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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization **Cayuga Medical Center Foundation**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **101 Dates Drive** Room/suite

City or town, state or country, and ZIP + 4 **Ithaca, NY 14850**

D Employer identification number **16 1072414**

E Telephone number **(607) 274-4443**

G Gross receipts $ **1,873,387**

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **N/A**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1889**

M State of legal domicile **NY**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities **To provide assistance to Cayuga Medical Center mainly thru fund raising, investing activities, and providing education scholarships relating to the health care field.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	35
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,738	2,715
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-168,913	-128,321
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)	-159,175	-125,606

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,000	381,013
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)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	247,888	151,584
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	260,888	532,597
19	Revenue less expenses Subtract line 18 from line 12	-420,063	-658,203

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,304,396	10,390,997
21	Total liabilities (Part X, line 26)	4,903,075	5,437,807
22	Net assets or fund balances Subtract line 21 from line 20	4,401,321	4,953,190

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: 6/28/2010

Type or print name and title: Larry Baum, President

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
To provide funds to or for the benefit of Cayuga Medical Center at Ithaca, so as to promote the health and welfare of the Community, by soliciting, accepting, holding, investing, and reinvesting gifts, grants, bequests, contributions, devices, benefits or trusts, endowments and property of any kind, without limitation as to the amount or value.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ **381,013** including grants of $ **381,013**) (Revenue $)
Health Education assistance provides funds to assist individuals to obtain education in the Health Care field.
See attachment.

4b (Code.) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses ▶** **381,013**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
17	Did the organization report a total of more than $15 000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.*	21		✓
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✓	
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? *If "Yes," complete Schedule J*	23		✓
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
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? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
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? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
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? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶ ..... See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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 in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	8		
b	Enter the number of voting members that are independent	1b	8		
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			✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			✓
6	Does the organization have members or stockholders?	6			✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			✓

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
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		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
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		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ NYS

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ John Rudd, Cayuga Medical Center, 101 Dates Drive, Ithaca, NY 14850 607-274-4443

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

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. Use Schedule J-2 if additional space is needed

- 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. See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

☑ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
Tony Eisenhut President	1	✓		✓				0	0	0
Larry Baum Vice President	0.5	✓		✓				0	0	0
Tom LiVigne Treasurer	0.5	✓		✓				0	0	0
Brian McAree Secretary	0.5	✓		✓				0	0	0
Percy Browning Trustee	0.5	✓						0	0	0
John Conners Trustee	0.5	✓						0	0	0
Roy Dexheimer Trustee	0.5	✓						0	0	0
William Highland Trustee	0.5	✓						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
1b Total ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ **0**

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

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.

(A) Name and business address	(B) Description of services	(C) Compensation
Cayuga Medical Center, 101 Dates Drive, Ithaca, NY 14350	**Fund Raising**	**136,143**
Cayuga Medical Center, 101 Dates Drive, Ithaca, NY 14850	**Accounting & Admin**	**28,557**

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ **1**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a 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	2,715			
	g Noncash contributions included in lines 1a-1f $		0			
	h **Total.** Add lines 1a–1f		2,715			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		37,576			37,576
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,833,096				
	b Less. cost or other basis and sales expenses	1,998,993				
	c Gain or (loss)	-165,897				
	d Net gain or (loss)		-165,897			-165,897
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses. b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See instructions.		-125,606		0	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	381,013	381,013		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	28,557		28,557	
b Legal				
c Accounting	11,582		11,582	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,035		1,035	
g Other	145,666		145,666	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	4,005		4,005	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0		0	
23 Insurance	127		127	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a **Provision for Bad debt**	-40,148		-40,148	
b **Filing Fees**	285		285	
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	532,597	381,013	151,584	
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	6,172	1	32,099
	2	Savings and temporary cash investments	478,310	2	494,864
	3	Pledges and grants receivable, net	198,764	3	106,395
	4	Accounts receivable, net	287,457	4	94,373
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,362	9	2,793
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	2,615,276	11	3,082,901
	12	Investments—other securities. See Part IV, line 11	5,717,055	12	6,577,572
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,304,396	16	10,390,997
Liabilities	17	Accounts payable and accrued expenses	550,585	17	67,335
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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 Complete Part X of Schedule D	4,352,490	25	5,370,472
	26	**Total liabilities.** Add lines 17 through 25	4,903,075	26	5,437,807
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	601,898	27	1,128,021
	28	Temporarily restricted net assets	24,507	28	50,253
	29	Permanently restricted net assets	3,774,916	29	3,774,916
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,401,321	33	4,953,190
	34	Total liabilities and net assets/fund balances	9,304,396	34	10,390,997

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Cayuga Medical Center Foundation	16 1072414

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 11, 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.)

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 organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☑ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☑ Type III–Functionally integrated d ☐ Type III–Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		✓
11g(ii) (ii) A family member of a person described in (i) above?		✓
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		✓

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Cayuga Medical Center at Ithaca	22-2325405	7-Hospital	✓		✓		✓		381,013
Total									381,013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . .						
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 . . .						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 **Total support.** Add lines 7 through 10 .						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 in 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 IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Cayuga Medical Center Foundation

Employer identification number
16 : 1072414

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....

