	55 a Investments - land, buildings, and equipment: basis .....	55a	
	b Less: accumulated depreciation .....	55b	55c
	56 Investments - other .....		56
	57 a Land, buildings, and equipment: basis .....	57a 3,562.	
	b Less: accumulated depreciation .....	57b 386.	57c 3,176.
58 Other assets (describe <b>SECURITIY DEPOSITS</b> ) .....		58 700.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	187,362.	59 1,679,270.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	1,045.	60
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe ) .....		65
	66 <b>Total liabilities</b> (add lines 60 through 65) .....	1,045.	66 0.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	169,821.	67 107,926.
	68 Temporarily restricted .....	16,496.	68 1,571,344.
	69 Permanently restricted .....		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	186,317.	73 1,679,270.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	187,362.	74 1,679,270.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
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<b>a</b> Total revenue, gains, and other support per audited financial statements .....	<b>a</b> <u>1,644,595.</u>
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:	
<b>(1)</b> Net unrealized gains on investments ..... \$ <u>4,561.</u>	
<b>(2)</b> Donated services and use of facilities ... \$ .....	
<b>(3)</b> Recoveries of prior year grants ..... \$ .....	
<b>(4)</b> Other (specify): <b>STMT 7</b> ..... \$ <u>&lt;320.&gt;</u>	
Add amounts on lines <b>(1)</b> through <b>(4)</b> .....	<b>b</b> <u>4,241.</u>
<b>c</b> Line <b>a</b> minus line <b>b</b> .....	<b>c</b> <u>1,640,354.</u>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 ... \$ .....	
<b>(2)</b> Other (specify): ..... \$ .....	
Add amounts on lines <b>(1)</b> and <b>(2)</b> .....	<b>d</b> <u>0.</u>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) .....	<b>e</b> <u>1,640,354.</u>

<b>a</b> Total expenses and losses per audited financial statements .....	<b>a</b> <u>151,642.</u>
<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:	
<b>(1)</b> Donated services and use of facilities ... \$ .....	
<b>(2)</b> Prior year adjustments reported on line 20, Form 990 ..... \$ .....	
<b>(3)</b> Losses reported on line 20, Form 990 ... \$ .....	
<b>(4)</b> Other (specify): <b>STMT 8</b> ..... \$ <u>&lt;320.&gt;</u>	
Add amounts on lines <b>(1)</b> through <b>(4)</b> .....	<b>b</b> <u>&lt;320.&gt;</u>
<b>c</b> Line <b>a</b> minus line <b>b</b> .....	<b>c</b> <u>151,962.</u>
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 ... \$ .....	
<b>(2)</b> Other (specify): ..... \$ .....	
Add amounts on lines <b>(1)</b> and <b>(2)</b> .....	<b>d</b> <u>0.</u>
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) .....	<b>e</b> <u>151,962.</u>

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated.)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Form 990 (2001)

**COMMUNITY FOUNDATION OF  
TOMPKINS COUNTY, INC.**

16-1587553

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**Part VI Other Information**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float:right">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <span style="float:right">and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.</span>		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>	81b	X
b	Did the organization file <b>Form 1120-POL</b> for this year?		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b	
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? <span style="float:right">N/A</span>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>	85h	
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float:right">NEW YORK</span>	90b	1
b	Number of employees employed in the pay period that includes March 12, 2001		

