

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



6STI003 09/14/2010 3 14 PM

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

	For the 2009 ca	nendar year, or tax year beginning , and ending							
B (Check if applicable	Please C Name of organization use IRS COVINITY FOUNDAMENT.		D Empl	oyer identification number				
	Address change	label or TIOGA COUNTY FOUNDATION		25-1831674					
	Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number				
_ <u> </u>	initial return	See 114 MAIN STREET	Noonissuite)-723-8232				
	Termination		G Gross rec	00 565					
	Amended return								
	Application pending	F Name and address of principal officer		H(a) Is this	a group return for				
		ROBERT J. BLAIR, PRESIDENT		affiliat H(b) Are at	Laffiliates				
		114 MAIN STREET WELLSBORO PA 16901		includ	ed? Yes No				
$\overline{}$	Tax-exempt statu		-	II NO	attach a list (see instructions)				
		WWW.TCDC-PA.COM		H(c) Group	exemption number				
ĸ	Type of organization	X Corporation Trust Association Other ► L	rear of formation $ {f 1} $	999	M State of legal domicile PA				
<u> P</u>	art I Si	ummary							
		escribe the organization's mission or most significant activities							
1 00		PERFORM THE CHARITABLE, EDUCATIONAL, AND SCIENTIFIC I	FUNCTIONS	AND					
20 nan	ACTI	IVITIES OF THE TIOGA COUNTY DEVELOPMENT CORPORATION.							
0.2.2010 Governance	2 Check th	nis box ▶ 📋 if the organization discontinued its operations or disposed of more than 25%	of its not assets						
🔾 ပိ		of voting members of the governing body (Part VI, line 1a)	Orito fict assets	3	5				
ED NOV (Activities & C		of independent voting members of the governing body (Part VI, line 1b)		4	4				
Viti N		mber of employees (Part V, line 2a)		5	0				
Act	6 Total nur	mber of volunteers (estimate if necessary)		6	10				
Z	7a Total gro	oss unrelated business revenue from Part VIII, column (C), line 12		7a					
SCANNED Revenue Acti	b Net unre	lated business taxable income from Form 990-T, line 34		7b	0				
\mathcal{S}	8 Contribut	tions and grants (Part VIII, line 1h)	Prior Yea	9,761	Current Year 51, 427				
လ ခ်		service revenue (Part VIII, line 2g)		3,867	19,750				
.ver	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		391	1,980				
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			10,410				
	12 Total rev	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84	4,019	83,567				
		nd similar amounts paid (Part IX) optorin (A), lines 1-3)	68	3,768	37,294				
		paid to or fdr members (Part HX. collumn (A), line 4)							
es.		other compensation, employee benefits (Parry), column (A), lines 5–10)		22,699					
xpenses	16a Professio	onal fundrais ikg ees (Farī i X இயாடு (A), lineri e)							
Exp	b Total fund	idraising expenses (Part IX, column (D), line 25)		5 200	10 000				
	17 Other ex	penses (Part IX, column (A) Lines 11a–11d, 11f-24f) penses Add lines 13 1 17 must equal Part IX, col umn (A), line 25)		6,388 5,156	10,990 70,983				
		e less expenses. Subtract line 18 from line 12		3,863	12,584				
- S	TO TREVENICE	s eas expenses. Conduct line 10 from line 12	Beginning of Curr		End of Year				
sets	20 Total ass	sete (Rart X, line 16)		6,831	71,633				
Net Assets or Fund Balances	21 Total liab	slittes (Part X, line 26)		5,112	. 7,330				
		ets or fund balances Subtract line 21 from line 20	51	L,719	64,303				
_ P		ignature Block							
	and	der penalties of benury, I declare that have examined this return, including accompanying schedules an d belief, it is the, exprect, and comflete distantion of preparer (other than officer) is based on all inform	d statements, and t lation of which prep	to the best o parer has an	of my knowledge y knowledge				
Sig	1.			110	-14 200				
Her		Synature of officer		Date	110010				
		ROBERT J. BLAIR PRESI	DENT	Date					
	7	Type or print name and type			-				
	Pre	eparer's Date	Check if	f	Preparer's identifying number				
Pai	d sigi	nature 09/14	1/10 self- employe	ed 🕨	(see instructions) P00194608				
	parer's	JónesKohanski & Co., PC	. ,	EIN Þ	26-1641653				
US	· • · · · · · · · · · · · · · · · · · ·	3939 Birney Ave		Phone					
	ado	dress, and ZIP + 4 Moosic, PA 18507		no 🕨	570-941-2248				
		s this return with the preparer shown above? (see instructions)			Yes No				
For DAA	Privacy Act an	nd Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)				

