

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

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

B Check if
applicable:

- ☐ Address
change
☐ Name
change
☐ Initial
return
☐ Termination
☐ 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**D** Employer identification number**16-1587553****E** Telephone number**607-272-9333****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**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 ▶ **N/A****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** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **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 is not a 509(a)(3) supporting organization and its gross
receipts are normally **not** more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**7,236,107.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	303,333.		
	b	Direct public support (not included on line 1a)	1b	179,515.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 358,924. noncash \$ 123,924.)	1e	482,848.		✓
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	13,163.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	4,417.		✓
	5	Dividends and interest from securities	5	128,047.		
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
Expenses	c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7	Other investment income (describe ▶)	7			
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	6,607,632.	8a	
	b	Less: cost or other basis and sales expenses	6,255,035.	8b		
	c	Gain or (loss) (attach schedule)	352,597.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d	352,597.		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
Net Assets	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	981,072.		✓
	13	Program services (from line 44, column (B))	13	402,171.		
	14	Management and general (from line 44, column (C))	14	215,299.		
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17	617,470.		
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	363,602.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,082,613.			
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	<342,719.>			
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	4,103,496.		✓	

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

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

Form 990 (2007)

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**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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>292,604.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 292,604.	292,604. ✓	STATEMENT 3	
22b Other grants and allocations (attach schedule) (cash \$ <u>109,567.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 109,567.	109,567. ✓	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 70,939.	0.	70,939. ✓	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 34,801.		34,801. ✓	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 2,022.		2,022. ✓	
29 Payroll taxes	29 8,553.		8,553. ✓	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 19,295.		19,295. ✓	
34 Telephone	34 3,267.		3,267. ✓	
35 Postage and shipping	35			
36 Occupancy	36 14,200.		14,200. ✓	
37 Equipment rental and maintenance	37 984.		984. ✓	
38 Printing and publications	38 11,231.		11,231. ✓	
39 Travel	39 2,681.		2,681. ✓	
40 Conferences, conventions, and meetings	40 5,337.		5,337. ✓	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 587.		587. ✓	
43 Other expenses not covered above (itemize):				
a CONSULTING &	43a			
b PROFESSIONAL FEES	43b 11,240.		11,240. ✓	
c DUES & SUBSCRIPTIONS	43c 1,984.		1,984. ✓	
d MISCELLANEOUS	43d 8,270.		8,270. ✓	
e MANAGEMENT FEE EXPENSE	43e 16,209.		16,209. ✓	
f INSURANCE EXPENSE	43f 2,773.		2,773. ✓	
g ADVERTISING	43g 926.		926. ✓	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 617,470.	402,171.	215,299.	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 \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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12-27-07

Form 990 (2007)

COMMUNITY FOUNDATION OF
TOMPKINS COUNTY, INC.**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5

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 TO PROVIDE GRANTS AND CONTRIBUTIONS TO CHARITIES LOCATED IN THE GREATER ITHACA, NEW YORK AREA.

(Grants and allocations \$ 394,066.) If this amount includes foreign grants, check here ► ☐

402,171.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► 402,171.

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

Part IV Balance Sheets (See the instructions.)

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	
Assets	45 Cash - non-interest-bearing	328,722.	45	92,564.	
	46 Savings and temporary cash investments	211,894.	46	148,825.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b		47c	
	48 a Pledges receivable	48a	36,874.		
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable	39,407.	49	36,874. ✓	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	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 a Investments - publicly-traded securities	STMT 7	3,341,881.	54a	
	b Investments - other securities	STMT 7	3,642,425. ✓	54b	
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	8,368.			
b Less: accumulated depreciation	57b	7,751.	57c	617. ✓	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 6)	180,434.	58	190,464.		
59 Total assets (must equal line 74). Add lines 45 through 58	4,103,542.	59	4,111,769. ✓		
Liabilities	60 Accounts payable and accrued expenses	20,929.	60	8,273. ✓	
	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 Total liabilities. Add lines 60 through 65	20,929.	66	8,273.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	3,268,557.	67	3,252,219.	
	68 Temporarily restricted	84,076.	68	85,052.	
	69 Permanently restricted	729,980.	69	766,225.	
	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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,082,613.	73	4,103,496.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,103,542.	74	4,111,769.	

