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
2004
Open to Public

Section	Α	For th	e 200 <u>4 calendar year, or tax year beginning</u>	APR 1, 2004	and a	dia 15370 2d	000	Inspection
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K Check here ▶	J	Organi	zation type (check only one) \blacktriangleright \mathbf{X} 501(c) (3)		527			
organization need not file a return with the ISt, but if the organization received a form 990 Peakage in the milet, is 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 ▶ 2, 50 6, 33 2. M Chear ▶ If the organization is not required to attach Sch. B (form 990, 990+Ez, or 990+PE). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances 1 Contributions, girls, grants, and similar amounts received: a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (cash S 1, 926, 330 . noncash \$ 40, 641 .) 14	K	Check	here lack if the organization's gross receipts are nor	mally not more than \$25,000	The	(If "No," attach a lis	:t.)	
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17 Idial expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 23001 24 1 3, 422, 528.	மி	16	Payments to affiliates (attach schedule)				16	
Net assets or fund balances at beginning of year (from line 73, column (A)) Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year (combine lines 18, 19, and 20) 18 1,550,651. 19 1,903,723. 20 3,422,528.			Total expenses (add lines 16 and 44, column (A))				47	511.796
Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 23001 14A For Privacy Act and Processor's Pedical Act Nation 20 the second of the processor's Pedical Act Nation 20 the second of the privacy Act and Processor's Pedical Act Nation 20 the second of the privacy Act and Processor's Pedical Act Nation 20 the second of the privacy Act and Processor's Pedical Act Nation 20 the second of the privacy Act and Processor's Pedical Act Nation 20 the second of the privacy Act and Processor's Pedical Act Nation 20 the second of the processor's Pedical Act Nation 20 the processor's Pedical Act Nation 20 the pedica	Ø		Excess or (deficit) for the year (subtract line 17 from line	12)			18	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 23001 1-13-05 1HA For Privacy Act and Paragraph Reduction Act Nation and the country in the combine lines 18, 19, and 20)	set		wer assers or rund balances at beginning of year (from lif	ie 73, column (A))				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 3, 422, 528.	As		other changes in her assers of fund balances (attach exp	ianation) SE	CE ST	PATEMENT 2	20	
1-13-05 HA For Privacy Act and Danaguark Daduation Act Matica, and the second is the	2300		Net assets or fund balances at end of year (combine lines	: 18, 19, and 20)			21	
	1-13-	05 l	HA For Privacy Act and Paperwork Reduction Act No	tice, see the separate instru	ctions.			Form 990 (2004)

COMMUNITY FOUNDATION OF

OUNTY, INC. TOMPKINE 16-1587553 Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part II Page 2 and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program services (C) Management and general (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) (cash \$249,308 • noncash \$ 249,308. 22 249,308.STATEMENT 5 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 Compensation of officers, directors, etc. 25 50,000. 50,000. 0. Other salaries and wages 18,880. 26 18,880. Pension plan contributions 27 Other employee benefits 28 28 Payroll taxes 29 5,819. 5,819. Professional fundraising fees 30 Accounting fees 31 Legal fees 32 15,275. Supplies 33 15,275. 2,411. Telephone 34 2,411. 35 Postage and shipping 35 Occupancy 9,000. 9,000. 36 Equipment rental and maintenance 37 Printing and publications 38 10,846. 10,846. 39 39 507. Travel 507. Conferences, conventions, and meetings 10,615. 40 10,615. 41 Interest Depreciation, depletion, etc. (attach schedule) 1,532. 42 1,532. Other expenses not covered above (itemize): 43a 43b 43c 43d SEE STATEMENT 3 137,603. 47,699. 43e 89,904. Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. 511,796. 339,212. 172,584. 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? 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 Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) 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 TO PROVIDE GRANTS AND CONTRIBUTIONS TO CHARITIES LOCATED IN THE GREATER ITHACA, NEW YORK AREA. (Grants and allocations \$ 339,212. b (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ e Other program services (attach schedule) (Grants and allocations \$ Total of Program Service Expenses (should equal line 44, column (B), Program services) 339,212.

2

14500621 769695 x9513

423011 01-13-05

Form 990 (2004)

Part IV Balance Sheets

Note:		re required, attached schedules and amounts w lld be for end-of-year amounts only.	ithin the des	cription column	(A) Beginning of year		(B) End of year
	45				29,349.		126,747.
	46	Savings and temporary cash investments			342,565.	46	321,949.
	47 a	Accounts receivable	47a	459.			
				437.		47c	459
	48 a	***************************************	48a	774,689.	61 003	.	774 600
	b	Less: allowance for doubtful accounts			61,993.		774,689.
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees,					
ts	F4 -	and key employees				50	
Assets	51 a	Other notes and loans receivable	51a			64-	
¥		Less: allowance for doubtful accounts				51c	
	52 53	Inventories for sale or use			***************************************	53	
	54	Prepaid expenses and deferred charges Investments - securities STMT	7 ▶ [Cost Y EMV	1,317,940.	54	2,040,706
	55 a	Investments - land, buildings, and			1,317,340.	54	2,040,700
	00 a	equipment: basis	55a				
		oquipmont, basis	334				
	b	Less: accumulated depreciation	55h			55c	
	56	Investments - other				56	
		Land, buildings, and equipment: basis	57a	8.368.			
	b	Less: accumulated depreciation	57h	4,690.	5,210.	57c	3,678.
	58	Other assets (describe >S	EE STA		153,621.	58	166,438.
	59	Total assets (add lines 45 through 58) (must equal I			1,910,678.	59	3,434,666.
	60	Accounts payable and accrued expenses			6,955.	60	1,813.
1	61	Grants payable				61	10,325.
	62	Deferred revenue		************		62	
Ξį	63	Loans from officers, directors, trustees, and key emp				63	**************************************
Liabilities	64 a	Tax-exempt bond liabilities				64a	
- 1	65	Mortgages and other notes payable				64b 65	
	บบ	Other liabilities (describe		· · · · · · · · · · · · · · · · · · ·		00	
	66	Total liabilities (add lines 60 through 65)			6,955.	66	12,138.
	Organ	nizations that follow SFAS 117, check here 🕨 🗓 🗓					
		69 and lines 73 and 74.	·				
Net Assets or Fund Balances	67	Unrestricted			1,595,982.	67	2,520,566.
lan	68	Temporarily restricted			307,041.	68	163,997.
Ba	69	Permanently restricted			700.	69	737,965.
בַ	Organ	izations that do not follow SFAS 117, check here 🕨		omplete lines			
드		70 through 74.					
<u>s</u>	70	Capital stock, trust principal, or current funds	current funds			70	
sse	71	Paid-in or capital surplus, or land, building, and equi	oment fund	.,,		71	
ţ	72	Retained earnings, endowment, accumulated income				72	
Se	73	Total net assets or fund balances (add lines 67 thro					
		column (A) must equal line 19; column (B) must equ			1,903,723.	73	3,422,528.
	74	Total liabilities and net assets / fund balances (add	lines 66 and 7	73)	1,910,678.	74	3,434,666.