4 Number of states where property subject to conservation easement is located ► .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ .....

(ii) Assets included in Form 990, Part X ► $ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ .....

b Assets included in Form 990, Part X ► $ .....

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,799,423	3,797,896			
b Contributions	-3,000	8,555			
c Net investment earnings, gains, and losses	30,852	-4,719			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,106	-2,309			
f Administrative expenses					
g End of year balance	3,825,169	3,799,423			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► .....0 %
b Permanent endowment ► .....98.69 %
c Term endowment ► .....1.31 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	✓	
(ii) related organizations	3a(ii)		✓
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other Mutual Funds	3,076,405	Market Value
Accrued Interest Receivable	8,509	Market Value
Accrued Dividends Receivable	8,639	Market Value
Funds Held in Trust by Others	3,484,020	Market Value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	6,577,573	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Payable to Durham Trust	1,314,802
Payable to Cayuga Medical Center	4,055,670
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	5,370,472

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-125,606
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	532,597
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-658,203
4	Net unrealized gains (losses) on investments	4	1,210,072
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,210,072
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	551,869

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

1	Total revenue, gains, and other support per audited financial statements			1	1,084,466
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,210,072		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	1,210,072
3	Subtract line **2e** from line **1**			3	-125,606
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	-125,606

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

1	Total expenses and losses per audited financial statements			1	532,597
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 XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	532,597
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			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	532,597

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Part V - There are 5 permanent endowments. Two are intended to generate income for charity medical care.

One is intended to generate income for health education for young women.

One is intended to generate funds for health education scholarships.

The fifth is intended to generate funds for the unrestricted support of Cayuga Medical Center.

There are 5 temporarily restricted endowments. Four are related to the first 4 permanent endowments listed above.

The other is for general education scholarships.

Part XIV Supplemental Information *(continued)*

Part X - Footnote 5 of the audited financial statements: The Organization adopted FASB ASC 740-10 as of January 1, 2009 as required, and determined that the adoption of FASB ASC 740-10 did not have a material impact on the Organization's financial position and results of operations.

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Cayuga Medical Center Foundation

Employer identification number

16 1072414

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N/A							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance
College Scholarships @ 2,500 each	2	5,000			
College Scholarships @ 1,250 each	7	8,750			
Scholarships to BOCES students @ 250 each	2	500			
Scholarship loans forgiven	95	361,763			
Education Assistance for R-med student	1	5,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Cayuga Medical Center Foundation

Employer identification number

16 : 1072414

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 written request.

Form 990 Part VI line 11 - The organization presented the Form 990 to its Board of Directors before filing.

Form 990 Part VI Line 12c - The organization requires each officer, director, and trustee to complete and sign a new conflict of interest form each year.

Form 990 Part IV line 17 - The Foundation contracts with the Cayuga Medical Center for fund raising services. The Cayuga Medical Center is not a professionsl fund raiser. Employees of the Cayuga Medical Center conduct fund raising activities for the Foundation. The Foundation paid the Cayuga Medical Center $136,143 for this service.

Form 990 Part IX Line 11g includes 136,143 for fund raising services as stated above.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Cayuga Medical Center Foundation

Employer identification number

16 : 1072414

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Cayuga Medical Center at Ithaca EIN 22-2325495 101 Dates Drive, Ithaca, NY 14850	Hospital	NYS	501(c)(3)	III-FL	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?				
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a			✓
b Gift, grant, or capital contribution to other organization(s)	1b			✓
c Gift, grant, or capital contribution from other organization(s)	1c			✓
d Loans or loan guarantees to or for other organization(s)	1d			✓
e Loans or loan guarantees by other organization(s)	1e			✓
f Sale of assets to other organization(s)	1f			✓
g Purchase of assets from other organization(s)	1g			✓
h Exchange of assets	1h			✓
i Lease of facilities, equipment, or other assets to other organization(s)	1i			✓
j Lease of facilities, equipment, or other assets from other organization(s)	1j			✓
k Performance of services or membership or fundraising solicitations for other organization(s)	1k			✓
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		✓	
m Sharing of facilities, equipment, mailing lists, or other assets	1m			✓
n Sharing of paid employees	1n			✓
o Reimbursement paid to other organization for expenses	1o		✓	
p Reimbursement paid by other organization for expenses	1p			✓
q Other transfer of cash or property to other organization(s)	1q		✓	
r Other transfer of cash or property from other organization(s)	1r		✓	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	**Cayuga Medical Center at Ithaca**	L	136,143
(2)	**Cayuga Medical Center at Ithaca**	O	28,557
(3)	**Cayuga Medical Center at Ithaca**	Q	815,000
(4)	**Cayuga Medical Center at Ithaca**	R	48,004
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

CAYUGA MEDICAL CENTER FOUNDATION
EIN #16-1072414
ATTACHMENT TO FORM 990
Part III Line 4e FOR THE YEAR 2009 2009
FORM 990, PART III - LINE 4e
==========