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a	Total revenue, gains, and other support per audited financial statements		a	622,144.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	622,144.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): SEE STATEMENT 8	d2		358,928.
	Add lines d1 and d2		d	358,928.
e	Total revenue (Part I, line 12). Add lines c and d		e	981,072.

a	Total expenses and losses per audited financial statements	a	601,261.
	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	601,261.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): SEE STATEMENT 9	d2	16,209.
	Add lines d1 and d2	d	16,209.
e	Total expenses (Part I, line 17). Add lines c and d	e	617,470.

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

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Part VI Other Information (continued)

		Yes	No
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?		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.) 82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
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 <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures 85d <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	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 allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a <u>N/A</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b <u>N/A</u>		
88 a	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b		X
89 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 <u>0.</u>		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed NY		
b	Number of employees employed in the pay period that includes March 12, 2007 90b <u>3</u>		
91 a	The books are in care of JOANNE JAMES Telephone no. 607-272-9333 Located at 309 N. AURORA STREET, ITHACA, NY ZIP + 4 14850		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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

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Part VI Other Information (continued) **Yes No**

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ **Yes** ☒ **No**
- If "Yes," enter the name of the foreign country **N/A**
- 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 the instructions.)

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 MISCELLANEOUS					13,163.
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	4,417.	
96 Dividends and interest from securities			14	128,047.	
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	352,597.	
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.		485,061.	13,163.
105 Total (add line 104, columns (B), (D), and (E))					498,224.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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).
93A	MISCELLANEOUS INCOME

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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 the instructions.)

- (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).

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COMMUNITY FOUNDATION OF
TOMPKINS COUNTY, INC.

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a
controlling organization as defined in section 512(b)(13). N/A106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"
complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"
complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and
annuities described in question 107 above?

Yes	No

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

Please Sign Here

Signature of officer: *Joanne James* Date: *5/5/08*

Type or print name and title: *Joanne James, Treasurer*

Paid Preparer's Use Only

Preparer's signature: *Ruth L. H.* Date: *5/5/08* Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: **CDLM & COMPANY CPA'S, LLP**
401 E. STATE ST., SUITE 500
ITHACA, NY 14850

EIN: **607-272-4444** Phone no. **607-272-4444**

Preparer's SSN or PTIN (See Gen. Inst. X)

Form 990 (2007)

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 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

2007

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
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

COMMUNITY FOUNDATION OF

Schedule A (Form 990 or 990-EZ) 2007 **TOMPKINS COUNTY, INC.**

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Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
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.			
2	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.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d	Enter the total number of donor advised funds owned at the end of the tax year	63	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶ 3,010,662.	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

COMMUNITY FOUNDATION OF

Schedule A (Form 990 or 990-EZ) 2007 **TOMPKINS COUNTY, INC.**

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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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	711,752.	832,103.	1,966,971.	645,042.	4,155,868.
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 (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	61,880.	44,447.	55,533.	24,749.	186,609.
19 Net income from unrelated business 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		7,871.	SEE STATEMENT 11		7,871.
23 Total of lines 15 through 22	773,632.	884,421.	2,022,504.	669,791.	4,350,348.
24 Line 23 minus line 17	773,632.	884,421.	2,022,504.	669,791.	4,350,348.
25 Enter 1% of line 23	7,736.	8,844.	20,225.	6,698.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					87,007.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					1,270,610.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					4,350,348.
d Add: Amounts from column (e) for lines: 18 186,609. 19 1,270,610. 22 7,871. 26b 1,270,610.					1,465,090.
e Public support (line 26c minus line 26d total)					2,885,258.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					66.3225%
27 Organizations described on line 12: a 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: N/A					
(2006) (2005) (2004) (2003)					
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 11b, 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: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)

N/A

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

	Yes	No
29 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?	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
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	
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	

Schedule A (Form 990 or 990-EZ) 2007

COMMUNITY FOUNDATION OF

Schedule A (Form 990 or 990-EZ) 2007 TOMPKINS COUNTY, INC.

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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

N/A

- 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36
- 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37
- 38 Total lobbying expenditures (add lines 36 and 37) 38
- 39 Other exempt purpose expenditures 39
- 40 Total exempt purpose expenditures (add lines 38 and 39) 40
- 41 Lobbying nontaxable amount. Enter the amount from the following table -
- | If the amount on line 40 is - | The lobbying nontaxable amount is - |
|--|---|
| 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 |
- 42 Grassroots nontaxable amount (enter 25% of line 41) 42
- 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43
- 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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
		0.