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return a Total revenue, gains, and other support per audited financial statements b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments \$ <31,846.> (2) Donated services and use of facilities \$ 7,000. (3) Recoveries of prior year grants \$ (4) Other (specify): STMT 8 \$ <12,080.> Add amounts on lines (1) through (4)		m 990 (2004) TOMPKINS COUNTY, INC.	,			16-1587	7553 Page 4
Financial Statements with Revenue per Return Statements and other appears appears of the control of the cont	P	art IV-A Reconciliation of Revenue per Audited		rt IV-B Recon	ciliation of Ex	penses per	Audited
a Total revenue, gaine, and other support per adulation from oil statements. A mounts included on line a put not on line 12, rorm some some some some some some some som				Financ	ial Statement	s with Expe	enses per
Amounts included on line a but not on line 12, form 900; 10, but intracted on line a but not on line 12, form 900; 10, but intracted on line a but not on line 17, form 900; 10, but intracted on line a but not on line 17, form 900; 10, but intracted on line a but not on line 17, form 900; 10, but intracted on line a but not on line 17, form 900; 10, but intracted on line a but not on line 17, form 900; 10, but intracted on line a but not on line 17, form 900; 10, but intracted on line 12, form 900; 10, but interest on line 12, form 900; 10,		Total revenue gains and other surrent	+-				
b. Amounts included on line a but not on line 12 form 900. (1) Not unrealized grans on lines 12 form 900. (2) Onneld services and use of facilities \$ 7,000. (3) Peruveries of prior year grans \$ (4) Other (speally): STMP 8 \$ <12,080. Add amounts included on line 12, form 900 \$ (2,062,447. (4) Other (speally): (5) I reatment expanses on lines (1) through (4) \$ (5,000.00) \$ (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	_	per audited financial statements \blacktriangleright a 2,025,521.	, a		tements	▶ a	506.716.
The Light and grains \$ \$ \$ \$ \$ \$ \$ \$ \$	b	Amounts included on line a but not on		Amounts included o	n line a but not on		
and use of tacilities \$ 7,000. (3) Recovers of prior year adjustments reported on line 20. From 990 \$ (3) Usesse reported on line 20. From 990 \$ (3) Usesse reported on line 20. From 990 \$ (3) Usesse reported on line 20. From 990 \$ (3) Usesse reported on line 20. From 990 \$ (3) Usesse reported on line 20. From 990 \$ (4) Other (speciely): STMT 9 \$ <12,080. Add amounts on lines (1) through (4)			(1) Donated services			
(2) Obtained services and use of adults is \$ 7,000. (3) Recovering of prior year grants \$ (4) Other (speachy): STMT 8 \$ <12,080. Add amounts on lines (1) through (4)	(1)					000.	
and use of tacilities \$ 7,000. (3) Recoveries of prior year grants \$ \$ (4) Other (speedy): STMT 8 \$ <12,080. Add amounts on lines (1) through (4)	(0)	· · · · · · · · · · · · · · · · · · ·	(2				
(3) Recovering prior year grams . \$	(2)						
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2) Other (specify): Add amounts on lines (1) and (2) d 0 . I total revenue per line 12, Form 990 e 2, 062, 447 . Part V		line 6b, Form 990 \$		line 6b, Form 990	\$		
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e Total expenses per line 17, Form 990 (line c plus line d) Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) (A) Name and address (A) Name and address (B) Title and average hours per line (17, Form 990 (In one plus line d) (C) Compensation (C) Compensation (C) Compensation (If not paid, enter liphyses benefit allowances (S) Expense and Expen				·	\$		
Total expenses per line 12, Form 990 (line a plus line d)				Add amounts on line	s (1) and (2)	→ d	0.
Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)	е		е				
(A) Name and address (B) Title and average hours per week devoted to per week devoted to per week devoted to position (C) Compensation (In not paid, enter place a compensation of more than \$100,000 from your organization and all related	D	(line c plus line d) ► e 2,062,447.		(line c plus line d)		► е	511,796.
(A) Name and address per week devoted to position (Fin ot paid, enter special expension of the allowances) SEE STATEMENT 10 0. 0. 0. 0. 0. 0. 0. 0. 0.	Pa	LIST of Officers, Directors, Trustees, and Key E					
SEE STATEMENT 10 0. 0. 0. 5. Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related		(A) Name and address	(B) 1	er week devoted to	(If not paid, enter	(D) Contributions of employee benefit plans & deferred	l account and
SEE STATEMENT 10 0. 0. 0. 0. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				position	-0)	compensation	other allowances
SEE STATEMENT 10 0. 0. 0. 0. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1							
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	o D	rnanizations, of which more than \$10,000 wee precided by the related	n of m	iore than \$100,000 from	m your organization a	and all related	