Part III Statement of Program Service Accomplishments

1	Broffy docorbo	the organization's	miccion
	brieny describe	the organization (s missinn

TO PERFORM THE CHARITABLE, EDUCATIONAL, AND SCIENTIFIC FUNCTIONS AND ACTIVITIES OF THE TIOGA COUNTY DEVELOPMENT CORPORATION.

40	(Expenses \$		including grants) (Revenue \$		
44	Other program se	rvices. (Describe in	-				
			-				
				,			
				·	•	•	
				•			
				•			•
						•	
			•	•	٠		
	-				•		
4c	(Code)(Expenses \$		including grants of \$	<u> </u>) (Revenue \$)
	· ·						
					•		
					•		
4b	(Code)(Expenses \$		including grants of \$	-) (Revenue \$)
						·	
					•		
	••						
	corporation			~ *	•		
				e Tioga County		t	•
	(Code)(Expenses \$	70,983 itable odu	including grants of \$ cational, and se) (Revenue \$	83 ,566)
	anocations to othe			, for each program service repo			
				947(a)(1) trusts are required to i		grants and	
4				organization's three largest prog	gram services by exp	enses.	
	services? If "Yes," describe	these changes on S	ichedule O				Yes X No
3		on cease conducting	g, or make significant o	changes in how it conducts, any	program		
	If "Yes," describe	these new services	on Schedule O				
	the prior Form 99		grillicant program serv	ices during the year which were	not listed on		Yes X No
-		ION UNDERTAKE ARVICH	anificant aroaram serv	ices during the year which were	not listed on		
2	Did the organizati						

<u> </u>	attiv 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	ا ا	i	х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
•	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	-3		
•	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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
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		X
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		X
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	X	
•	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 secunties 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 related in Part X, line 15 that is 5% or more of its total assets		ı	
	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		1	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40	X	
12Δ	_ 	12	^	
	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	İ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Forn	1 990 (2009) "TIOGA COUNTY FOUNDATION 25-18316/4		P	age 4
Pa	art IV Checklist of Required Schedules (continued)	· · · · · · · · · · · · · · · · · · ·		ı
1		İ	Yes	No
21'	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			x
00	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	22	x	
22	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	İ	х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		j	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
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	. 240		
Ĭ	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		х
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			1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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		X
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		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I .	31	ļ	X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	├	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		T.	
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
20	Schedule R, Part V, line 2	. 35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1 20		x
27	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,			
		37		x
	Part VI	_ J/	1	1

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

Form **990** (2009)

	1990 (2009) 110GA COUNTI FOUNDATION 25-1831	0/4			P	age :
_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					ı
1a	Enter the number reported in Pay 2 of Farm 4000. Annual Commence and Transmitted of				Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1a 1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report		<u> </u>			
·	gaming (gambling) winnings to prize winners?	lable		4.		X
2a		1 [1c		
	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?	$\overline{}$		2b	. :	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			20		
	instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v				
	this return?	,		3a		X
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 auti	ontv				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-				
	account)?			4a		x
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 Bar	nk				
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng				
	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		X
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).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds			1	
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	, ,		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal			I	
_	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?)		7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		`	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	i				7.7
	required?			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				ŧ	v
9	organization, have excess business holdings at any time during the year?			8		X
a	Sponsoring organizations maintaining donor advised funds.				Ī	v
b	Did the organization make any taxable distributions under section 4966?		•	9a		X
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.		•	9b	-	Λ.
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		l	I	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			1	
11	Section 501(c)(12) organizations. Enter	ניטטן			1	
''	Gross income from members or shareholders	11a		1	I	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	a		1	ł	
•	amounts due or received from them)	11b			I	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	ŧ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			_	