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(ii) Other assets

(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

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. 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 transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

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 527?

☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS	STATEMENT	3
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANT GREATER ITHACA ACTIVITIES CENTER ITHACA, NY	2,985.
GRANT FAMILY & CHILDREN'S SERVICE ITHACA, NY	20,400.
GRANT POWERS LIBRARY MORAVIA, NY	700.
GRANT FIRST CONGREGATIONAL CHURCH ITHACA, NY	2,000.
GRANT TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION ITHACA, NY	1,000.
GRANT MASSENA MEMORIAL HOSPITAL FUND MASSENA, NY	280.
GRANT HUMAN SERVICES COALITION ITHACA, NY	10,000.
GRANT BOY SCOUTS-BADEN POWELL COUNCIL BINGHAMTON, NY	1,500.
GRANT FINGERLAKES LAND TRUST, INC. ITHACA, NY	7,363.

GRANT	
ITHACA NEIGHBORHOOD HOUSING	300.
ITHACA, NY	
GRANT	1,000.
ITHACA BREAST CANCER ALLIANCE	
ITHACA, NY	
GRANT	1,000.
HISTORIC ITHACA	
ITHACA, NY	
GRANT	36,250.
HOSPICARE	
ITHACA, NY	
GRANT	700.
ITHACA PUBLIC EDUCATION INITIATIVE	
ITHACA, NY	
GRANT	1,000.
LOAVES & FISHES	
ITHACA, NY	
GRANT	3,000.
PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES	
ITHACA, NY	
GRANT	1,000.
SALVATION ARMY	
ITHACA, NY	
GRANT	2,800.
DRYDEN CENTRAL SCHOOL DISTRICT	
DRYDEN, NY	
GRANT	36,500.
ITHACA COLLEGE	
ITHACA, NY	

GRANT	2,000.
GRASSROOTS LEADERSHIP	
CHARLOTTE, NC	
GRANT	750.
CATHOLIC CHARITIES OF TOMPKINS	
ITHACA, NY	
GRANT	5,000.
COMMUNITY SCIENCE INSTITUTE	
ITHACA, NY	
GRANT	5,000.
DROP-IN CHILDREN'S CENTER	
ITHACA, NY	
GRANT	3,000.
THE ADVOCACY CENTER OF TOMPKINS COUNTY	
ITHACA, NY	
GRANT	2,300.
CAYUGA MEDICAL CENTER FOUNDATION	
ITHACA, NY	
GRANT	50,000.
SYRACUSE CITY SCHOOL DISTRICT	
SYRACUSE, NY	
GRANT	1,000.
UNITED WAY OF TOMPKINS COUNTY	
ITHACA, NY	
GRANT	1,000.
RED CROSS OF ITHACA	
ITHACA, NY	
GRANT	500.
WOMEN'S INTERFAITH INSTITUTE	
ITHACA, NY	

GRANT FINGERLAKES RUNNER'S CLUB ITHACA, NY	500.
GRANT CALIFORNIA STATE UNIVERSITY CALIFORNIA	1,000.
GRANT ST ANDREWS SCHOOL ITHACA, NY	500.
GRANT SOUTH SENECA CENTRAL SCHOOL DIST ITHACA, NY	16,867.
GRANT OTHERS	6,250.
GRANT ALTERNATIVE COMMUNITY VENTURES ITHACA, NY	500.
GRANT BETHEL GROVE BIBLE CHURCH ITHACA, NY	400.
GRANT CANCER RESOURCE CENTER OF THE FINGER LAKES ITHACA, NY	200.
GRANT CATHOLIC CHARITIES-SAMARITAN CENTER	500.
GRANT CAYUGA ADDICTION RECOVERY SERVICES	450.

GRANT CAYUGA CHAMBER ORCHESTRA ITHACA, NY	1,500.
GRANT CAYUGA NATURE CENTER ITHACA, NY	2,000.
GRANT COMMUNITY DISPUTE RESOLUTION CENTER, INC. ITHACA, NY	250.
GRANT COMMUNITY UNITY MUSIC ITHACA, NY	750.
GRANT CORNELL COOP EXT OF TC ITHACA, NY	2,100.
GRANT CORPORATE ANGEL NETWORK ITHACA, NY	200.
GRANT TOMPKINS COUNTY WORKER'S CENTER ITHACA, NY	500.
GRANT DEFINACE AREA YOUTH FOR CHRIST	20,000.
GRANT FAMILIES AND WORK INSTITUTE	500.
GRANT GADABOUT TRANSPORTATION SERVICES, INC. ITHACA, NY	200.