TOMPKINS COUNTY, INC. 16-1587553

Pa	irt 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?	. 77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Same and an oracle and an oracle of the orac			X
b	,	. 78b		ļ
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	. 79	<u> </u>	X
00 -	If "Yes," attach a statement			
80 a	, and a state of the state of t			
b	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization	80a	-	X
_	and check whether it is exempt or nonexemp	-		
81 a).		ĺ
b		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	015		- 21
	fair rental value?	82a	X	
b		- OLU	1	
	expense in Part II. (See instructions in Part III.)) .		
83 a		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	. 85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A	_		
d	Section 162(e) lobbying and political expenditures Aggregate condeductible amount of continuous COOC(A)/A/A/A described COOC(A)/A/A/A/A described COOC(A)/A/A/A/A described COOC(A)/A/A/A/A described COOC(A)/A/A/A/A described COOC(A)/A/A/A/A described COOC(A)/A/A/A described COOC(A)/A/A described COOC(A)/A/A described COOC(A)/A/A described COOC(A)/A/A described COOC(A)/A described COO	_		
e f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Tayable amount of lobbying and neiting expenditures (line 954 less 955)			
a	Taxable amount of lobbying and political expenditures (line 85d less 85e) Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	\dashv \downarrow		
h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues	. 85g	\vdash	
"	allocable to nondeductible lobbying and political expenditures for the following tax year?	056		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	85h		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	\dashv \mid		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	7		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	7		
	against amounts due or received from them.) 876 N/A			
38	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
39 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ <u>0 .</u> ; section 4912 ▶ <u>0 .</u> ; section 4955 ▶			
b	501(c)(3) and 501(c)(4) organizations. 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		<u>X</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			_
ч	Sections 4912, 4955, and 4958			0.
u ana	Enter: Amount of tax on line 89c, above, reimbursed by the organization ist the states with which a copy of this return is filed NETH WORK			0.
h	List the states with which a copy of this return is filed NEW YORK Number of employees employed in the pay period that includes March 12, 2004 90b			
11	The books are in care of ► JOANNE JAMES Telephone no. ► 607-2	72-0	3 3 3	2
•	Telephone no. > 007-2	14-7.	<u>,,,,</u>	
	Located at ► 309 N. AURORA STREET, ITHACA, NY ZIP+4 ►	14851	n	
	LII TYP	_ = 0 0 (-
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			\neg
	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/Z	A	
23041 1-13-0			990 (2	(004)

Part VII Analysis of Income-Producing	g Activities	(See page 33 of the i	nstructions.)		158/553 Page
Note: Enter gross amounts unless otherwise		ated business income		d by section 512, 513, or 514	(E)
indicated.93 Program service revenue;	Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	Related or exempt function income
a			0000		
b	_				
C					
d	1				
e	_				
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments95 Interest on savings and temporary cash investments			1.4	2 007	
			14	3,887. 51,646.	
96 Dividends and interest from securities97 Net rental income or (loss) from real estate:			14	JI,040.	
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property				100000000000000000000000000000000000000	
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory			18	39,943.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a	-				
b					
c					
de	-				
104 Subtotal (add columns (B), (D), and (E))	-		0.	95,476.	0.
105 Total (add line 104, columns (B), (D), and (E))					95,476
Note: Line 105 plus line 1d, Part I, should equal the am	nount on line 1.	2, Part I.	********		33,110
Part VIII Relationship of Activities to th	e Accompl	ishment of Exe	empt Purp	oses (See page 34 of the	instructions.)
Line No. Explain how each activity for which income is re			buted importan	tly to the accomplishment o	f the organization's
exempt purposes (other than by providing funds	s for such purpo	ses).			
	· · · · · · · · · · · · · · · · · · ·		*****		

Part IX Information Regarding Taxable	e Subsidiar	ies and Disreg	arded Enti	ties (See nage 34 of the in	estructions)
(A) (B)		(C) Nature of activities		(D) Total income	(E) End-of-year
Name, address, and EIN of corporation, Percentage of partnership, or disregarded entity ownership inter		Nature of activities		Total income	End-of-year assets
	%				
N/A	%	7 1			
	%				
	%				
Part X Information Regarding Transfe					
(a) Did the organization, during the year, receive any funds				I benefit contract?	Yes X No
(b) Did the organization, during the year, pay premiums, di			fit contract?	*******************	Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (se	ee instructions).	a and statements	and to the best of my knowledge	and balief it is true
Dlease Under penalties of perjury, I declare that I have examined to correct, and complete. Declaration of preparer (other than of the correct persons)	officer) is based on	all information of which pr	eparer has any kn	owledge.	e and belief, it is title,
Signature of officer		Date	Type or prin	t name and title.	
		Date	Date,		Preparer's SSN or PTIN
Paid Preparer's signature			6/22/0	- Self-	
Preparer's Firm's name (or CTASCHT DIET	ERSHAGE	N, LITTLE,	T ALCOLO		
ISE CHILD Jodion				EIN ►	
self-employed), address, and MICKELSON & CO	OMPANY (CPA'S. LLP)]	

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

2004

Name of the organization COMMUNITY FOUNDATION OF			Employer identif	cation number
TOMPKINS COUNTY, INC.			16 15875	553
Part I Compensation of the Five Highest Paid Employ	ees Other Than Off	icers, Directo	rs, and Trus	tees
(See page 1 of the instructions. List each one. If there are none, enter "		,	4	
(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 othe allowances
NONE				
Total number of other employees paid				
over \$50,000	0			·····
Part II Compensation of the Five Highest Paid Indepen			al Services	
(See page 2 of the instructions. List each one (whether individuals or fi	ms). If there are none, enter	None.")		
(a) Name and address of each independent contractor paid more tha	ın \$50,000	(b) Type of s	ervice (c) Compensation
NONE				
		· · · · · · · · · · · · · · · · · · ·		
			f	
otal number of others receiving over		deservations of the control of the c		
S50 000 for professional services	0			

423101/11-24-04 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

F	Part III	Statements About Activities (See page 2 of the instructions.)		Yes	N
1	During t	he year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public o	pinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
		sactivities \$ \$\$ (Must equal amounts on line 38, Part VI-A,			ł
		of Part VI-B.)	1		Х
	Organiza	tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			
_		ust complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	ĺ		
2	buring t	he year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
	narcon i	directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
	attach a	s affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," a detailed statement explaining the transactions.)			
,					
•	· Caio, oxe	hange, or leasing of property?	2a		<u> </u>
ı	Lending	of money or other extension of credit?	0.		7.7
	J		2b		<u>X</u>
(Furnishir	ng of goods, services, or facilities?	2c		Х
C	l Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	x	
		Tanka vii a olida 950	- Zu	A	
ε	Transfer	of any part of its income or assets?	2e		Х
			20		- 21
	you deter	nake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how mine that recipients qualify to receive payments.)	3a		Х
b	Do you h	ave a section 403(b) annuity plan for your employees?	3b		X
4 a	Did you r	naintain any separate account for participating donors where donors have the right to provide advice			
	on the us	e or distribution of funds?	4a		Х
<u>b</u>	Do you p	rovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
P	art IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organizat				
5	Organizati	on is not a private foundation because it is: (Please check only ONE applicable box.)			
6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
7	一	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	一	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii).			
9	一	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.)			
11:	ı 🔲	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.)			
118	X	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	ibed 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		
		, , , , , , , , , , , , , , , , , , , ,	tror	n above	
			······································		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990 or 990-EZ) 2004 TOMPKINS COUNTY, INC.