Program Services Expense	
Health education assistance	361,763
1 Special Program - R-med Student	5,000
High School Scholarships (2 @ 2500/ea and 7 @1250/ea)	13,750
BOCES Scholarships (2 @ 250/ea)	500
Total Program Service Expense	381,013
In Addition, the Foundation issued loans to individuals to assist them to obtain education in the health field	106,519
	106,519
Total funding	487,532

CAYUGA MEDICAL CENTER FOUNDATION
EIN #16-1072414
ATTACHMENT TO FORM 990 FOR THE YEAR 2009

FORM 990, PART VIII - LINE 7

PERIOD	TOTAL CASH RECEIVED	INVESTMENT COST BASIS	GAIN/(LOSS) PER BANK STATEMENTS
Jan-09	257,302.04	345,737.01	(88,434.97)
Feb-09	301,421.88	463,221.15	(161,799.27)
Mar-09	359,977.85	477,204.43	(117,226.58)
Apr-09	437,733.56	453,355.07	(15,621.51)
May-09	216,642.92	215,988.74	654.18
Jun-09	349,106.60	361,651.92	(12,545.32)
Jul-09	520,314.65	508,064.26	12,250.39
Aug-09	463,022.04	467,881.14	(4,859.10)
Sep-09	1,420,529.76	1,556,107.07	(135,577.31)
Oct-09	278,386 54	243,148.18	35,238.36
Nov-09	316,896.70	305,589.22	11,307.48
Dec-09	211,849.97	199,794.59	12,055.38
	5,133,184.51	5,597,742.78	(464,558.27)

TOTAL GAIN ON SALE OF ASSETS (464,558.27)
This includes G/L on both Net Assets and Liability. Excludes G/L on assets held by others.

GAIN ON UNRESTRICTED NET ASSETS
PER FINANCIAL STATEMENTS (165,897.00)
This is G/L on Net Assets only

(Unrestricted Gain / Total Gain) X Cash Received = Cash received on sale of net assets
(165897 / 464558.27) * 5133184.51 = 1,833,096.01

(Unrestricted Gain / Total Gain) X Investment Cost Basis = Investment Cost Basis on net assets
(165897 / 464558.27) * 5597742.78 = 1,998,993.01

GAIN ON FOUNDATION NET ASSETS (165,897.00)

CAYUGA MEDICAL CENTER FOUNDATION
EIN #16-1072414
ATTACHMENT TO FORM 990 FOR THE YEAR 2009

FORM 990, PART IX - GRANTS & ALLOCATIONS
==========

LINE 2
HEALTH EDUCATION ASSISTANCE:

R-Med Student Program	5,000.00
HEALTH EDUCATION ASSISTANCE	-
Brown,Cindy	140.00
Vallely, Jeanne	400.00
Wilkins,Karen	500.00
Bell,Andrea	500.00
Bacorn,Marianne	516.38
Grimes,Cheryl	572.80
DeWilde,Lisa	578.15
Fuller,Sandra	578.15
Lychalk,Maria	580.55
Scholtisek,Teresa	580.55
Olcott, Carol	600.00
Olcott, Carol	600.00
Olcott,Carol	739.75
Doty,Diana	750.00
Scholtisek,Teresa	796.70
Hine, Melissa	800.00
Wilson, Valerie	800.00
Olcott,Carol	800.00
Anderson,Carol	807.00
Little,Suzanne	827.40
Thomas,Amy	848.55
O'Connor,Michelle	900.00
Hine, Melissa	976.00
Whitney (Fulton),Carrie	1,000.00
McMillen,Jessica	1,000.00
Juett,Daisey	1,000.00
Bell, Andrea	1,100.00
Harris,Kevin	1,100.00
Miller,Bernice	1,111.10
Vallely,Jeanne	1,145.00
Pitcher, Roger	1,150.00
Gibbs,Kim	1,156.30
Hall,Filomena	1,156.30
June,Monica	1,156.30
Lusby,April	1,156.30
Newvine,Shawn	1,156.30
Gillette,Patricia	1,161.10
Noonan,Deborah	1,161.10
Brennan,Sarah	1,213.65
Stein, Sheila	1,250.00
Hurd, Courtney	1,250.00
Reynolds,Jennifer	1,250.00

