

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

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

Part I Summary

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

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	THEORIA CASON, CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID A. URBAN CPA	Preparer's signature DAVID A. URBAN CPA	Date 08/14/24	Check if self-employed <input type="checkbox"/>	PTIN P00630018
	Firm's name EFPR GROUP, CPAS, PLLC	Firm's EIN 47-4526160	Firm's address 6390 MAIN STREET SUITE 200 WILLIAMSVILLE, NY 14221	Phone no. 716-634-0700	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: THE MISSION OF OUR COMMUNITY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE IN TOMPKINS COUNTY BY INSPIRING AND SUPPORTING ENDURING PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,325,762. including grants of \$ 2,633,957.) (Revenue \$ 66,978.) TO PROVIDE GRANTS AND CONTRIBUTIONS TO CHARITIES LOCATED IN THE GREATER ITHACA, NEW YORK AREA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,325,762.

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		4
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	24	
b	Enter the number of voting members included on line 1a, above, who are independent	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 607-272-9333
200 EAST BUFFALO STREET, 202, ITHACA, NY 14850

COMMUNITY FOUNDATION OF TOMPKINS
COUNTY, INC.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE P FERRARI JR EXECUTIVE DIRECTOR	40.00			X			132,203.	0.	10,757.	
(2) GLORIA COICOU CHIEF INCLUSION & COMMUNITY ENGAGEMENT	40.00				X		102,332.	0.	0.	
(3) THEORIA CASON CHAIR	3.00	X		X			0.	0.	0.	
(4) FRANK KRUPPA VICE CHAIR	3.00	X		X			0.	0.	0.	
(5) JESSICA CUSTER-BINDEL SECRETARY	3.00	X		X			0.	0.	0.	
(6) IAN HARROP TREASURER	3.00	X		X			0.	0.	0.	
(7) ROB BROWN TRUSTEE	3.00	X					0.	0.	0.	
(8) JESSYE COHEN-FILIPIC TRUSTEE	3.00	X					0.	0.	0.	
(9) STAMIE DESPO TRUSTEE	3.00	X					0.	0.	0.	
(10) DON MANUEL PRESENTS TRUSTEE	3.00	X					0.	0.	0.	
(11) ROBIN DUBOVI TRUSTEE	3.00	X					0.	0.	0.	
(12) LINDA GASSER TRUSTEE	3.00	X					0.	0.	0.	
(13) TERRANCE KING TRUSTEE	3.00	X					0.	0.	0.	
(14) CAROL MALLISON TRUSTEE	3.00	X					0.	0.	0.	
(15) KEITH MCCAFFERTY I.P. CHAIR	3.00	X		X			0.	0.	0.	
(16) MUDIT NOPANY TRUSTEE	3.00	X					0.	0.	0.	
(17) TOM O'TOOLE TRUSTEE	3.00	X					0.	0.	0.	

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) COURTNEY OWENS TRUSTEE	3.00	X					0.	0.	0.	
(19) JULIA RESSLER TRUSTEE	3.00	X					0.	0.	0.	
(20) RICHARD RIVERA TRUSTEE	3.00	X					0.	0.	0.	
(21) PAMELA TAN TRUSTEE	3.00	X					0.	0.	0.	
(22) MARYBETH TARZIAN TRUSTEE	3.00	X					0.	0.	0.	
(23) DEREK THOMPSON TRUSTEE	3.00	X					0.	0.	0.	
(24) JUMOKE WARRITAY TRUSTEE	3.00	X					0.	0.	0.	
(25) REGINALD WHITE TRUSTEE	3.00	X					0.	0.	0.	
(26) ANGELA ZHANG TRUSTEE	3.00	X					0.	0.	0.	
1b Subtotal							234,535.	0.	10,757.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							234,535.	0.	10,757.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

COMMUNITY FOUNDATION OF TOMPKINS
COUNTY, INC.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,215,807.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 419,550.				
	h Total. Add lines 1a-1f		3,215,807.				
Program Service Revenue	2 a PASS THROUGH FUNDS	Business Code					
		900099	54,747.	54,747.			
	b ANNUAL LUNCH	900099	6,400.	6,400.			
	c SERVICE REVENUE	561499	5,440.	5,440.			
	d OTHER REVENUE	900099	391.	391.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		66,978.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		677,455.			677,455.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,583,464.			
	b Less: cost or other basis and sales expenses	7b	1,928,691.				
	c Gain or (loss)	7c	-345,227.				
	d Net gain or (loss)		-345,227.			-345,227.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,615,013.	66,978.	0.	332,228.	