Sche	dule A (Form 990 or 990-EZ) 2004 $ {f T}$	OMPKINS COU	NTY, INC.		16-	1587553 Page
Pa	rt IV-A Support Schedule (C	omplete only if you ch	ecked a box on line 10	, 11, or 12.) Use cash from the accrual to th	method of accounting	g.
Cale	ndar year (or fiscal year	(a) 2003	(b) 2002			2
15	Gifts grants and contributions	(a) 2003	(1) 2002	(c) 2001	(d) 2000	(e) Total
	received. (Do not include unusual grants. See line 28.)	645,042.	291,679.	1,641,102.	191,948.	2,769,771.
16	Membership fees received					
17	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					
18	Gross income from interest,					
	dividends, amounts received from payments on securities loans (sec-					
	tion 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less section 511 taxes) from					
	businesses acquired by the	0.4 57.40	05 150	4 005	0 761	F.C. CO.O.
19	organization after June 30, 1975 Net income from unrelated business	24,749.	25,153.	4,035.	2,761.	56,698.
10	activities not included in line 18					
20	Tax revenues levied for the					
	organization's benefit and either paid to it or expended on its behalf					
21	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					
22	Other income Attach a schedule					
	Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	669,791.	316,832.		194,709.	2,826,469.
24	Line 23 minus line 17	669,791.	316,832.		194,709.	2,826,469.
25 26	Enter 1% of line 23	6,698.	3,168.	16,451.	1,947. 26a	FC F20
	Organizations described on lines 10 Prepare a list for your records to sho					56,529.
	unit or publicly supported organization				l l	
	Do not file this list with your return.		-		. [1,897,362.
C	Total support for section 509(a)(1) to	est: Enter line 24, column	(e)	****************	▶ 26c	2,826,469.
d	Add: Amounts from column (e) for li			***************************************		
	Dublic survey (III 00 1 II 0		26b			1,954,060.
e f	Public support (line 26c minus line 2 Public support percentage (line 26e					872,409. 30.8657%
' 27	Organizations described on line 12:					
	records to show the name of, and tot					
		N/A			·	
	(2003)			001)		
b	For any amount included in line 17 th		•		•	
	and amount received for each year, the described in lines 5 through 11, as we		-	,	• • • •	
	the larger amount described in (1) or		· · · · · · · · · · · · · · · · · · ·	• •		Hount received and
	(2003)					
C	Add: Amounts from column (e) for lin	nes: 15		16		
	17	20		21	▶ 27c	N/A
d	Add: Line 27a total	and	d line 27b total	****	▶ 27d	N/A
e f	Public support (line 27c total minus I					N/A
T g	Total support for section 509(a)(2) to Public support percentage (line					N/A %
-	Investment income percentage					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

423121 12-03-04

Schedule A (Form 990 or 990-EZ) 2004 TOMPKINS COUNTY, INC.

Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	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?	30		
31	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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	-		
32	Does the organization maintain the following:	-		
a a				
b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	32b		
J		00.		
d	-	32c		-
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
а			ĺ	
b	Students' rights or privileges? Admissions policies?	33a		
c	Admissions policies? Employment of faculty or administrative staff?	33b 33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?			
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
0.5	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	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	35	1	

N/A

		(10 be completed ONL)	by an engible organization that	illed FOITH 5768)			
<u>Ch</u>	eck ► a	if the organization bel	ongs to an affiliated group.	Check 🕨 b	if you che	cked "a" and "limited contr	ol" provisions apply.
-			on Lobbying Expendit			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39 40 41	Total lobb Total lobb Other exe Total exer Lobbying	oying expenditures to influen oying expenditures (add lines mpt purpose expenditures mpt purpose expenditures (a nontaxable amount. Enter th	ce public opinion (grassroots lol ce a legislative body (direct lobb 36 and 37) dd lines 38 and 39) le amount from the following tab	oying)	37 38 39	N/A	
43	Not over \$50 Over \$500,0 Over \$1,000 Over \$1,500 Over \$17,00 Grassroot Subtract li	000 but not over \$1,000,000 0,000 but not over \$1,000,000 0,000 but not over \$17,000,000 00,000 S nontaxable amount (enter ine 42 from line 36. Enter -0	The lobbying nontaxabl 20% of the amount on line 40 \$100,000 plus 15% of the excession of	cess over \$500,000 cess over \$1,000,000 ess over \$1,500,000	41 42 43		
			either line 43 or line 44, you n		44		

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.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					_
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 48(e))					
GO Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

Du	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to			_
inf	uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers			
	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
C	Media advertisements			
đ	Mailings to members, legislators, or the public			
е	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.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

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Schedule A (Form 990 or 990-EZ) 2004 TOMPKINS COUNTY, INC.