91 The books are in care of **MATTHEW GREEN** Telephone no. **607-273-8811**

Located at **118 N. TIOGA STREET, SUITE 305, ITHACA, NY** ZIP + 4 **14850**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments _____					
g Fees and contracts from government agencies _____					
94 Membership dues and assessments _____					
95 Interest on savings and temporary cash investments _____			14	542.	
96 Dividends and interest from securities _____			14	3,493.	
97 Net rental income or (loss) from real estate:					
a debt-financed property _____					
b not debt-financed property _____					
98 Net rental income or (loss) from personal property _____					
99 Other investment income _____					
100 Gain or (loss) from sales of assets other than inventory _____			18	<4,783.>	
101 Net income or (loss) from special events _____					
102 Gross profit or (loss) from sales of inventory _____					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) _____		0.		<748.>	0.
105 Total (add line 104, columns (B), (D), and (E)) _____					<748.>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Signature of officer _____		Date _____	Type or print name and title _____	
	Preparer's signature _____		Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 CIASCHI, DIETERSHAGEN, LITTLE & MICKELSON, CPA'S, LLP 118 PROSPECT ST., ITHACA, NY 14850				EIN _____
	123161 01-02-02				Phone no. (607) 272-4444

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

**2001**

Name of the organization **COMMUNITY FOUNDATION OF  
TOMPKINS COUNTY, INC.**

Employer identification number  
**16 1587553**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NONE</u> -----				
-----				
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-----				
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u> -----		
-----		
-----		
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-----		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>►</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1		X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property? _____</p>	2a		X
<p><b>b</b> Lending of money or other extension of credit? _____</p>	2b		X
<p><b>c</b> Furnishing of goods, services, or facilities? _____</p>	2c		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b></p>	2d	X	
<p><b>e</b> Transfer of any part of its income or assets? _____</p>	2e		X
<p><b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See <b>Note</b> below.) _____</p>	3		X
<p><b>4</b> Do you have a section 403(b) annuity plan for your employees? _____</p>	4		X

**Note:** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☒ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).** (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



## COMMUNITY FOUNDATION OF

Schedule A (Form 990 or 990-EZ) 2001

TOMPKINS COUNTY, INC.

16-1587553 Page 3

**Part IV-A****Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	191,948.				191,948.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,761.				2,761.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	194,709.	0.	0.	0.	194,709.
<b>24</b> Line 23 minus line 17	194,709.				194,709.
<b>25</b> Enter 1% of line 23	1,947.				
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					3,894.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					160,163.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					194,709.
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>2,761.</u> 19 <u>160,163.</u> 22 <u>160,163.</u>					162,924.
<b>e</b> Public support (line 26c minus line 26d total)					31,785.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					16.3244%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b>					
(2000) (1999) (1998) (1997)					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>					
(2000) (1999) (1998) (1997)					
<b>c</b> Add: Amounts from column (e) for lines: 15 <u>                    </u> 16 <u>                    </u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>					N/A
<b>d</b> Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u>					N/A
<b>e</b> Public support (line 27c total minus line 27d total)					N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ <b>27f</b> <u>N/A</u>					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

**N/A**

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	<b>31</b>	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2001

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** ☐ if the organization belongs to an affiliated group.

Check **b** ☐ if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		<b>N/A</b>													
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000 .....	20% of the amount on line 40 .....	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	Over \$17,000,000 .....	\$1,000,000 .....	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000 .....	20% of the amount on line 40 .....														
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....														
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....														
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....														
Over \$17,000,000 .....	\$1,000,000 .....														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
<b>45</b> Lobbying nontaxable amount .....					<b>0.</b>
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					<b>0.</b>
<b>47</b> Total lobbying expenditures .....					<b>0.</b>
<b>48</b> Grassroots nontaxable amount .....					<b>0.</b>
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					<b>0.</b>
<b>50</b> Grassroots lobbying expenditures .....					<b>0.</b>

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers .....
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.) .....
- c** Media advertisements .....
- d** Mailings to members, legislators, or the public .....
- e** Publications, or published or broadcast statements .....
- f** Grants to other organizations for lobbying purposes .....
- g** Direct contact with legislators, their staffs, government officials, or a legislative body .....
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....
- i** Total lobbying expenditures (Add lines **c** through **h**.) .....

Yes	No	Amount
		<b>0.</b>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Exempt Organizations** (See page 12 of the instructions.)