CAYUGA MEDICAL CENTER FOUNDATION
EIN #16-1072414
ATTACHMENT TO FORM 990 FOR THE YEAR 2009

Wilson,Joshua	1,250.00
Golden,Connie	1,250.00
Scott,Debra	1,250.00
Smith,Lorraine	1,250.00
Reynolds,Jennifer	1,250.00
Haner,Leana	1,250.00
Haner,Michael	1,250.00
Incorvaia,M	1,250.00
Sokalova,M	1,250.00
Teeter,Ashley	1,250.00
Burlingame,Jessica	1,250.00
Haner,Leana	1,250.00
Haner,Michael	1,250.00
Johnson,Kathryn	1,250.00
Johnson,Kathryn	1,250.00
Mullenix Taryn	1,250.00
Sokolova,Maria	1,250.00
Taylor,Kimberly Faye	1,250.00
Teeter,Ashley	1,250.00
Golden, Connie	1,300.00
Ortiz,Marcelle	1,300.00
Pitcher, Roger	1,350.00
Brown, Cindy	1,400.00
Bell,Andrea	1,400.00
Shortle,Johanna	1,400.00
Thomas, Amy	1,405.00
Wilkins, Karen	1,500.00
Edwards,Karen	1,500.00
McMillan,Jessica	1,500.00
Harris, Kevin	1,520.00
Capagrossi,Cheryl	1,600.00
Ragan,Jamie	1,600.00
Goodrich,Carrie	1,611.90
Anderson, Carol	1,693.00
O'Connor,Michelle	1,700.00
Miller,Bernice	1,736.85
Noonan,Deborah	1,739.25
Petersen-Moore,Debra	1,739.25
Chase Barbara	1,741.65
Haralson,Anna	1,741.65
Kellogg, Sharon	1,741.65
Padro,Rosa	1,741.65
Winkleblack Schmidt,Kari	1,741.65
Wilson, Valerie	1,750.00
Doty,Diana	1,750.00
Hinson,Sharon	1,754.25
Fulcher, Regina	1,950.00
Wilson, Valerie	2,000.00
Ragan,Jamie	2,000.00
Whitney (Fulton),Carrie	2,000.00
Whitney,Carrie	2,000.00

CAYUGA MEDICAL CENTER FOUNDATION
EIN #16-1072414
ATTACHMENT TO FORM 990 FOR THE YEAR 2009

Goodrich,Carrie	2,000.00
Little,Suzanna	2,048.80
June,Michael	2,060.00
Hadamik,Belinda	2,061.65
Vallely, Jeanne	2,100.00
Faulkner,Tina	2,100.00
Little,Suzanne	2,106.00
Brown,Cindy	2,197.09
Golden, Connie	2,200.00
Fulcher, Regina	2,250.00
Olcott,Carol	2,260.25
Brown ,Cindy	2,294.00
Brennan,Sarah	2,317.40
Newton,Sharon	2,317.40
Petersen-Moore,Debra	2,322.20
Bauman,Jaime	2,332.40
Chase,Barbara	2,332.40
Haralson,Anna	2,332.40
Kellogg,Sharon	2,332.40
Reynolds,Sandra	2,332.40
Winkleblack Schmidt,Kari	2,332.40
Newton,Sharon	2,337.20
Harris,Kevin	2,380.00
Padro,Rosa	2,382.40
O'Connor,Michelle	2,400 00
Rafferty,Shannon	2,402.80
Wilson, Valerie	2,450.00
Dibartello,Debra	2,452.20
Dibartolo,Debra	2,500.00
Jacobson, Bryan	2,500.00
Wilkins, Karen	2,500.00
Covert, Holly	2,500.00
Wilkins, Karen	2,500.00
Brown, Phoebe	2,500.00
Capagrossi, Cheryl	2,500.00
Covert, Holly	2,500.00
Lynch (Cook), Ricki	2,500.00
O'Connor, Michelle	2,500.00
Ostrander,Amanda	2,500.00
Proctor, Lisa	2,500.00
Brown,Phoebe	2,500.00
Costello,Michael	2,500.00
Covert,Holly	2,500.00
Little,Suzanne	2,500.00
Mullenix,Taryn	2,500.00
Proctor,Lisa	2,500.00
Ragan,Jamie	2,500.00
Renaud,Sheri	2,500.00
Reynolds ,Jennifer	2,500.00
Shaefer,Patricia	2,500.00
Sullivan,Cynthia	2,500.00

CAYUGA MEDICAL CENTER FOUNDATION
EIN #16-1072414
ATTACHMENT TO FORM 990 FOR THE YEAR 2009

Wilkins,Karen	2,500.00
Covert,Holly	2,500.00
June,Michael	2,500.00
McMillen,Jessica	2,500.00
Olson,Kristina	2,500.00
Saylor,Cheri	2,500.00
Sullivan,Cynthia	2,500.00
Wilson,Joshua	2,500.00
Anderson,Carol	2,500.00
Ellison,Mary	2,500.00
Gleason,Carlton	2,500.00
Harris,Kevin	2,500.00
Hartwig,Adam	2,500.00
Holt,Marian	2,500.00
Saylor,Cheri	2,500.00
Sullivan,Cynthia	2,500.00
Addicott,Nicole	2,500.00
Anderson,Carol	2,500.00
Bortle,Jessica	2,500.00
Clawson,Melissa	2,500.00
Harris,Kevin	2,500.00
Lonni,Sheila	2,500.00
Mathews,Amy	2,500.00
McDonald,Shari	2,500.00
Rappleye,Jennifer	2,500.00
Saylor,Cheri	2,500.00
Smith,Christine	2,500.00
Sullivan,Cynthia	2,500.00
Willard,Kelly	2,500.00
Wilson,Joshua	2,500.00
Raferty,Shannon	2,597.20
Golden, Connie	2,750.00
McEver,Betty	2,806.65
Faulkner,Tina	2,900.00
June,Michael	2,940.00
Smith,Lorraine	2,950.00
Wilkins, Karen	3,000.00
Wilson, Valerie	3,000 00
Hinson,Sharon	3,249.60
Mcever,Betty	3,249.60
Vallely ,Jeanne	3,255.00
Goodrich,Carrie	3,388.10
Edwards,Karen	3,500.00
Wilson,Joshua	3,750.00
Brown,Cindy	3,968.91
Whitney,Carrie	5,000.00