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

Form 990 (2023)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,633,957.	2,633,957.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,203.	96,223.	10,188.	6,792.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	424,329.	360,679.	38,190.	25,460.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,494.	10,620.	1,124.	750.
9 Other employee benefits	37,056.	31,498.	3,335.	2,223.
10 Payroll taxes	39,831.	33,856.	3,585.	2,390.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	52,486.		52,486.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	31,406.	26,695.	2,826.	1,885.
12 Advertising and promotion	5,660.	4,811.	509.	340.
13 Office expenses	72,526.	61,647.	6,527.	4,352.
14 Information technology				
15 Royalties				
16 Occupancy	34,854.	29,626.	3,137.	2,091.
17 Travel	4,993.	4,244.	449.	300.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,161.	9,487.	1,004.	670.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,333.	2,833.	300.	200.
23 Insurance	4,716.	4,009.	424.	283.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRAINING	8,650.	7,352.	779.	519.
b DUES AND SUBSCRIPTIONS	5,832.	4,957.	525.	350.
c CREDIT CARD FEES	3,756.	3,193.	338.	225.
d MISCELLANEOUS	88.	75.	10.	3.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,500,331.	3,325,762.	125,736.	48,833.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2023)

16-1587553 Page 11

Part X Balance Sheet

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

		(A) Beginning of year			(B) End of year	
Assets	1 Cash - non-interest-bearing			1		
	2 Savings and temporary cash investments	3,045,839.		2	1,280,139.	
	3 Pledges and grants receivable, net	56,477.		3	49,791.	
	4 Accounts receivable, net	62,665.		4	500,257.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	8,288.		9	5,572.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	28,258.			
	b Less: accumulated depreciation	10b	22,702.			
	11 Investments - publicly traded securities	19,984,722.		10c	5,556.	
	12 Investments - other securities. See Part IV, line 11			11	24,052,050.	
	13 Investments - program-related. See Part IV, line 11			12		
	14 Intangible assets			13		
	15 Other assets. See Part IV, line 11	277,797.		14		
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,444,677.		15	277,797.		
			16	26,171,162.		
Liabilities	17 Accounts payable and accrued expenses	121,566.		17	113,880.	
	18 Grants payable			18		
	19 Deferred revenue			19		
	20 Tax-exempt bond liabilities			20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23 Secured mortgages and notes payable to unrelated third parties			23		
	24 Unsecured notes and loans payable to unrelated third parties			24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,008,092.		25	1,232,605.	
	26 Total liabilities. Add lines 17 through 25	1,129,658.		26	1,346,485.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	10,115,227.		27	7,502,142.	
	28 Net assets with donor restrictions	12,199,792.		28	17,322,535.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds			29		
	30 Paid-in or capital surplus, or land, building, or equipment fund			30		
	31 Retained earnings, endowment, accumulated income, or other funds			31		
	32 Total net assets or fund balances	22,315,019.		32	24,824,677.	
	33 Total liabilities and net assets/fund balances	23,444,677.		33	26,171,162.	

Form 990 (2023)

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,615,013.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,500,331.
3	Revenue less expenses. Subtract line 2 from line 1	3	114,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,315,019.
5	Net unrealized gains (losses) on investments	5	2,394,976.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,824,677.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.** Employer identification number **16-1587553**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,530,989.	2,802,181.	2,836,790.	2,325,059.	3,215,807.	13,710,826.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,530,989.	2,802,181.	2,836,790.	2,325,059.	3,215,807.	13,710,826.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,795,424.
6 Public support. Subtract line 5 from line 4.						10,915,402.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2,530,989.	2,802,181.	2,836,790.	2,325,059.	3,215,807.	13,710,826.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	415,455.	398,590.	713,107.	641,529.	624,969.	2,793,650.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						16,504,476.
12 Gross receipts from related activities, etc. (see instructions)					12	301,603.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	66.14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	57.51 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

COMMUNITY FOUNDATION OF TOMPKINS
COUNTY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION OF TOMPKINS
COUNTY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2023 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.	Employer identification number 16-1587553
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.	Employer identification number 16-1587553
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>499,562.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>359,942.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>271,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>260,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>127,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.	Employer identification number 16-1587553
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 109,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 80,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.	Employer identification number 16-1587553
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	840 SHS APPLE INC. _____ _____ _____	\$ 127,630.	02/06/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.	Employer identification number 16-1587553
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for held at end of tax year (2a-2d), and various monitoring and expense questions.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