Part VI

Form 990 (2009) TIOGA COUNTY FOUNDATION

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 Q. See instructions

Base Teler the number of voting members of the governing body 1a 5 1b 4 2 2 2 2 3 3 3 3 3 3	Sec	stion A. Governing Body and Management			
to the number of volang members of the governing body Enter the number of volang members that are neglegated to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to the state of the government to	<u> </u>	A. Coverning body and management		Vac	No
b Enter the number of votage members that are independent Dot any officer, director, fuster, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee in a management duties customantly performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 4 Dot the organization become aware during the year of a malerial diversion of the organization become aware during the year of a malerial diversion of the organization have members or stockholders? 5 Dots the organization have members or stockholders? 6 Doss the organization have members of stockholders? 7 Doss the organization have members of stockholders? 8 Dot the organization have members of stockholders? 9 Doss the organization have members of stockholders? 10 Doss the organization have members of stockholders? 10 Doss the organization have members of stockholders? 10 Doss the organization have members of stockholders? 11 Doss the organization have members of stockholders? 12 Doss the organization have members of stockholders? 13 Doss the organization have members of stockholders? 14 Doss the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 15 Each commente with authority to act on behalf of the governing body? 16 Each commente with authority to act on behalf of the governing body? 18 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 19 Each commente with authority to act on behalf of the governing the activities of such chapters. 10 Doss the organization have written policies and procedures governing the activities of such chapters. 10 Doss the organization have written policies and procedures governing the activities of such chapters. 10 Doss the organization have a written organization to review this policies not required to the fire such authority of the process of t	1a	Enter the number of voting members of the governing body		162	140
2 Did the organization have members or students of the governing body 2 per by the following: 1 Section B, Policies (This Section B requests information about policies not required by the Internal Balassa, and branches to make any superhism of force, director, trustee, or key employees to a management company or other person? 3 Did the organization have members or students, of key employees to a management company or other person? 4 Did the organization have members or students, of key employees to a management company or other person? 5 Did the organization have members or students, of key employees to a management company or other person? 6 N X 7 Does the organization have members or students, or other persons who may elect one or more members of the governing body? 7 Did the organization have members, subchilders, or other persons? 7 Did the organization have members, subchilders, or other persons? 8 Did the organization have members, subchilders, or other persons? 9 Did the organization have members, subchilders, or other persons? 9 Did the organization ordenpronizedusly document the meetings held or written actions undertaken during the year by the following: 1 Section B, Political (This Section B) Political (This Section A) who cannot be reached at the organization and undertaken subtractive that the organization and undertaken subtractive that the organization and undertakens? 8 Section B, Political (This Section B) Requests information about policies not required by the Internal Revenue Code.) 9 Describe the organization have went their operations are consistent with those of the organization? 10 Describe the organization have went their operations are consistent with those of the organization? 10 Describe the organization have a written conflict of interest policy? If 'No.' go to line 13 10 Describe the organization have a written organization to review this Form 990 10 Describe the organization have a written organization or the organization and decision or such particular to the organization or the					
any other officer, director, fusitise, or key employee? 3 Det the organization delegate control voer management duties customanly performed by or under the direct 3 supervision of officers, directors or fusitises, or key employees to a management company or other person? 5 Dot the organization become aware during the year of a material diversion of the organization sasets? 5 Doss the organization have members or stockholders? 7 Doss the organization have members or stockholders? 8 A X 7 Doss the organization have members or stockholders? 9 Doss the organization have members or stockholders? 9 Doss the organization have members or stockholders? 9 Des the organization have members or stockholders? 9 Des the organization on the organization have members or stockholders, or other persons? 10 A X 10 Des the organization on the organization of the organization of the organization or ontermportal pooly? 10 A Y 10 A Y 10 A Y 10 A Y 10 B Des the organization on the organization or ontermportal pooly? 11 Des the poverning body? 12 Des the organization or ontermportaneously document the meetings held or written actions undertaken during the year by the following: 12 Des the organization or ontermportaneously document the meetings held or written actions undertaken during the year by the following: 13 The governing body? 14 Each committee with a submoty to act on behalf of the governing body? 15 Each committee with a submoty to act on behalf of the governing body? 16 Each committee with a submoty to act on behalf of the governing body? 17 Each organization inversed enderse 21 M Yes (provide the names and addresses in Schedule O 18 Each committee with a submoty to act on behalf of the governing body? 19 Each committee with a submoty to act on behalf of the governing the activities of such chapters, and situates, and by employees provide the names and addresses in Schedule O 19 Each organization have a written conflict or interest policy? 10 Each organization inverse to ensure their operations a	2				