GRANTS TO HIGH SCHOOL SENIORS

Danielle McIntosh	250.00
Tiffany Borden	250.00
Erica Bretscher	1,250.00

CAYUGA MEDICAL CENTER FOUNDATION
EIN #16-1072414
ATTACHMENT TO FORM 990 FOR THE YEAR 2009

Courtney Simpson	1,250.00
Bethany Sharpless	1,250.00
Shaina Gifford	1,250.00
Capri Moseley	1,250.00
Kaitlyn McLaughlin	1,250.00
Allison Irish	1,250.00
Josephine Beardsley	1,250.00
Peter Mattingly	2,500.00
Ashley Jackson	2,500.00
Kelly Clink	(1,250.00)
LINE 22 TOTAL	381,012.03

CAYUGA MEDICAL CENTER FOUNDATION
EIN #16-1072414
ATTACHMENT TO FORM 990 FOR THE YEAR 2009

FORM 990, PART X - BALANCE SHEETS

	BEG OF YR MRKT VALUE	END OF YR MRKT VALUE
LINE 11		
US TREASURY BONDS & NOTES	125,585.75	187,697.90
U.S. GOVERNMENT OBLIGATIONS	569,421.10	341,798.22
CORPORATE BONDS AND NOTES	156,755.05	252,612.33
GOVERNMENT AND AGENCY OBLIGATIONS PER FS	**851,761.90**	**782,108.45**
CORPORATE STOCKS AT TCTC - COMMON STOCK	1,642,503.03	2,111,721.64
CORPORATE STOCKS AT TCTC - FOREIGN EQUITIES	121,011 65	189,070.42
MARKETABLE EQUITY SECURITIES PER FS	**1,763,514.68**	**2,300,792.06**
TOTAL LINE 11	**2,615,276.58**	**3,082,900.51**
LINE 12		
MUTUAL FUNDS:	2,715,878.43	3,076,405.07
ACCRUED INTEREST RECEIVABLE	12,137.05	8,508.62
ACCRUED DIVIDENDS RECEIVABLE	12,534.06	8,639.38
FUNDS HELD IN TRUST BY OTHERS	2,976,506.03	3,484,019.87
TOTAL LINE 12	**5,717,055.57**	**6,577,572.94**

	BEG OF YR	END OF YR
LINE 15		
CASH VALUE - LIFE INSURANCE	-	-
EQUIPMENT (LESS ACCUMULATED DEPRECIATION)	-	-
TOTAL LINE 15	-	-

FINANCIAL STATEMENTS FOR

CAYUGA MEDICAL CENTER FOUNDATION

FOR THE YEARS ENDED
DECEMBER 31, 2009 AND 2008

SCIARABBA WALKER &CO LLP

CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

March 1, 2010

Cayuga Medical Center Foundation
101 Dates Drive
Ithaca, New York 14850

We have audited the accompanying statements of financial position of Cayuga Medical Center Foundation as of December 31, 2009 and 2008, and the related statements of activities and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Cayuga Medical Center Foundation at December 31, 2009 and 2008, and its revenues, expenses, and changes in net assets for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Sciarabba Walker & Co. LLP

Sciarabba Walker & Co., LLP

200 East Buffalo Street, Suite 402
Ithaca, New York 14850
607-272-5550 / 607-273-6357 (Fax)

28 North Main Street
Cortland, New York 13045
607-756-0073 / 607-756-0052 (Fax)

www.sciarabbawalker.com

CAYUGA MEDICAL CENTER FOUNDATION
STATEMENTS OF FINANCIAL POSITION
December 31,

ASSETS

	2009	2008
ASSETS:		
Cash and cash equivalents	$ 526,963	$ 484.481
Promises to give	106.395	198.764
Accounts receivable, net of allowance for doubtful accounts of $31,457 and $95.819	94.373	287,457
Investments	6,176,453	5.355,826
Other assets	2,793	1,362
Funds held in trust by others	3,484,020	2,976.506
TOTAL ASSETS	$ 10.390,997	$ 9.304.396

LIABILITIES AND NET ASSETS

LIABILITIES:		
Accrued liabilities	$ 67,335	$ 550.585
Payable to Durham Trust	1,314,802	1.050,118
Payable to Cayuga Medical Center	4.055,670	3.302,372
TOTAL LIABILITIES	5,437,807	4,903,075
NET ASSETS:		
Unrestricted	1,128,021	601,898
Temporarily restricted	50,253	24,507
Permanently restricted	3,774,916	3,774,916
TOTAL NET ASSETS	4,953,190	4,401,321
TOTAL LIABILITIES AND NET ASSETS	$ 10,390,997	$ 9.304.396

See accompanying notes.