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

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ORGANIZATIONAL LIABILITY	1,232,605.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,232,605.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

COMMUNITY FOUNDATION OF TOMPKINS
COUNTY, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,957,503.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,394,976.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	2,394,976.	
3	Subtract line 2e from line 1	3	3,562,527.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	52,486.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	52,486.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,615,013.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,447,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,447,845.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	52,486.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	52,486.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,500,331.	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO ENCOURAGE AND DEVELOP SUSTAINABLE PHILANTHROPY FOR A BROAD RANGE OF COMMUNITY EFFORTS BY: MAKING STRATEGIC GRANTS, ENCOURAGING THE GROWTH OF A PERMANENT CHARITABLE ENDOWMENT, PROVIDING DONORS WITH WAYS TO MAKE GIVING EASY AND EFFECTIVE AND SERVING AS CATALYST AND CONVENER.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE FOUNDATION PRESENTLY

Part XIII Supplemental Information (continued)

DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S
ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY
HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES. MANAGEMENT HAS CONCLUDED
THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE
ADJUSTMENT IN ITS FINANCIAL STATEMENTS. U.S. FORM 990 FILED BY THE
FOUNDATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART V, LINE 4:

TO ENCOURAGE AND DEVELOP SUSTAINABLE PHILANTHROPY FOR A BROAD RANGE OF
COMMUNITY EFFORTS BY: MAKING STRATEGIC GRANTS, ENCOURAGING THE GROWTH OF A
PERMANENT CHARITABLE ENDOWMENT, PROVIDING DONORS WITH WAYS TO MAKE GIVING
EASY AND EFFECTIVE AND SERVIVNG AS CATALYST AND CONVENER.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.** Employer identification number **16-1587553**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GREATHER ITHACA ACTIVITIES CENTER (GIAC) - 301 W COURT ST - ITHACA, NY 14850	16-0997063	501 (C) (3)	132,949.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
FIRST UNITARIAN SOCIETY OF ITHACA PO BOX 6 ITHACA, NY 14851	15-0569354	501 (C) (3)	89,000.	0.			COMMUNITY BUILDING-RELIGIOUS
CENTER FOR TRANSFORMATIVE ACTION PO BOX 760 ITHACA, NY 14851	16-0990318	501 (C) (3)	78,400.	0.			EDUCATION
GOLDEN OPPORTUNITY PO BOX 370 ITHACA, NY 14851	45-5280487	501 (C) (3)	73,000.	0.			EDUCATION
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	20-8808059	501 (C) (3)	62,150.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
COMMUNITY FOUNDATION OF TOMPKINS COUNTY - 200 E BUFFALO ST - ITHACA, NY 14850	16-1587553	501 (C) (3)	54,500.	0.			COMMUNITY BUILDING-PHILANTHROPY

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

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

Schedule I (Form 990) 2023

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

16-1587553

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE COMMUNITY CENTER 305 SOUTH PLAIN ST ITHACA, NY 14850	15-0539123	501 (C) (3)	52,863.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
PLANNED PARENTHOOD OF GREATER NEW YORK - 620 W SENECA STREET - ITHACA, NY 14850	13-2621497	501 (C) (3)	52,630.	0.			HEALTH & HUMAN SERV. - HEALTH
ITHACA YOUTH BUREAU 1 JAMES L GIBBS DRIVE ITHACA, NY 14850	27-1480389	501 (C) (3)	51,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
FAMILY & CHILDREN'S SERVICE OF ITHACA - 127 WEST STATE STREET - ITHACA, NY 14850	15-0589039	501 (C) (3)	49,700.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION - 101 EAST GREEN ST - ITHACA, NY 14850	16-1422052	501 (C) (3)	42,254.	0.			ARTS AND CULTURE-LIBRARY
CATHOLIC CHARITIES OF TOMPKINS/TIOGA - 324 WEST BUFFALO STREET - ITHACA, NY 14850	51-0621633	501 (C) (3)	42,032.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
ITHACA HEALTH ALLIANCE P.O. BOX 362 ITHACA, NY 14851	90-0192978	501 (C) (3)	38,512.	0.			HEALTH & HUMAN SERV. - HEALTH
FINGER LAKES REUSE, INC. 214 ELMIRA ROAD ITHACA, NY 14850	26-2093547	501 (C) (3)	38,271.	0.			COMMUNITY BUILDING-PHILANTHROPY
VILLAGE AT ITHACA 401 W. SENECA ST. ITHACA, NY 14850	16-1554144	501 (C) (3)	35,400.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER

Schedule I (Form 990)

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US-RILM OFFICE 256 FEENEY WAY ITHACA, NY 14853	52-2274965	501 (C) (3)	33,468.	0.			ARTS AND CULTURE-LIBRARY
STATE THEATRE OF ITHACA, INC. 107 WEST STATE STREET / MARTIN LUTHER KING STREET - ITHACA, NY 14850	30-0520118	501 (C) (3)	31,400.	0.			ARTS AND CULTURE-OTHER
CANCER RESOURCE CENTER OF THE FINGER LAKES - 840 HANSHAW RD SUITE 5 - ITHACA, NY 14850	16-1453042	501 (C) (3)	31,300.	0.			COMMUNITY BUILDING-PHILANTHROPY
SCIENCENTER 601 1ST ST. ITHACA, NY 14850	22-2470652	501 (C) (3)	27,835.	0.			ARTS AND CULTURE-MUSEUM
YOUTH FARM PROJECT, INC. 11013 W. STATE ST./MLK JR. BLVD. ITHACA, NY 14850	45-4906962	501 (C) (3)	27,700.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
FOODNET MEALS ON WHEELS 2422 N TRIPHAMMER ROAD ITHACA, NY 14850	16-1285569	501 (C) (3)	26,892.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
FIRST PRESBYTERIAN CHURCH OF ITHACA - 315 N CAYUGA STREET - ITHACA, NY 14850	15-0532169	501 (C) (3)	25,800.	0.			COMMUNITY BUILDING-RELIGIOUS
HOSPICARE & PALLIATIVE CARE SERVICES OF TC - 172 EAST KING ROAD - ITHACA, NY 14850	22-2473715	501 (C) (3)	22,450.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
ITHACA NEIGHBORHOOD HOUSING SERVICES, INC. - 115 W. CLINTON ST. - ITHACA, NY 14850	22-2141948	501 (C) (3)	21,471.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING

COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WOMEN'S OPPORTUNITY CENTER OF TOMPKINS AND ONONDAGA COUNTIES - 315 N. TIOGA STREET - ITHACA, NY 14850	16-1482758	501 (C) (3)	21,450.	0.			COMMUNITY BUILDING-PHILANTHROPY
RUNNING TO PLACES THEATRE COMPANY 1013 WEST STATE STREET ITHACA, NY 14850	26-3434662	501 (C) (3)	21,100.	0.			ARTS AND CULTURE-OTHER
LOAVES & FISHES OF TOMPKINS COUNTY 210 N CAYUGA ST ITHACA, NY 14850	16-1271406	501 (C) (3)	21,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
NATIONAL PARK FOUNDATION 1500 K STREET, NW, WASHINGTON, DC 20005	52-1086761	501 (C) (3)	20,000.	0.			ENVIRONMENT/SUSTAINABILIT WELFARE
ITHACA WELCOMES REFUGEES 315 N. CAYUGA STREET ITHACA, NY 14850	82-1987282	501 (C) (3)	19,550.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
KITCHEN THEATRE COMPANY PO BOX 429 ITHACA, NY 14851-0429	16-1443072	501 (C) (3)	16,450.	0.			ARTS AND CULTURE-OTHER
THE ITHACA VOICE 121 E SENECA STREET ITHACA, NY 14850	46-5495365	501 (C) (3)	15,250.	0.			ARTS AND CULTURE-OTHER
SOUTH SUDAN NATION BUILDERS 1519 CLEMONS WAY MIDLOTHIAN, VA 23114	83-1739061	501 (C) (3)	15,000.	0.			EDUCATION
NO MAS LAGRIMAS - NO MORE TEARS, INC - PO BOX 814 - ITHACA, NY 14850	85-1387770	501 (C) (3)	14,600.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER

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

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KENDAL AT ITHACA 2230 N TRIPHAMMER RD ITHACA, NY 14850	52-1787487	501 (C) (3)	14,500.	0.			HEALTH & HUMAN SERV. - HEALTH
FAMILY READING PARTNERSHIP 40 CATHERWOOD RD STE D01 ITHACA, NY 14850	16-1594725	501 (C) (3)	14,466.	0.			EDUCATION
COMMUNITY SCIENCE INSTITUTE 95 BROWN ROAD, ROOM 283 ITHACA, NY 14850	16-1598492	501 (C) (3)	14,155.	0.			ENVIRONMENT/SUSTAINABILIT WELFARE
THREEFOLD EDUCATIONAL FOUNDATION-DBA. EURYTHMY SPRING VALLEY - 260 HUNGRY HOLLOW RD - CHESTNUT RIDGE, NY 10977	13-6196291	501 (C) (3)	13,500.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
FREE SCIENCE WORKSHOP 210 HANCOCK ST ITHACA, NY 14850	82-0861664	501 (C) (3)	13,000.	0.			COMMUNITY BUILDING-PHILANTHROPY
LODI WHITTIER LIBRARY 8484 SOUTH MAIN STREET LODI, NY 14860	15-0585897	501 (C) (3)	11,754.	0.			ARTS AND CULTURE-LIBRARY
SENECA FALLS LIBRARY 47 CAYUGA ST SENECA FALLS, NY 13148	16-6075457	501 (C) (3)	11,632.	0.			ARTS AND CULTURE-LIBRARY
AURORA FREE LIBRARY 370 MAIN ST AURORA, NY 13026	16-1268178	501 (C) (3)	11,483.	0.			ARTS AND CULTURE-LIBRARY
HAZARD LIBRARY ASSOCIATION 2487 STATE ROUTE 34B BOX 3 POPLAR RIDGE, NY 13139	16-0960873	501 (C) (3)	11,460.	0.			ARTS AND CULTURE-LIBRARY

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

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OPPORTUNITIES ALTERNATIVES AND RESOURCES OF TOMPKINS COUNTY - 230 S FULFON STREET - ITHACA, NY 14850	16-1085194	501 (C) (3)	11,271.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
SEYMOUR PUBLIC LIBRARY DISTRICT 176-178 GENESEE ST AUBURN, NY 13021	16-1460484	501 (C) (3)	11,133.	0.			ARTS AND CULTURE-LIBRARY
ULTIMATE REENTRY OPPORTUNITY INITIATIVE, A PROJECT OF THE CENTER FOR TRANSF - PO BOX 760 - ITHACA, NY 14851	16-1085194	501 (C) (3)	10,850.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
TOMPKINS LEARNING PARTNERS, INC 124 WEST BUFFALO ST ITHACA, NY 14850	51-0234823	501 (C) (3)	10,600.	0.			EDUCATION
CHALLENGE WORKFORCE SOLUTIONS 950 DANBY RD STE 179 ITHACA, NY 14850	16-0956917	501 (C) (3)	10,300.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
GROTON PUBLIC LIBRARY 112 EAST CORTLAND ST GROTON, NY 13073	15-0618030	501 (C) (3)	10,263.	0.			ARTS AND CULTURE-LIBRARY
BALLET AND BOOKS 3700 FALLENTREE LANE CINCINNATI, OH 45236	83-2952050	501 (C) (3)	10,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
CAROLINE AFTER SCHOOL PROGRAM INC. 2439 SLATERVILLE ROAD SLATERVILLE SPRINGS, NY 14881	16-1304786	501 (C) (3)	10,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
COMMUNITY RECREATION CENTER 1767 EAST SHORE DRIVE ITHACA, NY 14850	86-2958723	501 (C) (3)	10,000.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER

COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DOWNTOWN ITHACA CHILDREN'S CENTER 506 FIRST ST ITHACA, NY 14850	16-1080409	501 (C) (3)	10,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
FOOD JUSTICE PROJECTS, INC PO BOX 492 ITHACA, NY 14851	26-0612095	501 (C) (3)	10,000.	0.			COMMUNITY BUILDING-PHILANTHROPY
FRIENDS OF GIVAT HAVIVA 500 7TH AVENUE NEW YORK, NY 10018	13-2584337	501 (C) (3)	10,000.	0.			EDUCATION
ITHACA COLLEGE GIFT PROCESSING ITHACA, NY 14850	15-0532204	501 (C) (3)	10,000.	0.			ENVIRONMENT/SUSTAINABILIT WELFARE
NATIVE RENEWABLES PO BOX 3722 FLAGSTAFF, AZ 86003	85-2285816	501 (C) (3)	10,000.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
ROAD RUNNERS CLUB OF AMERICA, INC. 1501 LANGSTON BLVD.,. STE 140 ARLINGTON, VA 22209	23-7283854	501 (C) (3)	10,000.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
SECOND WIND COTTAGES 1435 ELMIRA RD NEWFIELD, NY 14867	47-1807433	501 (C) (3)	10,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
THE REACH PROJECT, INC. 1001 W. SENECA STREET ITHACA, NY 14850	82-2642732	501 (C) (3)	10,000.	0.			HEALTH & HUMAN SERV. - HEALTH
YMCA OF ITHACA AND TOMPKINS COUNTY 50 GRAHAM ROAD WEST ITHACA, NY 14850	15-0545415	501 (C) (3)	10,000.	0.			HEALTH & HUMAN SERV. - HEALTH

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

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HANGAR THEATRE, CENTER FOR THE ARTS AT ITHACA - P.O BOX 205 - ITHACA, NY 14850	16-0902355	501 (C) (3)	9,850.	0.			ARTS AND CULTURE-OTHER
IMMACULATE CONCEPTION CHURCH 113 NORTH GENEVA STREET ITHACA, NY 14850	15-0542693	501 (C) (3)	9,796.	0.			COMMUNITY BUILDING-RELIGIOUS
CIVIC ENSEMBLE, INC. PO BOX 6765 ITHACA, NY 14851	80-0901924	501 (C) (3)	9,600.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
LOVE LIVING AT HOME 757 WARREN ROAD #4836 ITHACA, NY 14852	47-4323905	501 (C) (3)	9,571.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
CORNELL COOPERATIVE EXTENSION OF TOMPKINS COUNTY - 615 WILLOW AVENUE - ITHACA, NY 14850	16-1159507	501 (C) (3)	9,420.	0.			ENVIRONMENT/SUSTAINABILIT WELFARE
COMMUNITY SCHOOL OF MUSIC AND ARTS (CSMA) - 330 E. MARTIN LUTHER KING JR. / STATE ST. - ITHACA, NY 14850	16-0877976	501 (C) (3)	9,350.	0.			ARTS AND CULTURE-OTHER
FINGER LAKES TOY LIBRARY PO BOX 6769 ITHACA, NY 14851	81-1957742	501 (C) (3)	9,300.	0.			ARTS AND CULTURE-LIBRARY
CINEMAPOLIS (SEVENTH ART CORPORATION OF ITHACA) - 120 E GREEN STREET - ITHACA, NY 14850	16-1596844	501 (C) (3)	9,100.	0.			ARTS AND CULTURE-OTHER
COMMUNITY UNITY MUSIC EDUCATION PROGRAM INTERNATIONAL - 631 WARREN PLACE - ITHACA, NY 14850	20-1866818	501 (C) (3)	9,000.	0.			ARTS AND CULTURE-OTHER

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

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CORTLAND FREE LIBRARY 32 CHURCH ST CORTLAND, NY 13045	15-0569362	501 (C) (3)	8,746.	0.			ARTS AND CULTURE-LIBRARY
KHUBA INTERNATIONAL 272 ENFIELD FALLS RD. ITHACA, NY 14850	80-0931645	501 (C) (3)	8,600.	0.			EDUCATION
TRUMANSBURG CONSERVATORY OF FINE ARTS - PO BOX 1053 - TRUMANSBURG, NY 14886	16-1185052	501 (C) (3)	8,500.	0.			ARTS AND CULTURE-OTHER
SOUTHWORTH LIBRARY ASSOCIATION 24 WEST MAIN STREET DRYDEN, NY 13053	15-0539132	501 (C) (3)	8,411.	0.			ARTS AND CULTURE-LIBRARY
DOWNTOWN ITHACA ALLIANCE 171 E STATE ST PMB # 136 ITHACA, NY 14850	16-1518142	501 (C) (3)	8,400.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
GROTON COMMUNITY CUPBOARD FIRST BAPTIST CHURCH OF ENFIELD CENTER/ENFIELD FOOD DISTRIB. PROG - ITHACA,	16-1445489	501 (C) (3)	8,071.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
SPCA OF TOMPKINS COUNTY 1640 HANSHAW ROAD ITHACA, NY 14850	15-0624378	501 (C) (3)	8,021.	0.			ENVIRONMENT/SUSTAINABILIT WELFARE
PALEONTOLOGICAL RESEARCH INSTITUTION - 1259 TRUMANSBURG ROAD - ITHACA, NY 14850	15-0554849	501 (C) (3)	8,020.	0.			ARTS AND CULTURE-MUSEUM
MIDSTATE COSH 701 MARTIN LUTHER KING, JR., BLVD ITHACA, NY 14850	16-1586561	501 (C) (3)	8,000.	0.			EDUCATION