(ii) Other assets b Other transactions: (i) Sales or orchanges of assets with a noncharitable exempt organization (iii) Fertile asset from a moncharitable exempt organization (iiii) Fertile of building, equament, or other assets (iiii) Fertile of building, equament, or other assets (iv) Fertile or facilities, equament, or other assets, or pad employees (iv) Fertile or facilities, equament, mailing lists, other assets, or pad employees (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or membership or fundrishing satisfactions (iv) Performance of services or services reserved: (iv) Performance of services or services reserved		rding Transfers To ar tions (See page 11 of the ins		nd Relationships With Noncha	aritable		
a Transfer from the reporting organization to a numberatable exempt organization of: (i) Case (ii) Other assets (iii) and in the second of th	51 Did the reporting organization direc	ctly or indirectly engage in any o	of the following with any oth				
(ii) Clash (iii) Other assets (iii) Sales of exchanges of assets with a noncharitable exampl organization (iii) Perturbase of assets from a noncharitable exampl organization (iiii) Perturbase of assets from a noncharitable exampl organization (iiii) Perturbase of assets from a noncharitable exampl organization (iiii) Perturbase of assets from a noncharitable exampl organization (iiii) Perturbase of assets from a noncharitable exampl organization (iiii) Perturbase of assets from a noncharitable exampl organization (iiii) Perturbase of assets from a noncharitable exampl organization (iiii) Perturbase of assets or membership or fundrasing solicitations (iv) Performance of servous or membership or fundrasing solicitations (iv) Performance of servous or membership or fundrasing solicitations (iv) Performance of servous organization fundrasing solicitations (iv) Performance of servous organization than assets, or past employees (iv) Performance of servous organization in the organization consists than interest value of the goods, other assets, or past exists or that parameters are not organization assets, or services received: N/A (b) (iv) Amount involved farme of noncharitable exempt organization Description of francters, transactions, and sharing arrangements in the organization of transfers, transactions, and sharing arrangements in the organization of the product of the goods, other assets, or services received: N/A (iv) N/	501(c) of the Code (other than sect	tion 501(c)(3) organizations) or	in section 527, relating to p	political organizations?			
(ii) Other assects b Direct resources: (i) Sales or exchanges of assets with a noncharitable everyot organization (iii) Prochases of assets from a noncharitable everyot organization (iii) Prochases of assets from a noncharitable everyot organization (iv) Reind of Sachtes, equipment, or other assets (iv) Reind of an upcarateles (iv) Lax of upcarateles (iv) Reind of an upcarateles (iv) Reind of an upcarateles (iv) Reind of upcarateles (iv		ization to a noncharitable exemp	ot organization of:			Yes	No
(i) Sites or exhapse of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Pethol of dealities, equipment, or other assets (iv) Reimbursement arrangements (v) Linars or loan guarantees (v) Performance of services or membership or fundations policitations (vi) Performance of services from the services or membership or fundations policitations (vi) Performance of services services from the services of the services from the services				***************************************			X
(i) Sites or exhapse of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Pethol of dealities, equipment, or other assets (iv) Reimbursement arrangements (v) Linars or loan guarantees (v) Performance of services or membership or fundations policitations (vi) Performance of services from the services or membership or fundations policitations (vi) Performance of services services from the services of the services from the services	(ii) Other assets				a(ii)		X
(iii) Petral classes of easest from a monthcastelle exempt organization b(iii) X (iii) Retail of facilities, equipment, or other easets b(iii) X (iv) Reimbursement arrangements b(iv) X (iv) Reimbursement arrangements b(iv) X (iv) Performance of services or membership or fandratising solicitations b(iv) X (iv) Performance of services or membership or fandratising solicitations b(iv) X (iv) Performance of services or membership or fandratising solicitations b(iv) X (iv) Performance of services or membership or fandratising solicitations b(iv) X (iv) Performance or services or membership or fandratising solicitations b(iv) X (iv) Performance or services (iv) Performance or services (iv) X	b Other transactions:						
(iii) Petral classes of easest from a monthcastelle exempt organization b(iii) X (iii) Retail of facilities, equipment, or other easets b(iii) X (iv) Reimbursement arrangements b(iv) X (iv) Reimbursement arrangements b(iv) X (iv) Performance of services or membership or fandratising solicitations b(iv) X (iv) Performance of services or membership or fandratising solicitations b(iv) X (iv) Performance of services or membership or fandratising solicitations b(iv) X (iv) Performance of services or membership or fandratising solicitations b(iv) X (iv) Performance or services or membership or fandratising solicitations b(iv) X (iv) Performance or services (iv) Performance or services (iv) X	(i) Sales or exchanges of assets w	vith a noncharitable exempt orga	anization		b(i)		X
(iii) Rotatiol flacilities, equipment, or other assets (b)(iii) X (IV) Reminusments arrangements (b)(V) Lates or loan guarantees (b)(V) Lates or loan guarantees (b)(V) Performance of services or membership or fundraising satisfations (b)(V) Performance of services or membership or fundraising satisfations (b)(V) Performance of services or membership or fundraising satisfations (b) If the answer to any of the above is "vis., tomptile the following satisfation (the organization received less than fair market value of the goods, other assets, or services or sharing arrangement, show in column (I) the value of the goods, other assets, or services received: N/A (a) (a) (b) Rotation or sharing arrangement, show in column (I) the value of the goods, other assets, or services received: N/A (b) Description of transfers, transactions, and sharing arrangements 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 521? (b) If Yes, complete the following schedula: N/A (a) (b) Type of organization Description of relationship	(ii) Purchases of assets from a no	ncharitable exempt organization			b(ii)		X
(iv) Performance of services or membership or fundraising solicitations (iv) Performance of services or membership or fundraising solicitations (iv) Performance of services or membership or fundraising solicitations (iv) Performance of services or membership or fundraising solicitations (iv) Performance of services or membership or fundraising solicitations (iv) Performance of services or membership or fundraising solicitations (iv) Performance of services or membership or fundraising solicitations (iv) Performance of services or services resolved solicitations or services resolved solicitations or services (iv) In the above is "se," complete the following schedule. Column (b) should always show the fair market value in any proposed or services resolved solicitation or stating arrangements show in column (b) the value of the opposition of stating arrangements or services resolved: (a) (b) (c) (a) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(iii) Rental of facilities, equipment,	or other assets	*************	***************************************	b(iii)		X
(vi) Loans or foan gusrantees (vii) Performance of services or membrarship or fundralising solicitations c Starting of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is Yes; complete the following schedulc. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transferring arrangement, show in column (c) the value of the goods, other assets, or services received: (4) (3) (4) (A) (A) (b) (b) (b) (c) (c) (c) (d) (d) (d) (d) (d	(iv) Reimbursement arrangements	**************************	*************************		b(iv)		X
(vi) Performance of services or membership or fundralising solicitations. Sharing of facilities, equipment, mailing lists, other assets, or paid amployees d If the answer to any of the abrove is "Yes, complete the following schedule: Column (s) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less titan har market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services procedure. (a) (b) (c) (c) (d) Description of transfers, transactions, and sharing arrangements are seen to a services procedure. (d) Description of transfers, transactions, and sharing arrangements are seen to a services procedure. (d) Description of transfers, transactions, and sharing arrangements are seen to a services procedure. (d) Description of transfers, transactions, and sharing arrangements are seen to a services procedure. (e) Description of transfers, transactions, and sharing arrangements are seen to a services procedure. (a) (b) Description of transfers, transactions, and sharing arrangements are seen to a services procedure. (b) Description of transfers, transactions, and sharing arrangements are seen to a services procedure. (c) N/A (d) Name of organization directly or indirectly affiliated with, or related to, one or more tax-exampt organizations described in section 501(c) of the control of the section 501(c) of the control of the section 501(c) of the control of transfers, transactions, and sharing arrangements are seen to a section 501(c) of the control of transfers, transactions, and sharing arrangements are seen to a section 501(c) of the control of transfers, transactions, and sharing arrangements are seen to a section 501(c) of the control of transfers, transactions, and sharing arrangements are seen to a section 501(c) of the control of transfers, transactions are seen to a section 501(c) of the control of transfers, transactions are seen	(v) Loans or loan guarantees		***************************************		b(v)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees of the developed of the provided always show the fair market value of the goods, other assets, or services of several by the reporting organization, if the organization resolved less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a)	(vi) Performance of services or me	mbership or fundraising solicita	ations	************************************	b(vi)		X
opods, other assets, or services given by the reporting organization. If the organization received less than that market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: A	 Sharing of facilities, equipment, ma 	illing lists, other assets, or paid e	employees				X
Line no. Amount involved Name of noncharitable exampt organization Description of transfers, transactions, and sharing arrangements Secretary and Secretary	goods, other assets, or services giv transaction or sharing arrangement	en by the reporting organizatior	n. If the organization receive	ed less than fair market value in any		N/A	
52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? b If 'Yes,' complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship	(a) (b) Line no. Amount involved	(c) Name of noncharitable e:	xempt organization		nd sharing ar	rangen	nents
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
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Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship					***************************************		***************************************
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship			000 Aug 100 Aug				
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship						******	
Code (other than section 501(c)(3)) or in section 52?? b If Yes, complete the following schedule: (a) Name of organization (b) Type of organization Description of relationship							
23151	Code (other than section 501(c)(3)) b If "Yes," complete the following sche	or in section 527? edule: N/A		> [X] No
23151	(a) Name of organiz	zation	(b) Type of organization	(c) Description of relation	nship		
23151							
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	423151						