supervision of officiars, directors or trustees, or key employees to a management company or other person? A Did the organization have members or stockholders? 5 Dues the organization have members as stockholders? 7 Does the organization have members as stockholders? 8 A X 8 Dues the organization have members as stockholders? 9 Dues the organization have members as stockholders? 10 Bus the organization have members as stockholders? 10 Bus the organization have members as stockholders, or other persons who may elect one or more members 10 of the governing body? 10 A Y X 11 Dues the organization of the members, stockholders, or other persons? 11 A Y X 12 A X 13 A X 14 A X 15 Dues the organization have members, stockholders, or other persons? 15 A Y X 16 Dues the organization contemporaneously document the meetings held or written actions undertaken during the year's byte following: 16 Each committee with authority to act on behalf of the governing body? 17 B Each committee with authority to act on behalf of the governing body? 18 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization in a smalling address? If Yes, "provide the names and addresses in Schedule O 18 B Dees the organization have local chapters, branches, or affiliates? 19 Dues the organization have local chapters, branches, or affiliates? 10 Dues 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? 10 Dues the organization have written policies and procedures governing body before filing the form? 11 Dues the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Dues the organization have a written organization of interest policy? If Yes," 12 Dues the organization have a written organization of interest policy? If Yes," 12 Dues the organization have a w			2	•	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 890 was filled? 5 Did the organization have members or a material diversion of the organization's assets? 8 Did the organization have members or stockholders? 10 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 10 Does the organization chave members, stockholders, or other persons? 11 Does the organization chave members, stockholders, or other persons? 12 Does the organization chave members and the meetings held or written actions undertaken during the year by the following: 11 Does the organization characterization contemporaneously document the meetings held or written actions undertaken during the year by the following: 12 The governing body? 13 The governing body? 14 The governing body? 15 Section 18 Policies (This Section B requests information about policies not required by the Internal Review of the organization from the properties of the governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 16 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? 11 In the situation of the process, and key employees required to disclose annually interests that could give in the programation regularly and consistently monitor and enforce compliance with Form 990. 11 Does the organization have a written organization to review with Form 990. 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," to be the risk organization have a written without an organization with the policy? 12 Does the organization have a written white the following persons include a review and approval by independent persons, comparability data, and contemporaneous substan	3	Did the organization delegate control over management duties customarily performed by or under the direct			
5 Dob the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders, or other persons who may elect one or more members 7 of the governing body? 5 Does the organization have members, stockholders, or other persons who may elect one or more members 7 of the governing body? 5 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 6 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Deach committee with sultionity to act on behalf of the governing body? 9 Is there any officer, firector, frustles, or key employee tisted in Part VII, Section A, who cannot be reached at the organization frustles, or key employee tisted in Part VII, Section A, who cannot be reached at the organization flave interests information abbout policies not required by the internal at the organization flave internal policies information abbout policies not required by the internal at the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 Does the organization have a written organization are consistent with those of the organization? 13 Does the organization have a written organization are consistent with those of the organization? 14 Part Policies of the process, if any, used by the organization to review this Form 990. 15 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," go to line 13 16 Does the organization have a written conflict of interest policy? If "No," go to line 13 17 Does the organization regularly and consistently monitor and enforce compliance with t		supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