51

3

(i) Cash

(ii) Other assets

b

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

**(iii) Rental of facilities, equipment, or other assets**

(iv) Reimbursement arrangements

**(v) Loans or loan guarantees**

(vi) Performance of services or membership or fundraising solicitations

0

•

N/A

[illegible]

5

Code (other than section 501(c)(3)) or in section 527?

☐ Yes

☒ No

# H

N/A

[illegible]

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
17SHS TOMPKINS TRUST CO	476.	471.	0.	5.
423.819SHS CITIZENS EMERGING GROWTH	6,182.	10,970.	0.	<4,788.>
TO FORM 990, PART I, LINE 8	6,658.	11,441.	0.	<4,783.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,662.
UNREALIZED GAIN ON INVESTMENTS	899.
TOTAL TO FORM 990, PART I, LINE 20	4,561.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	185.		185.	
BANK SERVICE FEES	52.		52.	
TEMPORARY HELP	2,485.		2,485.	
CONSULTING	1,420.		1,420.	
DUES & SUBSCRIPTIONS	1,522.		1,522.	
INSURANCE	189.		189.	
MISCELLANEOUS	1,897.		1,897.	
EQUIPMENT EXPENSE	175.		175.	
MANAGEMENT FEE EXPENSE	320.		320.	
TOTAL TO FM 990, LN 43	8,245.		8,245.	

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      4  
PART III

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## EXPLANATION

TO SERVE THE CHARITABLE NEEDS OF ITHACA AND TOMPKINS COUNTY NY BY PROVIDING  
SUPPORT TO COMMUNITY SERVICE ORGANIZATIONS IN THE COMMUNITY.

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FORM 990      CASH GRANTS AND ALLOCATIONS      STATEMENT      5

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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	BETTER HOUSING FOR TOMPKINS COUNTY		NONE	5,000.
GRANT	CITY OF ITHACA		NONE	1,500.
GRANT	BEVERLY J MARTIN ELEMENTARY SCHOOL		NONE	1,000.
GRANT	CHALLENGE INDUSTRIES, INC		NONE	3,000.
GRANT	DEWITT TECHNOLOGY EDUCATION DEPT		NONE	5,000.
GRANT	ENFIELD FOOD DISTRIBUTION		NONE	1,100.
GRANT	GREATER ITHACA ACTIVITIES CENTER		NONE	5,000.
GRANT	FAMILY & CHILDREN'S SERVICE		NONE	5,400.
GRANT	CORNERSTONE RECOVERY SERVICES		NONE	5,000.
GRANT	DEWITT HISTORICAL SOCIETY		NONE	5,000.
GRANT	COMMUNITY ARTS PARTNERSHIP		NONE	3,500.
GRANT	CATHOLIC CHARITIES OF TOMPKINS CO		NONE	5,000.
GRANT	FRANZISKA RACKER CENTERS		NONE	5,000.

GRANT	FAMILY READING PARTNERSHIP	NONE	1,500.
GRANT	TOMPKINS COUNTY PUBLIC LIBRARY FOUN	NONE	1,900.
GRANT	KEUKA HEALTH CARE FOUNDATION	NONE	750.
GRANT	COMMUNITY RECREATIONAL CENTER INC.	NONE	500.
GRANT	MASSENA MEMORIAL HOSPITAL FUND	NONE	240.
GRANT	CAYUGA MEDICAL CENTER FOUNDATION	NONE	750.
GRANT	RECONSTRUCTION HOME	NONE	250.
GRANT	SCIENCECENTER	NONE	300.
GRANT	POWERS LIBRARY	NONE	500.
GRANT	ITHACA COLLEGE	NONE	200.
GRANT	PALEONTOLOGICAL RESEARCH INSTITUTION	NONE	500.
GRANT	MISCELLANEOUS	NONE	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			58,890.