Name of organization

COMMUNITY FOUNDATION OF

TOMPKINS COUNTY, INC.

Employer identification number

16-1587553

Part II	Noncash Property (See Specific Instructions.)		1307333
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	329SHS EMERSON ELECTRIC		
		\$\$	06/01/04
(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	No. (b) from Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. (b) rom Description of noncash property given art I	(c) FMV (or estimate) (see instructions)	(d) Date received	
-		\$	
(a) No. com art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
a) lo. om irt l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3 11-24-0		\$	990-F7 or 990-PE\ (20)

Asset					ORM 990 PAGE Description	of property		990
lumber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1EC	OUIPMEN	VT	- 00	4.5				
*	0 8 1 5 0 1 TOTAL	700DB	5.00 AGE 2	T)	8,368.	·L	3,158.	1,53
					8,368.	0.	3,158.	1,53
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261 1-04					Current year section 179	(D) - Asset dispos		

							_		-
FORM 990 GAIN (LOSS) FR	OM PUBL	ICLY T	RADED S	SECURIT	'IES	STAT	TEMENT	1
DESCRIPTION		GRO SALES		COST OTHER		EXPENS OF SAL		NET GAI	
MUTUAL FUNDS	•	483,828. 443,		,885.	,885.		39,943		
TO FORM 990, PART I, L	INE 8	483	,828.	443	,885.		0.	39,9	43.
FORM 990 OTHER	CHANGES	IN NET A	ASSETS	OR FUN	D BALA	NCES	STAT	EMENT	2
DESCRIPTION							A	TNUOM	
UNREALIZED LOSS ON INV	ESTMENTS							<31,84	46.>
TOTAL TO FORM 990, PAR	T I, LIN	E 20						<31,84	46.>
FORM 990 OTHER EXPENSES								EMENT	3
	(A))	(E	•		C) GEMENT		(D)	
DESCRIPTION	TOTA	ΑL		ICES		SEMENT SENERAL	FUN	DRAISIN	1G
ROUNDTABLE FORUMS CONSULTING &	11	.,892.			***************************************	11,892.			- (St. Live Manager)
PROFESSIONAL FEES DUES & SUBSCRIPTIONS MISCELLANEOUS MANAGEMENT FEE		7,900. 946. 3,114.				7,900. 946. 8,114.			
EXPENSE INSURANCE EXPENSE ADVERTISING DIRECTED & SPECIAL	1	2,080. .,217. 2,334.				12,080. 1,217. 2,334.			
FUND EXPENSES PASS-THROUGH FUND EXPENSES		,723.		9,723. 0,181.					
TEMPORARY HELP		,216.	_	,		3,216.			
TOTAL TO FM 990, LN 43							-		