6 Does the organization have members of stockholders? 2 Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body? 2 Na Ara any decisions of the governing body subject to approval by members, stockholders, or other persons? 2 Na Ara any decisions of the governing body subject to approval by members, stockholders, or other persons? 3 Na Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 3 The governing body? 4 Sa Each committies with authority to act on behalf of the governing body? 5 Is there are yofficer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization is making address? If Yes, provide the names and addresses in Schedule 0 9 X Section B. Pollicles (This Section B requests information about policies not required by the Internal 8 Na Section B. Pollicles (This Section B requests information about policies not required by the Internal 9 Na Section B. Pollicles (This Section B requests information about policies not required by the Internal 10 Section B. Pollicles (This Section B requests information about policies not required by the Internal 10 Section B. Pollicles (This Section B requests information about policies not required by the Internal 11 Na Section B. Pollicles (This Section B requests information about policies not required by the Internal 12 Section B. Pollicles (This Section B requests information about policies not required by the Internal 13 Na Section B. Pollicles (This Section B requests information about policies not required by the Internal 14 Na Section B. Pollicles (This Section B requests information about policies not required by the Internal Bouth about the section of the organization in required by the organization to review this Form 990. 14 Na Section B. Pollicles (This Section B requests information and entired by the organization in required by the	4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7b Ara any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X	5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b X 8 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization mailton, address? If "Yes." growtife the names and addresses in Schedule O 9	6	·	6		<u>X</u>
b Are any decisions of the governing body's subject to approval by members, stockholders, or other persons? ### Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ### The governing body? ### Ba X ### Ba X ### Beach committee with authority to act on behalf of the governing body? ### Ba X ### Beach committee with authority to act on behalf of the governing body? ### Ba X ### Steries in a provider of infector, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If "Yes.", provide the names and addresses in Schedule O ### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) ### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) ### Policies (This Section B requests information about policies not required by the Internal Revenue Code.) ### Policies (This Section B requests information about policies not required by the Internal Revenue Code.) ### Policies of 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? #### Policies (This Section B requests information and policies not required by the organization? #### Policies (This Section B requests information and policies not required to disclose annually interests that could give in the policies of the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O those this is a done in Schedule O those this is a done in Schedule O this is done #### Does the organization have a written whitelebover policy? ### Does the organization have a written whitelebover policy? ### Does the organization have a written whitelebover policy? ### Does the organization have a written policies of th	7a				
the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, frustee, 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 g X Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? 11b Has the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have written policies and procedures governing body before filing the form? 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11			7a		
the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Ishere 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," proved the names and addresses in Schedule O s V Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Does the organization have local chapters, branches, or affiliates? 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? If the site organization provided a copy of this Form 990 oall members of its governing body before filing the form? If the site organization have a written conflict of interest policy? If "No," go to line 13 Does the organization have a written conflict of interest policy? If "No," go to line 13 Does the organization have a written whetletower policy? Does the organization have a written whetletower policy? Does the organization have a written whetletower policy? Does the organization have a written whetletower policy? 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? Does the organization have a written document reterition and destruction policy? 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? The organization have a written whetletower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, a			7b	X	
a The governing body? b Each committee with authority to act on behalf of the governing body? s Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If "Yes," provide the names and addresses in Schedule O Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 12 Does the organization have a written conflict of interest policy? If "No." go to line 13 12 Does the organization have a written conflict of interest policy? If "No." go to line 13 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done conflicts? 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done conflicts? 14 Does the organization have a written document reflection and destruction policy? 15 Does the organization have a written whistleblower policy? 16 Does the organization have a written document reflection and destruction policy? 17 Does the organization in each own and the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 18 Do be the organization in Account of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation	8				
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses in Schedule O 8 Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b 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 If "Yes," does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 10c International Provided International Provided International Provided International Provided International Intern		· · · · · · · · · · · · · · · · · · ·			