FORM 990	NON-GOVERNMENT SECURITIES				STATEMENT	6
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES	
M&T SECURITIES				1,017,558.	1,017,558.	
TO 990, LN 54 COL B				1,017,558.	1,017,558.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
NETTED AGAINST EXPENSES		<320.>	
TOTAL TO FORM 990, PART IV-A		<320.>	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
NETTED AGAINST EXPENSES		<320.>	
TOTAL TO FORM 990, PART IV-B		<320.>	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT	
PENNY BOYNTON 2491 SLATERVILLE ROAD SLATERVILLE SPRINGS, NY 14881	TRUSTEE >1 HR/WEEK	0.	0.	0.
MICHAEL CANNON CFCU, 1030 CRAFT ROAD ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
ERIC CLAY 832 N. AURORA STREET ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
FERNANDO DE ARAGON ITCTC, 121 E. COURT STREET ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
FRANCILLE FIREBAUGH 110 THE PARKWAY ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.



MATTHEW GREEN 118 N. TIOGA STREET, SUITE 305 ITHACA, NY 14850	TREASURER >1 HR/WEEK	0.	0.	0.
GREG GARVAN 313 THE PARKWAY ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
PEG HENDRICKS 56 WEDGEWOOD DRIVE ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
JOHN HINCHCLIFF 202 E. STATE STREET ITHACA, NY 14850	CHAIR >1 HR/WEEK	0.	0.	0.
MARY BETH HOLUB 2904 ELMIRA ROAD NEWFIELD, NY 14867	TRUSTEE >1 HR/WEEK	0.	0.	0.
JOHN KROUT 411 CENTER FOR HEALTH SCIENCES, ITHACA COLLEGE ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
ERIC LERNER 504 S. PLAIN STREET ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
HOWARD P. HARTNETT PO BOX 1063 MORAVIA, NY 13118	TRUSTEE >1 HR/WEEK	0.	0.	0.
JAKE RYAN 126 RICH ROAD ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
HELEN SAUNDERS 202 E. STATE STREET, SUITE 301 ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
DAMAYANTHI HERATH 544 SPENCER ROAD ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
MELODY JOHNSON 112 MT. PLEASANT ROAD 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
BILL MYERS 313 HUDSON STREET ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.

COMMUNITY FOUNDATION OF TOMPKINS COUNTY,

16-1587553

SALLY TRUE 202 E. STATE STREET, SUITE 700 ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
GENE YARUSSI 56 WATERVIEW HEIGHTS ROAD ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
JEFFREY TRUE 309 N. AURORA STREET ITHACA, NY 14850	EXECUTIVE DIRECTOR 40HRS/WK	40,000.	0.	0.
DIANE SHAFER 95 TEETER ROAD ITHACA, NY 14850	SECRETARY >1 HR/WEEK	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		40,000.	0.	0.

4562

**Depreciation and Amortization**  
(Including Information on Listed Property) 990

OMB No. 1545-0172

**2001**

Attachment  
Sequence No. 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

COMMUNITY FOUNDATION OF  
TOMPKINS COUNTY, INC.

FORM 990 PAGE 2

16-1587553

**Part I Election To Expense Certain Tangible Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,562.	5 YRS.	HY	200DB	386.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	386.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2001 tax year:					
<b>43</b> Amortization of costs that began before your 2001 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report					<b>44</b>

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>			
<b>Type or print.</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.</b>		Employer identification number <b>16-1587553</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>309 N. AURORA STREET</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ITHACA, NY 14850</b>		

**Check type of return to be filed** (File a separate application for each return):

☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does **not** have an office or place of business in the United States, check this box ☐  
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 18, 2003.**  
 5 For calendar year \_\_\_\_\_, or other tax year beginning **APR 1, 2001** and ending **MAR 31, 2002**.  
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER ALL THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_  
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_  
 c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### Notice to Applicant - To Be Completed by the IRS

☐ We **have** approved this application. Please attach this form to the organization's return.  
☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.  
☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.  
☐ Other \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Director