GRANT	1,845.
GROTON CENTRAL SCHOOL DISTRICT	
GROTON, NY	
GRANT	300.
HABITAT FOR HUMANITY OF ONTARIO COUNTY	
GRANT	200.
ITHACA COMPOSITE SQUADRON OF THE CIVIL AIR	
ITHACA, NY	
GRANT	3,489.
ITHACA DOWNTOWN PARTNERSHIP	
ITHACA, NY	
GRANT	767.
LEAGUE OF WOMEN VOTERS(US)	
GRANT	1,200.
LEAGUE OF WOMEN VOTERS NYS EDUCATION FUND	
GRANT	6,000.
LIGHT IN WINTER FESTIVAL INC	
GRANT	6,000.
PALEONTOLOGICAL RESEARCH INSTITUTION	
GRANT	10,000.
SEVENTH ART CORPORATION OF ITHACA	
ITHACA, NY	
GRANT	1,700.
ST. JAMES AME ZION	

COMMUNITY FOUNDATION OF TOMPKINS COUNTY,	16-1587553
GRANT	
SUSTAINABLE ECON & EDUCATIONAL DEV SOCIETY	1,000.
GRANT	
TRUMANSBURG CENTRAL SCHOOLS	3,773.
TRUMANSBURG, NY	
GRANT	
VILLAGE OF FREEVILLE SUMMER RECREATION PROGRAM	435.
FREEVILLE, NY	
GRANT	
HANGAR THEATRE	400.
ITHACA, NY	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22A	292,604.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANT THE NATURE CONSERVANCY/CENTRAL CHAP ROCHESTER, NY	250.
GRANT ULYSSES PHILOMATHIC LIBRARY TRUMANSBURG, NY	300.
GRANT CORNELL UNIVERSITY FUND ITHACA, NY	500.
GRANT UNIVERSITY OF VERMONT VERMONT	500.
GRANT FOODNET ITHACA, NY	1,100.
GRANT US-RILM OFFICE ITHACA, NY	29,656.
GRANT BETTER HOUSING OF TOMPKINS COUNTY ITHACA, NY	905.
GRANT OTHERS	21,596.
GRANT UNITED METHODIST CHURCH ITHACA, NY	1,000.

GRANT FAMILY READING PARTNERSHIP ITHACA, NY	12,868.
GRANT FIRST UNITARIAN SOCIETY OF ITHACA ITHACA, NY	400.
GRANT HANGAR THEATRE ITHACA, NY	6,000.
GRANT ITHACA ROTARY CHARITABLE TRUST ITHACA, NY	1,000.
GRANT NATIONAL AUDUBON SOCIETY	300.
GRANT TOMPKINS COUNTY OFFICE FOR THE AGING ITHACA, NY	100.
GRANT WOMEN'S OPPORTUNITY CENTER	1,200.
GRANT YMCA OF ITHACA AND TOMPKINS COUNTY	2,000.
GRANT RED CROSS OF ITHACA ITHACA, NY	350.
GRANT CATHOLIC CHARITIES OF TOMPKINS ITHACA, NY	1,000.

GRANT FINGERLAKES LAND TRUST, INC. ITHACA, NY	300.
GRANT FIRST CONGREGATIONAL CHURCH ITHACA, NY	400.
GRANT GREATER ITHACA ACTIVITIES CENTER ITHACA, NY	100.
GRANT HISTORIC ITHACA ITHACA, NY	350.
GRANT HOSPICARE ITHACA, NY	300.
GRANT HUMAN SERVICES COALITION ITHACA, NY	1,000.
GRANT ITHACA DOWNTOWN PARTNERSHIP ITHACA, NY	12,000.
GRANT ITHACA NEIGHBORHOOD HOUSING ITHACA, NY	300.
GRANT ITHACA PUBLIC EDUCATION INITIATIVE ITHACA, NY	800.
GRANT LOAVES & FISHES ITHACA, NY	300.