CAYUGA MEDICAL CENTER FOUNDATION
STATEMENTS OF ACTIVITIES
For the Years Ended December 31,

	2009	2008
UNRESTRICTED NET ASSETS:		
Revenues, gains, and other support:		
Contributions	$ 5,715	$ 1,183
Interest and dividends	35,964	58,387
Realized loss on sale of securities	(138,875)	(225,690)
Unrealized gain (loss) on investments	1,153,810	(1,892,151)
Net assets released from restriction	2,106	2,309
Total Revenues, Gains, and Support	1,058,720	(2,055,962)
Expenses:		
Fundraising	136,143	171,176
Scholarships and assistance	381,013	13,000
Administrative	55,589	53,128
Provision for bad debts	(40,148)	23,584
Total Expenses	532,597	260,888
CHANGES IN UNRESTRICTED NET ASSETS	526,123	(2,316,850)
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	(3,000)	8,555
Interest and dividends	1,612	2,588
Realized loss on sales of securities	(27,022)	(4,198)
Unrealized gain (loss) on investments	56,262	(3,109)
Net assets released from restriction	(2,106)	(2,309)
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	25,746	1,527
CHANGES IN NET ASSETS	551,869	(2,315,323)
NET ASSETS, beginning of year	4,401,321	6,716,644
NET ASSETS, end of year	$ 4,953,190	$ 4,401,321

See accompanying notes.

CAYUGA MEDICAL CENTER FOUNDATION
STATEMENTS OF CASH FLOWS
For the Years Ended December 31,

	2009	2008
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	$ 551.869	$ (2.315.323)
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Net realized and unrealized (gains) losses on investments and funds held in trust:	(1,044,175)	2,125,148
Depreciation expense	-	1,774
Provision for bad debts	(64,362)	22,819
Changes in promises to give	92,369	21.418
Changes in accounts receivable	257,446	(91,275)
Changes in other assets	(1,431)	92
Changes in accrued liabilities	(483.250)	(294,476)
NET CASH USED IN OPERATING ACTIVITIES	(691,534)	(529,823)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Change in investments, net	(283,966)	3.104.933
NET CASH (USED IN) PROVIDED BY INVESTING ACTIVITIES	(283,966)	3,104,933
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payable to Cayuga Medical Center	753,298	(1,840,985)
Payable to Durham Trust	264.684	(606,012)
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	1,017,982	(2,446.997)
NET INCREASE IN CASH	42,482	128,113
CASH AND CASH EQUIVALENTS, beginning of year	484.481	356.368
CASH AND CASH EQUIVALENTS, end of year	$ 526.963	$ 484.481
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:		
Cash paid during the year for:		
Interest	$ -	$ -
Taxes	-	-

See accompanying notes.

CAYUGA MEDICAL CENTER FOUNDATION
NOTES TO FINANCIAL STATEMENTS
For the Years Ended December 31, 2009 and 2008

A. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

1. Organization:

The Cayuga Medical Center Foundation (the Foundation) is a not-for-profit organization located in Ithaca, New York. The Foundation solicits, accepts, holds, invests and administers gifts, grants, bequests, contributions, devices, benefits or trusts endowments and property of any kind for the benefit of Cayuga Medical Center at Ithaca (the Medical Center) and others by using, disbursing or paying the income or principal thereof exclusively for the forgoing purposes or in the advancement thereof.

2. Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Basis of Accounting:

The financial statements of the Cayuga Medical Center Foundation have been prepared on the accrual basis. Consequently, revenue is recognized when earned rather than when received, and expenditures are recorded when incurred rather than when paid.

4. Risks and Uncertainties:

Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the net assets of the Foundation.

5. Income Taxes:

The Organization is exempt from income taxes as a non-profit organization under Internal Revenue Code Section 501(c)(3).

The Organization accounts for income taxes in accordance with FASB Accounting Standards Codification (ASC) 740, *Income Taxes*. FASB ASC 740-10 clarifies the accounting for income taxes, by prescribing a minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. It also provides guidance on derecognition, measurement and classification of amounts relating to uncertain tax positions, accounting for and disclosure of interest and penalties, accounting in interim periods, disclosures and transition relating to the adoption of the new accounting standard. The Organization adopted FASB ASC 740-10 as of January 1, 2009, as required, and determined that the adoption of FASB ASC 740-10 did not have a material impact on the Organization's financial position and results of operations.

6. Cash and Cash Equivalents:

The Foundation considers all highly liquid investments with maturities of three months or less when purchased to be cash equivalents.

7. Promises to Give:

Promises to give are derived from employee and community support. Promises to give are recorded at the time the promise to give is made, at the present value of the expected future contribution.

8. Investments:

Investments are recorded at fair value, based on quoted market prices. If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments. Interest, dividends, realized gains and changes in fair value resulting from unrealized gains and losses are included as increases in unrestricted net assets unless the income is restricted by donor or law.

9. Equipment:

Equipment is stated at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the individual assets (four years). Maintenance and repairs are charged directly to expense as incurred, while expenditures determined to represent additions and betterments are capitalized.