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>  123832 07-16-01	Name <b>CIASCHI, DIETERSHAGEN, LITTLE &amp;</b>	
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>MICKELSON, CPA'S, LLP</b>	
	City or town, province or state, and country (including postal or ZIP code) <b>118 PROSPECT ST., ITHACA, NY 14850</b>	

STATE COPY

FULL OFFICIAL NAME AND ADDRESS OF ORGANIZATION  <b>COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.</b> <b>309 N. AURORA STREET</b> <b>ITHACA, NY 14850</b> <input checked="" type="checkbox"/> "X" BOX, IF ADDRESS HAS BEEN CHANGED	<div style="text-align: right;">CHAR497</div> <b>ANNUAL FINANCIAL REPORT</b> (Charitable Organization) FOR THE YEAR ENDED <b>03/31/2002</b> <b>STATE OF NEW YORK, OFFICE OF THE ATTORNEY</b> <b>GENERAL CHARITIES BUREAU</b> 120 Broadway, New York, NY 10271 <a href="http://www.oag.state.ny.us/charities">http://www.oag.state.ny.us/charities</a> <hr/> ORGANIZATION'S TELEPHONE NUMBER Area Code: <b>607</b> Number: <b>273-1188</b> Extension:
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STATE REGISTRATION NUMBER	This form, including any attachments, is a public record and a copy will be provided upon request to any interested persons.	FOR OFFICE USE ONLY				
FEDERAL I.D. NUMBER <b>16-1587553</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">DATE RECEIVED</td> <td style="width:50%;">EXAMINED BY/DATE</td> </tr> <tr> <td>RECEIPT NO.</td> <td>AMOUNT</td> </tr> </table>	DATE RECEIVED	EXAMINED BY/DATE	RECEIPT NO.	AMOUNT
DATE RECEIVED	EXAMINED BY/DATE					
RECEIPT NO.	AMOUNT					
<input type="checkbox"/> "X" box if your total contributions did not exceed \$25,000 and you did not engage the services of a professional fund raiser or a commercial co-venturer during this fiscal year (See INSTRUCTIONS: REPORT CATEGORIES AND FEES). <input type="checkbox"/> This is a combined report for _____ organizations (See INSTRUCTIONS: FOR REPORT CATEGORIES AND FEES).						

FINANCIAL SUMMARY	<u>TOTAL</u>
<b>Support and Revenue</b>	
1. Direct public support (line 14, Schedule 1, page 2) .....	1,641,102.
2. Indirect public support (line 18, Schedule 1, page 2) .....	
3. Government grants (line 20, Schedule 1, page 2) .....	
4. Program service revenue .....	
5. Other revenue .....	<748.>
6. Total support and revenue (add lines 1 through 5) .....	1,640,354.
<b>Expenses</b>	
Program services (list individually):	
7. <u>SEE STATEMENT 1</u> .....	58,890.
8. ....	
9. ....	
10. ....	
11. Public information combined with fund raising .....	
12. Payments to affiliates/services to affiliates .....	
13. Total program services (add lines 7 through 12) .....	58,890.
14. Management and general expenses .....	93,072.
15. Fund raising expenses .....	
16. Total expenses (add lines 13 through 15) .....	151,962.
17. Excess (deficit) of support and revenue over expenses (line 6 minus line 16) .....	1,488,392.
18. Fund balances or net worth at beginning of year .....	186,317.
19. Other changes in fund balances or net worth (attach explanation) <u>SEE STATEMENT 2</u> .....	4,561.
20. Fund balances or net worth at end of year (add lines 17 through 19) .....	1,679,270.
<b>Summary of Balance Sheet (as of 03/31/2002 )</b>	
21. Assets .....	1,679,270.
22. Liabilities .....	
23. Fund balances (line 21 minus line 22) .....	1,679,270.