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

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SAOIRSE PASTURES 1009 PERRY CITY ROAD ITHACA, NY 14850	87-0908751	501 (C) (3)	8,000.	0.			ENVIRONMENT/SUSTAINABILIT WELFARE
SPECIAL OLYMPICS NEW YORK 94 NEW KARNER RD ALBANY, NY 12203	23-7061382	501 (C) (3)	8,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
ST. JOHN'S COMMUNITY SERVICES 901 D ST SW SUITE 800 WASHINGTON, DC 20024	53-0196554	501 (C) (3)	8,000.	0.			COMMUNITY BUILDING-RELIGIOUS
PHILLIPS FREE LIBRARY 37 S MAIN ST HOMER, NY 13077	15-0532226	501 (C) (3)	7,730.	0.			ARTS AND CULTURE-LIBRARY
DOULA ACCESS INITIATIVE 211 S CORN ST ITHACA, NY 14850	85-4237708	501 (C) (3)	7,500.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
LANSING COMMUNITY LIBRARY 27 AUBURN RD LANSING, NY 14882	80-0179278	501 (C) (3)	7,472.	0.			ARTS AND CULTURE-LIBRARY
DOROTHY COTTON JUBILEE SINGERS, INC. - PO BOX 61 - ITHACA, NY 14851-0061	47-3338091	501 (C) (3)	7,250.	0.			ARTS AND CULTURE-OTHER
ITHACA COMMUNITY RECOVERY 518 W SENECA ST ITHACA, NY 14850	31-1692853	501 (C) (3)	7,000.	0.			HEALTH & HUMAN SERV. - HEALTH
ULYSSES PHILOMATHIC LIBRARY PO BOX 655 TRUMANSBURG, NY 14886	22-3260334	501 (C) (3)	6,978.	0.			ARTS AND CULTURE-LIBRARY

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

16-1587553

Page 1

Schedule I (Form 990)

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TEMPLE BETH EL 402 NORTH TIOGA STREET ITHACA, NY 14850	16-0970265	501 (C) (3)	6,933.	0.			COMMUNITY BUILDING-RELIGIOUS
NEWFIELD PUBLIC LIBRARY PO BOX 154 NEWFIELD, NY 14867	15-0572885	501 (C) (3)	6,850.	0.			ARTS AND CULTURE-LIBRARY
CAYUGA LAKE WATERSHED NETWORK PO BOX 348 AURORA, NY 13026	16-1556541	501 (C) (3)	6,600.	0.			ENVIRONMENT/SUSTAINABILIT WELFARE
STABLEWORK CORP. 305 PIPER ROAD NEWFIELD, NY 14867	87-1664766	501 (C) (3)	6,600.	0.			COMMUNITY BUILDING-PHILANTHROPY
DIVERSITY CONSORTIUM OF TOMPKINS COUNTY - P. O. BOX 6714 - ITHACA, NY 14851	68-0645269	501 (C) (3)	6,500.	0.			COMMUNITY BUILDING-PHILANTHROPY
A NETWORK FOR GRATEFUL LIVING 245 RUSSELL ST #21B HADLEY, MA 01035	23-7022057	501 (C) (3)	6,277.	0.			EDUCATION
TOMPKINS COUNTY SR. CITIZENS COUNCIL, INC. DBA LIFE LONG - 119 W. COURT STREET - ITHACA, NY 14850	15-0591993	501 (C) (3)	6,270.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
ITHACA WALDORF SCHOOL 20 NELSON RD ITHACA, NY 14850	16-1389464	501 (C) (3)	6,250.	0.			COMMUNITY BUILDING-PHILANTHROPY
INTERLAKEN PUBLIC LIBRARY 8390 MAIN ST INTERLAKEN, NY 14847	16-1057630	501 (C) (3)	6,163.	0.			ARTS AND CULTURE-LIBRARY

Schedule I (Form 990)