GRANT PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES ITHACA, NY	3,000.
GRANT SALVATION ARMY ITHACA, NY	350.
GRANT SEVENTH ART CORPORATION OF ITHACA ITHACA, NY	5,000.
GRANT TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION ITHACA, NY	342.
GRANT UNITED WAY OF TOMPKINS COUNTY ITHACA, NY	1,000.
GRANT THE ADVOCACY CENTER OF TOMPKINS COUNTY ITHACA, NY	3,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	109,567.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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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.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSITS	700.	700.
CASH VALUE OF LIFE INSURANCE	179,734.	189,764.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	180,434.	190,464.

FORM 990	OTHER SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	2,169,938.
EXCHANGE TRADE FUND'S	FMV	1,472,487.
TO FORM 990, LINE 54B, COL B		3,642,425.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	342,719.
MANAGEMENT FEES NETTED AGAINST INCOME	16,209.
TOTAL TO FORM 990, PART IV-A	358,928.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
MANAGEMENT FEES NETTED AGAINST INCOME	16,209.
TOTAL TO FORM 990, PART IV-B	16,209.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SAMANTHA CASTILLO-DAVIS 1312 HANSHAW ROAD ITHACA, NY 14850-1398	TRUSTEE 1.00	0.	0.	0.
MARY PAT DOLAN 109 MAPLE WOOD ROAD ITHACA, NY 14850	SECRETARY 1.00	0.	0.	0.
BEVERLY BAKER 320 S. GENEVA STREET ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
JOHN M. HINCHCLIFF 202 E. STATE STREET, SUITE 700 ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
JOANNE JAMES 247 MAIN STREET NEWFIELD, NY 14867	TREASURER 1.00	0.	0.	0.
DAVID CALL 459 SAVAGE FARM DRIVE ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
HOWARD P. HARTNETT PO BOX 1063 MORAVIA, NY 13118	TRUSTEE 1.00	0.	0.	0.
PRISCILLA BROWNING ONE PLEASANT GROVE ROAD ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
HELEN SAUNDERS 202 E. STATE STREET, SUITE 301 ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
MARIETTE GELDENHUYS 200 E. BUFFALO STREET ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
GEORGE RIDENOUR 73 BALD HILL ROAD SPENCER, NY 14883	VICE CHAIR 1.00	0.	0.	0.

DIANE SHAFER 95 TEETER ROAD ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
JEAN GORTZIG 7 STORMY VIEW ROAD ITHACA, NY 14850	CHAIR 1.00	0.	0.	0.
BRAD GRAINGER 421 HIGHLAND ROAD ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
RISA MISH 116 IRVING PLACE ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
MIMI MELEGRI 206 OAK HILL ROAD ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
TOM TORELLO 120B ALUMNI HALL, ITHACA COLLEGE ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
GEORGE P. FERRARI, JR. 309 NORTH AURORA STREET ITHACA, NY 14850	EXECUTIVE DIRECTOR 40.00	70,939.	0.	0.
DONALD BARBER 2670 SLATERVILLE SPRINGS ROAD SLATERVILLE SPRINGS, NY 14881	TRUSTEE 1.00	0.	0.	0.
TOMMY BRUCE 915 CODDINGTON ROAD ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.
JOHN ROGERS 503 S. CAYUGA STREET ITHACA, NY 14850	TRUSTEE 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

70,939.	0.	0.
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SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
REIMBURSEMENTS	0.	7,871.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	7,871.	0.	0.

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2007 Open to Public Inspection
1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) <u>01/01/2007</u> and ending (mm/dd/yyyy) <u>12/31/2007</u>		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.	
	d. Fed. employer ID no. (EIN) 16-1587553	
	e. NY State registration no. 06-80-93	
	f. Telephone number 607 272-9333	
	g. Email	
Number and street (or P.O. box if mail not delivered to street address) Room/suite 309 N. AURORA STREET		
City or town, state or country and ZIP + 4 ITHACA, NY 14850		

2. Certification - Two Signatures Required				
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.				
a. President or Authorized Officer	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title	Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used <u>and</u> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from all other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <u>and</u> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee \$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee \$ <u>250.</u>	
c. Total fee \$ <u>275.</u>	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
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COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

☒ IRS Form 990

☒ Schedule A to IRS Form 990

☒ Schedule B to IRS Form 990

☐ IRS Form 990-T

☐ IRS Form 990-EZ

☐ Schedule A to IRS Form 990-EZ

☐ Schedule B to IRS Form 990-EZ

☐ IRS Form 990-T

☐ IRS Form 990-PF

☐ Schedule B to IRS Form 990-PF

☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)

☐ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)