Explanation of income and expense items, if required:

**SCHEDULE 1: CONTRIBUTIONS**

NOTE: Do not report donated services or facilities in this schedule.

	TOTAL AMOUNT	Portion other than cash
<b>Direct Public Support</b>		
1. Direct mail .....		
2. Telephone solicitation campaigns .....		
3. Commercial co-venturers (complete Schedule 4) .....		
4. Door-to-Door .....		
5. Special events (contribution portion only) .....		
6. Telethon .....		
7. Other (specify) <b>DONATIONS</b> .....	1,011,102.	0.
8. ....		
9. ....		
10. Total general public support (add lines 1 through 9) .....	1,011,102.	0.
11. Foundation and trust grants .....	630,000.	
12. Corporate and other business grants .....		
13. Legacies and bequests .....		
14. Total direct public support (add lines 10 through 13) .....	1,641,102.	0.
(Transfer total line 14 to page 1, line 1)		
<b>Indirect Public Support</b>		
15. From Federated Fund Raising Agencies .....		
16. From affiliates .....		
17. From other fund raising agencies .....		
18. Total indirect public support (add lines 15 through 17) .....		
(Transfer total line 18 to page 1, line 2.)		
<b>Government Grants</b>		
19. Specify Agency:		
(a) .....		
(b) .....		
(c) .....		
(d) .....		
(e) All other government grants .....		
20. Total government grants (add lines 19(a) through 19(e)) .....		
(Transfer total line 20 to page 1, line 3.)		
21. Total contributions (sum of lines 14, 18 and 20) .....	1,641,102.	0.

**ACTIVITY STATEMENTS**

1. Have your books/records been audited by or for any government agency/funding source this fiscal year? ☐ YES\* ☒ NO  
 \*If YES, specify agency: \_\_\_\_\_ Period audited: \_\_\_\_\_
2. Does your organization allocate costs of multipurpose activities among program services, management and general, and fund raising; i.e., Direct Mail, Telethon? ☐ YES\* ☒ NO  
 \*If YES, see INSTRUCTIONS: Reporting Joint Costs of Multi-Purpose Activities.
3. Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? ☐ YES\* ☒ NO  
 \*If YES, indicate the value: \_\_\_\_\_ Do not include this amount as support or as an expense on page 1.



**SCHEDULE 2: PROFESSIONAL FUND RAISERS (PFR)**

NONE

ITEM	EVENT	EVENT	EVENT	EVENT
1. Brief description of campaign, drive or event .....				
2. Date or period covered .....				
3. PFR name and address .....				
4. Total public donations* .....				
5. All payments to PFR .....				
6. All other fund raising expenses of the organization for each event .....				
7. Total expenses (line 5 plus line 6)				
8. Net proceeds (line 4 minus line 7)				

\*On line 4, DO NOT exclude amounts retained by PFR (e.g., amounts reported on line 5).

**SCHEDULE 3: FUND RAISING COUNSEL (FRC)**

NONE

ITEM	COUNSEL	COUNSEL	COUNSEL	COUNSEL
1. Brief description of services .....				
2. Date or period covered .....				
3. FRC name and address .....				
4. All payments to FRC .....				

**SCHEDULE 4: COMMERCIAL CO-VENTURERS (CCV)**

NONE

ITEM	EVENT	EVENT	EVENT	EVENT
1. Brief description of sale or event				
2. Date or period covered .....				
3. CCV name and address .....				
4. Brief description of financial terms and conditions of written contract ...				
5. Has your organization received an accounting from the commercial co-venturer as prescribed by section 173-a(3) of Article 7-A of the Executive Law? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

WHERE TOTAL SUPPORT AND REVENUE IS:

\$75,000 or less ..... NO Public Accountant's Report is needed: Skip to CERTIFICATION BY CHARITABLE ORGANIZATION, below

\$75,001 to \$150,000 ... Have an Independent Public Accountant complete and sign the "(REVIEW)" section below OR, SEE INSTRUCTIONS: INDEPENDENT PUBLIC ACCOUNTANT'S REPORT. Then complete CERTIFICATION BY CHARITABLE ORGANIZATION, below.