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAYUGA MEDICAL CENTER FOUNDATION 101 DATES DRIVE ITHACA, NY 14850	16-1072414	501 (C) (3)	6,100.	0.			HEALTH & HUMAN SERV. - HEALTH
CHILD DEVELOPMENT COUNCIL 609 WEST CLINTON ST ITHACA, NY 14850	16-0918618	501 (C) (3)	6,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
DISCOVER CAYUGA LAKE 110 NORTH TIOGA STREET STE 303 ITHACA, NY 14850	84-3370855	501 (C) (3)	6,000.	0.			ENVIRONMENT/SUSTAINABILIT WELFARE
LIFELONG 119 WEST COURT STREET ITHACA, NY 14850	15-0591993	501 (C) (3)	6,000.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267	04-2104847	501 (C) (3)	6,000.	0.			EDUCATION
AMERICAN RED CROSS - SOUTHERN TIER CHAPTER - 620 E. MAIN ST. - ENDICOTT, NY 13760	53-0196605	501 (C) (3)	5,700.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
SALVATION ARMY OF ITHACA 150 N ALBANY ST ITHACA, NY 14850	13-5562351	501 (C) (3)	5,700.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
TOMPKINS COUNTY WORKERS' CENTER 103 W. SENECA STREET, SUITE 301B ITHACA, NY 14850	45-3135903	501 (C) (3)	5,500.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
UNITY HOUSE OF CAYUGA COUNTY, INC. 217 GENESEE ST AUBURN, NY 13021	16-1081372	501 (C) (3)	5,500.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING

COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORDS INTO DEEDS, INC. 211 WEST REMINGTON RD ITHACA, NY 14850	87-2067970	501 (C) (3)	5,402.	0.			COMMUNITY BUILDING- COMM. ORGANIZING/OTHER
GADABOUT TRANSPORTATION SERVICES, INC. - 737 WILLOW AVENUE - ITHACA, NY 14850	16-1158497	501 (C) (3)	5,300.	0.			HEALTH & HUMAN SERV. - HUMAN SERV/HUNGER/HOUSING
COMMUNITY ARTS PARTNERSHIP OF TOMPKINS COUNTY - 110 N. TIOGA ST., SUITE 302 - ITHACA, NY 14850	16-1384455	501 (C) (3)	5,200.	0.			ARTS AND CULTURE-OTHER
TAPPAN-SPAULDING MEMORIAL LIBRARY 6 ROCK ST NEWARK VALLEY, NY 13811	87-0801100	501 (C) (3)	5,142.	0.			ARTS AND CULTURE-LIBRARY

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2

A GRANTEE ATTESTATION FORM IS REQUIRED TO BE COMPLETED AND RETURNED

BEFORE A GRANT CHECK IS ISSUED. THIS FORM REQUIRES ACCEPTANCE OF ALL

GRANT REQUIREMENTS. IN ADDITION, SITE VISITS ARE EMPLOYED FOR A

SUBJECT OF GRANTS MADE AS WELL AS WRITTEN INTERIM AND FINAL REPORTS FOR

SELECTED GRANTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.** Employer identification number **16-1587553**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	419,550.	MEAN PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF DONORS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	COMMUNITY FOUNDATION OF TOMPKINS COUNTY, INC.	Employer identification number	16-1587553
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FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS AND THE FINANCIAL ADMINISTRATION COMMITTEE REVIEWS
THE 990 BEFORE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL DISCLOSURE STATEMENTS SHALL BE AVAILABLE TO ANY DIRECTOR OF THE
CORPORATION ON REQUEST. WHEN ANY MATTER COMES BEFORE THE BOARD IN WHICH A
DIRECTOR HAS AN INTEREST, THAT INTEREST SHALL BE IMMEDIATELY DISCLOSED TO
THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

SALARY DETERMINATION FOR THE EXECUTIVE DIRECTOR IS DONE BY THE HUMAN
RESOURCES TASK FORCE OF THE BOARD AND THE BOARD CHAIR BASED UPON
PERFORMANCE APPRAISAL AND REVIEW OF SALARIES AT COMPARABLE WITH OTHER
ORGANIZATIONS. THE DISCUSSION AND THE REVIEW, WHICH IS FINALIZED BY BOARD
APPROVAL, IS DOCUMENTED IN EXECUTIVE SESSION MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 12, PART XII, LINE 2C

THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED
FROM THE PRIOR YEAR.