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

EXPLANATION

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

FORM 990	CASH GRANT	S AND AL	LOCATIONS	STATEMENT			
CLASSIFICATION	DONEE'S NAME	DONEE'S	ADDRESS	DONEE'S RELATIONSHIP	AMOUNT		
GRANT	GREATER ITHACA ACTIVITIES CENTER	ITHACA,	NY	NONE	4,604.		
GRANT	CAYUGA NATURE CENTER, INC.	ITHACA,	NY	NONE	585.		
GRANT	FAMILY & CHILDREN'S SERVICE	ITHACA,	NY	NONE	5,000.		
GRANT	POWERS LIBRARY	ITHACA,	NY	NONE	1,300.		
GRANT	FIRST CONGREGATIONAL CHURCH	ITHACA,	NY	NONE	400.		
GRANT	TOMPKINS COUNTY SPCA	ITHACA,	NY	NONE	6,943.		
GRANT	TOMPKINS COUNTY PUBLIC LIBRARY FOUN	ITHACA,	NY	NONE	1,842.		
GRANT	KEUKA HEALTH CARE FOUNDATION	ITHACA,	NY	NONE	750.		
GRANT	CROSSROADS LIFE CENTER-CARRIAGE	ITHACA,	NY	NONE	2,000.		
GRANT	MASSENA MEMORIAL HOSPITAL FUND	ITHACA,	NY	NONE	240.		
GRANT	CAYUGA MEDICAL CENTER FOUNDATION	ITHACA,	NY	NONE	1,300.		
GRANT	SCIENCECENTER	ITHACA,	NY	NONE	6,443.		
GRANT	NY PUBLIC INTEREST RESEARCH GROUP	ITHACA,	NY	NONE	750.		

COMMUNITY I	FOUNDATION OF 1 .PKINS	COUNTY,	-		16-1587553
GRANT	DRYDEN YOUTH OPPORTUNITY FUND	ITHACA,	NY	NONE	1,000.
GRANT	ST. LUKE LUTHERAN CHURCH	ITHACA,	NY	NONE	14,500.
GRANT	BOY SCOUTS-BADEN POWELL COUNCIL	ITHACA,	NY	NONE	4,500.
GRANT	THE HISTORY CENTER IN TC	ITHACA,	NY	NONE	15,300.
GRANT	FINGER LAKES LAND TRUST, INC.	ITHACA,	NY	NONE	5,300.
GRANT	ITHACA NEIGHBORHOOD HOUSING	ITHACA,	NY	NONE	550.
GRANT	ITHACA BREAST CANCER ALLIANCE	ITHACA,	NY	NONE	6,000.
GRANT	AUDUBON SOCIETY	ITHACA,	NY	NONE	300.
GRANT	ITHACA COMM CHORUS & CHAMBER SINGER	ITHACA,	NY	NONE	1,500.
GRANT	HISTORIC ITHACA	ITHACA,	NY	NONE	500.
GRANT	HOSPICARE	ITHACA,	NY	NONE	15,300.
GRANT	ITHACA PUBLIC EDUCATION INITIATIVE	ITHACA,	NY	NONE	800.
GRANT	LOAVES & FISHES	ITHACA,	NY	NONE	300.
GRANT	THE NATURE CONSERVANCY/CENTRA CHAP	ITHACA,	NY	NONE	250
GRANT	PLANNED PARENTHOOD OF THE SOUTH FL	ITHACA,	NY	NONE	250. 3,300.
GRANT	RED CROSS	ITHACA,	NY	NONE	350.
GRANT	SALVATION ARMY	ITHACA,	NY	NONE	350.
GRANT	ULYSSES PHILOMATHIC LIBRARY	ITHACA,	NY	NONE	300.

ITHACA, NY

NONE

400.

UNITARIAN CHURCH

GRANT

COMMUNITY	FOUNDATION OF 1 .PKINS	COUNTY,		16-1587553
GRANT	UNITED WAY OF TC	ITHACA,	NY N	ONE 1,000.
GRANT	UNIVERSITY OF VERMONT	ITHACA,	NY N	ONE 500.
GRANT	SUSTAINABLE TOMPKINS FUND	ITHACA,	NY N	ONE 1,455.
GRANT	VILLAGE AT ITHACA/SOUTHSIDE CC	ITHACA,	NY NO	ONE 10,000.
GRANT	VILLAGE OF GROTON	GROTON,	NY NO	DNE 1,800.
GRANT	WOMEN'S OPPORTUNITY CENTER	ITHACA, 1		ONE 20,000.
GRANT	LIGHT IN WINTER FESTIVAL INC	ITHACA, I	NY NO	ONE 2,000.
GRANT	CORNELL COOP EXT OF TC	ITHACA, 1	NY NO	ONE 500.
GRANT	DRYDEN CENTRAL SCHOOL DISTRICT	DRYDEN, 1	NY NO	NE 1,285.
GRANT	THE SOUTHWORTH LIBRARY ASSOC.	DRYDEN, 1	NY NO	NE 750.
GRANT	TOWN OF DRYDEN RECREATION DEPT	DRYDEN, N	AA NC	NE 450.
GRANT	TC LIVING WAGE COALITION	ITHACA, N	AA NC	NE 5,000.
GRANT	CORNELL PLANTATIONS/CU	ITHACA, N	1A NC	NE 200.
GRANT	FAMILIES AND WORK INSTITUTE	ITHACA, N	IA NC	NE 1,500.
GRANT	ITHACA COLLEGE	ITHACA, N	IY NC	NE 10,000.
GRANT	ST. MARY OF THE WOODS COLLEGE	ITHACA, N	IY NO	NE 200.
GRANT	WOMEN'S INTERFAITH INST IN THE FL	ITHACA, N	TY NO	NE 500.
GRANT	CORTLAND MEMORIAL FOUNDATION	CORTLAND,	NY NO	NE 500.
GRANT	CORTLAND REPERTORY THEATER	ITHACA, N	Y NO	NE 250.