10. Payable to Durham Trust:

Payable to Durham Trust represents a revocable trust with an agreement dated October 2000 for an initial term of three years. The agreement is automatically renewed for successive three year terms unless either party gives written notice of termination at least one year prior to the expiration of a term. Should the trust be revoked, the amount due to the donor is the fair value of the investments at that time. The investments are recorded at fair value and are commingled in the Foundation portfolio. The interest income earned from the Durham Trust must be re-invested into the Trust until a predetermined return has been met.

11. Payable to Cayuga Medical Center:

As a result of the Medical Center having an economic interest in a portion of the Foundation's net assets, the Medical Center has recognized its interest in net assets of the Foundation and the Foundation has recognized a liability to the Medical Center.

12. Funds Held in Trust by Others:

Funds held in trust by others represent investments associated with Franklin Cornell, Annie Stewart and Katherine R. Spinney trusts which are held in perpetuity. The interest income earned from the Cornell trust is for general operating purposes of the Medical Center and is recorded as payable to Cayuga Medical Center. The interest income from

the Stewart and Spinney trusts is for donor restricted purposes of the Medical Center and has been recorded as payable to Cayuga Medical Center. Funds held in trust by others are recognized at the estimated fair value of the assets which approximates the present value of the future cash flows when the irrevocable trust is established or the Foundation is notified of its existence.

13. Financial Statement Presentation:

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

14. Revenue Recognition:

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions.

All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

B. INVESTMENTS:

Investments are recorded at fair market value.

The Foundation's investments had unrealized depreciation of ($317,633) and ($2,164,176), on December 31, 2009 and 2008, respectively. The cost and fair value of the Foundation's investments are as follows:

	2009		2008	
	Cost	Fair Value	Cost	Fair Value
Marketable equity securities	$ 2,025,122	$ 2,309,431	$ 2,330,735	$ 1,776,049
Mutual funds	3,692,447	3,076,405	4,344,357	2,715,878
Gov & agency obligations	776,517	790,617	844,910	863,899
	$ 6,494,086	$ 6,176,453	$ 7,520,002	$ 5,355,826

	2009	2008
Interest and dividends	$ 37,576	$ 60,975
Loss on sale of securities	(165,897)	(229,888)
Change in unrealized gain/loss	1,210,072	(1,895,260)
	$ 1,081,751	$ (2,064,173)

C. EQUIPMENT:

Equipment consists of the following at December 31:

	2009	2008
Equipment	$ 21,298	$ 21,298
Accumulated depreciation	21,298	21,298
	$ -	$ -

Depreciation expense amounted to $0 in 2009 and 2008.

D. FUNDS HELD IN TRUST:

The composition of the investments associated with the funds held in trust at fair market value at December 31, is as follows:

	2009	2008
Cash & Cash Equivalents	$ 59,323	$ 112,496
Gov & Agency Obligations	782,881	596,018
Corp Obligations	514,419	460,426
Mutual Funds	29,701	25,587
Marketable Equity Securities	2,081,362	1,761,085
Accrued income	16,334	20,894
Funds held in trust by others	$ 3,484,020	$ 2,976,506

E. PAYABLE TO CAYUGA MEDICAL CENTER:

Payable to Cayuga Medical Center represents certain assets the Foundation holds in the name of the Medical Center. The following is the amount recognized at December 31:

	2009	2008
BALANCE AT JANUARY 1	$ 3,302,372	$ 5,143,357
Contributions	384,649	458,082
Investment Income	(251,773)	(140,967)
Unrealized gain (loss) on securities	1,021,656	(1,594,080)
Expenses - Investment Fees	(22,884)	(26,592)
Transfer to Cayuga Medical Center	(378,350)	(537,428)
BALANCE AT DECEMBER 31	$ 4,055,670	$ 3,302,372

F. Restrictions On Net Assets:

Temporarily restricted net assets are available for the following purposes or periods at December 31:

	2009	2008
Healthcare Assistance	$ 41,266	$ 14,325
Health Ed Assistance	8,987	10,182
	$ 50,253	$ 24,507
Purchase restrictions accomplished:		
Healthcare Assistance	$ 425	$ 414
Other	1,681	1,895
	$ 2,106	$ 2,309

Permanently restricted net assets are restricted to investments to be held in perpetuity or in trust by others, certain of the income from which is expendable to purchase equipment, support education, provide healthcare financial assistance and general unrestricted use.

G. Related Party Transactions:

The Foundation has agreements with Cayuga Medical Center for administrative, accounting, and fundraising services. Total fees paid during 2009 and 2008 were $164,700 and $198,373 respectively.

H. Concentration of Credit Risk:

During the year the Foundation will have bank deposits in excess of the FDIC insured limits.

I. Endowment:

An endowment fund is an established fund of cash, securities, or other assets that provides income for the support of a not-for-profit organization. Endowment funds are generally established by donor restricted gifts but can also be established by an organization's governing board. A donor can stipulate that a gift is to be invested in perpetuity or for a specified term. The net assets of an endowment fund can result from three sources: original principal, gains and losses, or interest and dividends. When classifying the net assets of an endowment fund, each source must be evaluated separately. Each source is unrestricted unless its use is restricted-temporarily or permanently by donor law.