More than \$150,000 ... EITHER have an Independent Public Accountant complete and sign the "(AUDIT)" section below OR, See INSTRUCTIONS: INDEPENDENT PUBLIC ACCOUNTANT'S REPORT. Then complete CERTIFICATION BY CHARITABLE ORGANIZATION, below.

INDEPENDENT PUBLIC ACCOUNTANT'S REPORT (REVIEW)

We have reviewed the accompanying balance sheet (Part IV) of Form 990 of \_\_\_\_\_

as of \_\_\_\_\_, and the related statement of support, revenue and expenses and changes in fund balances (Part I) and statement of functional expenses (Part II) of Form 990 for the year then ended, in accordance with standards established by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the charitable organization.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion. Based on this review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

NAME OF FIRM OR INDIVIDUAL PRACTITIONER ADDRESS DATE

SIGNATURE OF FIRM OR INDIVIDUAL PRACTITIONER IF FIRM, NAME OF ENGAGEMENT PARTNER

INDEPENDENT PUBLIC ACCOUNTANT'S REPORT (AUDIT)

We have audited the balance sheet (Part IV) of Form 990 of COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.

as of 03/31/02, and the related statement of support, revenue and expenses and changes in fund balances (Part I) and statement of functional expenses (Part II) for the year then ended included in the accompanying Internal Revenue Service Form 990. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the organization as of the above date, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles.

Our audit was made for the purpose of forming an opinion on the financial statements referred to in the first paragraph taken as a whole. The accompanying information on pages \_\_\_\_\_ to \_\_\_\_\_ is presented for purposes of additional analysis and is not a required part of the financial statements referred to above. Such information, except for that portion marked "unaudited," on which we express no opinion, has been subjected to the auditing procedures applied in the audit of the financial statements referred to above; and, in our opinion, the information is fairly stated in all material respects in relation to these financial statements taken as a whole.

**SEE INDEPENDENT AUDITOR'S REPORT  
ATTACHED**

NAME OF FIRM OR INDIVIDUAL PRACTITIONER ADDRESS DATE

SIGNATURE OF FIRM OR INDIVIDUAL PRACTITIONER IF FIRM, NAME OF ENGAGEMENT PARTNER

CERTIFICATION BY CHARITABLE ORGANIZATION

Under penalties of perjury, we declare that we reviewed this report, accompanying Federal Form 990 with attached schedules and, to the best of our knowledge and belief, it is true, correct and complete in accordance with the rules of the New York State Office of the Attorney General, Charities Bureau and the instructions applicable to this report.

Signature of President or Authorized Officer	Title	Date Signed
Signature of Chief Financial Officer	Title	Date Signed

After this report has been fully executed by two distinct officials, send it with appropriate ATTACHMENTS and FEE to:

Office of the Attorney General, Charities Bureau, 120 Broadway, New York, New York 10271

If contributions received exceed \$25,000, submit the appropriate fee, indicated below:

\$10, if total support and revenue is \$150,000 or less;

\$25, if total support and revenue exceeds \$150,000.

CHAR 497	PROGRAM SERVICES	STATEMENT	1
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DESCRIPTION OF PROGRAM SERVICE ONE	EXPENSE AMOUNT
TO PROVIDE GRANTS AND CONTRIBUTIONS TO CHARITIES LOCATED IN THE GREATER ITHACA, NEW YORK AREA.	58,890.
TOTAL TO FORM CHAR 497, PAGE 1, LINE 7	58,890.

CHAR 497	OTHER CHANGES IN FUND BALANCES OR NET WORTH	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,662.
UNREALIZED GAIN ON INVESTMENTS	899.
TOTAL TO FORM CHAR 497, PAGE 1, LINE 19	4,561.