COMMUNITY FOUNDATI	.OIN	OF.	Ί.	PKINS	COUNTY,
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GRANT	ON-SITE VOLUNTEER SERVICES	ITHACA,	NY	NONE	250.
GRANT	PALEONTOLOGICAL RESEARCH INSTITUTE	ITHACA,	NY	NONE	700.
GRANT	CORNELL UNIVERSITY	ITHACA,	NY	NONE	500.
GRANT	CFTC GRANT-INTERFUND	ITHACA,	NY	NONE	11,693.
GRANT	JOHNSON SCHOOL OF MANAGEMENT	ITHACA,	NY	NONE	2,500.
GRANT	TOMPKINS LEARNING PARTNERS, INC	ITHACA,	NY	NONE	6,443.
GRANT	AMNESTY INTERNATIONAL	ITHACA,	NY	NONE	500.
GRANT	CENTER FOR IMMIGRANT FAMILIES	ITHACA,	NY	NONE	1,000.
GRANT	CENTER FOR RELIGION, ETHICS, SOCIAL	ITHACA,	NY	NONE	500.
GRANT	CRESP/TC LIVING WAGE COALITION	ITHACA,	NY	NONE	250.
GRANT	GRASSROOTS LEADERSHIP	ITHACA,	NY	NONE	1,000.
GRANT	RESIST INC.	ITHACA,	NY	NONE	2,000.
GRANT	ZNET/ZMAG/INSTITUT FOR SOC & CUL	ITHACA,	NY	NONE	1,000.
GRANT	HUBER OPERA HOUSE & CIVIC CENTER	ITHACA,	NY	NONE	15,000.
GRANT	ST. JOHN EVANGELICAL LUTHERAN CHURC	ITHACA,	NY	NONE	3,000.
GRANT	FAMILY & CHILDREN'S SERV OF ITHACA	ITHACA,	NY	NONE	25,000.
FRANT	ST. ANDREWS SCHOOL	ITHACA,	NY	NONE	300.
GRANT	TC CHAMBER OF COMMERCE FOUND	ITHACA,	NY	NONE	2,500.

COMMUNITY	FOUNDATION OF ' 1PKINS	COUNTY,		16-1587	553
GRANT	CAYUGA ADDICTION RECOVERY SERVICES	ITHACA, NY	NONE	5	00.
GRANT	ITHACA COMMUNITY RECOVERY	ITHACA, NY	NONE		
				2,5	00.
GRANT	TC3 FOUNDATION	ITHACA, NY	NONE	1,0	00.
GRANT	OTHERS	ITHACA, NY	NONE	10,3	25.
TOTAL INCLUD	ED ON FORM 990, PART I	I, LINE 22		249,3	08.
FORM 990	0	THER ASSETS		STATEMENT	6
DESCRIPTION				TNUOMA	
SECURTIY DEP CASH VALUE O	3,023. 163,415.				
TOTAL TO FOR	M 990, PART IV, LINE 5	8, COLUMN B		166,43	38.
FORM 990	OTHER S	SECURITIES		STATEMENT	 7
SECURITY DESC	CRIPTION		COST/FMV	OTHER SECURITIES	5
M&T SECURITI	ES		FMV	2,040,70	6.
TO FORM 990,	LINE 54, COL B			2,040,70	6.
FORM 990					
	OTHER REVENUE NO	TNCLUDED ON F	ORM 990	STATEMENT	8
DESCRIPTION				AMOUNT	
NETTED AGAINS	ST EXPENSES			<12,08	0.>
FOTAL TO FORM	1 990, PART IV-A			<12,08	0.>

				· ·					
FORM 990	OTHER	EXPENSES	NOT	INCLUDED C	ON FORM	990	STAT	EMENT	9
DESCRIPTION							A	MOUNT	
NETTED AGAINST EXP	ENSES						***	<12,0	80.>
TOTAL TO FORM 990,	PART I	V-B						<12,0	80.>
FORM 990	PART V TR	- LIST OI USTEES AI	F OFF	FICERS, DIR	ECTORS,		STAT	EMENT	10
NAME AND ADDRESS				TITLE AND	COMP SATI		EMPLOYEE BEN PLAN CONTRIB	EXPEN	
SAMANTHA CASTILLO-1 1312 HANSHAW ROAD ITHACA, NY 14850-1				STEE HR/WEEK	***************************************	0.	0.	-	0.
MARY PAT DOLAN ITHACA, NY 14850				STEE HR/WEEK		0.	0.		0.
ERIC CLAY 332 N. AURORA STREI ITHACA, NY 14850	ΞT			STEE HR/WEEK		0.	0.		0.
FERNANDO DE ARAGON ITCTC, 121 E. COURT ITHACA, NY 14850	r street	г		STEE HR/WEEK		0.	0.		0.
ROBERT HARRIS JR. 149 DAY HALL THACA, NY 14853				STEE HR/WEEK		0.	0.		0.
HEODORE HULLAR				STEE					_
THACA, NY 14850			>1 .	HR/WEEK		0.	0.		0.
GREG GARVAN 313 THE PARKWAY THACA, NY 14850				STEE HR/WEEK		0.	0.		0.
PEG HENDRICKS 809 N. AURORA STREE	T			CUTIVE DIRE HRS/WEEK	ECTOR	0.	0.		0.

ITHACA, NY 14850

COMMUNITY FOUNDATION OF : :PKIN	S COUNTY,		16-1587553	
JOHN HINCHCLIFF 202 E. STATE STREET, SUITE 700 ITHACA, NY 14850	CHAIR >1 HR/WEEK	0.	0.	0.
JOANNE JAMES 247 MAIN STREET NEWFIELD, NY 14867	TREASURER >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.
JOHN BAILEY 7 GOODRICH WAY DRYDEN, NY 13053	TRUSTEE >1 HR/WEEK	0.	0.	0.
HOWARD P. HARTNETT PO BOX 1063 MORAVIA, NY 13118	TRUSTEE >1 HR/WEEK	0.	0.	0.
PRISCILLA BROWNING ONE PLEASANT GROVE 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.
BILL MYERS 313 HUDSON STREET ITHACA, NY 14850	VICE CHAIR >1 HR/WEEK	0.	0.	0.
GEORGE RIDENOUR 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.
DIANE SHAFER 95 TEETER ROAD ITHACA, NY 14850	SECRETARY >1 HR/WEEK	0.	0.	0.
JEAN GORTZIG 7 STORMY VIEW ROAD ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.

COMMUNITY FOUNDATION OF 1 .PKINS	COUNTY,		16-1587553	
ELDRED HARRIS 802 CLIFF STREET ITHACA, NY 14850	TRUSTEE >1. HR/WEEK	0.	0.	0.
CARMAN B. HILL 3072 WILKINS ROAD ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
FRANK ROBINSON 110 BROOK DRIVE ITHACA, NY 14850	TRUSTEE >1 HR/WEEK	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART		0.	0.	0.