Cayuga Medical Center Foundation's permanently restricted endowment consists of five individual funds: Young Women's Healthcare Education Assistance Fund, C.B. Howell Health Education Fund, Spinney Fund for Charity Care (Held by Others), Cornell Fund for Unrestricted Purposes (Held by Others), and Stewart Fund for Charity Care (Held by Others). The Foundation's temporarily restricted endowment consists of the Bonnie Howell Health Education Fund.

The permanently restricted funds were established by a donors' restriction that the gift's principal be invested in perpetuity. No donor restrictions have been placed on the investment returns of the Cornell Fund. Investment returns of all the other funds are restricted by the donor for specific purposes. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The Board of Trustees of Cayuga Medical Center Foundation has interpreted and complied with the Uniform Prudent Management Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Cayuga Medical Center Foundation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with applicable state law and the organization's investment policy, the organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1) The duration and preservation of the fund
2) The purposes of the Cayuga Medical Center Foundation and the donor-restricted endowment fund
3) General economic conditions
4) The possible effect of inflation and deflation
5) The expected total return from income and the appreciation of investments
6) Other resources of the organization
7) The investment policies of the Organization

Endowment Net Asset Composition by Type of fund as of December 31, 2009

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ -	$ 50,253	$ 3,774,916	$ 3,825,169
Total funds	$ -	$ 50,253	$ 3,774,916	$ 3,825,169

Description and Amounts Classified as Permanently Restricted Net Assets and Temporarily Restricted Net Assets (Endowment Only)

	2009	2008
Permanently Restricted Net Assets		
The portion of perpetual endowment funds that is required to be retained permanently by explicit donor stipulation	$ 3,774,916	$ 3,774,916
Total endowment funds classified as permanently restricted net assets	$ 3,774,916	$ 3,774,916
Temporarily Restricted Net Assets		
The portion of perpetual endowment funds subject to a purpose restriction:	$ 50,253	$ 24,507
Total endowment funds classified as temporarily restricted net assets	$ 50,253	$ 24,507
Restricted net assets	$ 3,825,169	$ 3,799,423

Investment return

For the year ended December 31, 2009, the Foundation had the following endowment related activity:

	Donor Restricted Endowment Funds
Interest and dividends	$ 1,612
Realized loss	(27,022)
Net appreciation	56,262
Bank fees and expenses	(1,681)
Total investment return	29,171
Restricted contributions	(3,000)
Amounts appropriated for accomplished purpose	425
Total change in endowment funds	$ 25,746

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the organization to retain as a fund of perpetual duration. There were no such deficiencies as of December 31, 2009 and 2008.

Return Objectives and Risk Parameters

Cayuga Medical Center Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to provide for the long term well being of the Foundation. The goal is to exceed the benchmarks set for each type of investment, as applicable.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, Cayuga Medical Center Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The organization targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

Cayuga Medical Center Foundation has a policy of budgeting and appropriating for distribution each year during the adoption of their annual budget. In determining annual distributions, the organization considers the long-term expected return on its endowment, and maintains a minimum amount to allow for a diversified portfolio and asset allocation. This is consistent with the organization's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

J. Fair Value Measurements:

Accounting Standards Codification (ASC) 820 established a three-tier hierarchy for fair value measurements, which prioritizes the inputs used in measuring fair value as follows.

- Level 1 – observable inputs such as quoted prices for identical instruments in active markets.
- Level 2 – inputs other than quoted prices in active markets that are observable either directly or indirectly through corroboration with observable market data.
- Level 3 – unobservable inputs in which there is little or no market data, which would require the Organization to develop its own assumptions.

As of December 31, 2009, the Foundation held certain assets and liabilities that were measured at fair value on a recurring basis. The fair value of investments, funds held in trust, payable to Durham Trust and Cayuga Medical Center are obtained from readily available market prices. Fair value for the promises to give are determined by calculating the present value of the future distributions expected to be received, using a 6% discount rate. Amounts pledged that are less than $100,000 are measured in the aggregate using present value techniques that consider historical trends of collection, the type of donor (individual or corporation/foundation) and general economic conditions in the geographic area in which the majority of the donor's live.

		Fair Value Measurements Using		
	Total	Level 1	Level 2	Level 3
ASSETS:				
Investments	$ 6,176,453	$ 6,176,453	$ -	$ -
Promises to give	$ 106,395	$ -	$ -	$ 106,395
Funds held in trust	$ 3,484,020	$ 3,484,020	$ -	$ -
LIABILITIES:				
Payable to Durham Trust	$ 1,314,802	$ 1,314,802	$ -	$ -
Payable to Cayuga Medical Center	$ 4,055,670	$ 4,055,670	$ -	$ -

Assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3 inputs):

Promises to give:

December 31, 2008	$ 198,763
New pledges received	4,960
Collections	97.328
December 31, 2009	$ 106,395

K. SUBSEQUENT EVENTS:

Management have evaluated subsequent events through March 1, 2010, which is the date the financial statements are available to be issued.