sterior any officer, director, fusitee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maining address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a S. 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 If "Yes," does the organization have ensure their operations are consistent with those of the organization? 10c In Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11c Does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11c Does the organization have a written conflict of interest policy? If "No," go to line 13 11c Does the organization and key employees required to disclose annually interests that could give inset to conflicts? 11c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 11c Does the organization have a written document retention and destruction policy? 11d Does the organization have a written document retention and destruction policy? 11d Does the organization have a written document retention and destruction policy? 11d Does the organization face (Secultive Director, or top management official by the organization in joint venture arrangement if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 11d Does the organization or Schedule O (See instructions) 11d Does the organization in joint venture arrangement under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements? 11d Does			 		
at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Des the organization have local chapters, branches, or affiliates? 10a Des 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? 11b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Describe in Schedule O how this is done 12c Dest the organization have a written document retention and destruction policy? 13 Dest the organization have a written document retention and destruction policy? 14 X 15 Dot the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantation of the deliberation and decision? 15a Destine organization and and contemporaneous substantation of the deliberation and decision? 16a Dit the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 17 For organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b Describe in line 15a or 15b, describe the process in Schedule O (See instructions) 17 For Since 15a organization adopted a written policy or procedure r			8b	X	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10a X	9				77
New Process of the organization have local chapters, branches, or affiliates? 10a Does the organization have local chapters, branches, or affiliates? 11b 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? 11b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11c Describe in Schedule O they this is done organization have a written conflict of interest policy? If "No." go to line 13 11c Describe in Schedule O how this is done organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done organization have a written divident explaining the organization have a written divident explaining the organization have a written divident explaining the organization policy? 11d Does the organization have a written divident explaining the organization policy? 11d Does the organization have a written divident explaining the organization of the deliberation and decision? 11d Describe organization in port versions, comparability data, and contemporaneous substantiation of the deliberation and decision? 11d Tyres' to line 15a or 15b, describe the process in Schedule O (See instructions) 11d Describe organization in port version the organization in port version in port version, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 11d Describe organization in port venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in port			9		<u> </u>
10a Does the organization have local chapters, branches, or affiliates? 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11		· · · · · · · · · · · · · · · · · · ·			
Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written polices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11	IVEA	ende Code.)			
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? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11	102	Does the organization have local chapters, branches, or affiliates?	400	Yes	
affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11		· · · · · · · · · · · · · · · · · · ·	iva		
Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11			106	i	
form? 11	11	•	100		
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 2 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give in set to conflicts? 2 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 3 describe in Schedule O how this is done 3 Does the organization have a written whistleblower policy? 4 14 X 14 Does the organization have a written whistleblower policy? 5 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? 5 The organization's CEO. Executive Director, or top management official 6 Other officers or key employees of the organization 15a X 16b Other officers or key employees of the organization 16c If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X 16b If "Yes" has the organization adopted a written policy or procedure requiring the organization to evaluate 16c the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16c the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16c the organization's exempt status with respect to such arrangements? 16d Disclosure 17c List the states with which a copy of this Form 990 is required to be filed PA 18c Section C. Disclosure 19c Down website Another's website X Upon request 19c Down website Another's website X Upon request 20c State the name, physical address, and telephone number of the person who possesses the books and records of the organization in the states and telephone number of t	••		11		x
Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 Does the organization have a written whistleblower policy? 13	11a		 		-
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nise to conflicts? 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	12a		12a		X
rise to conflicts? 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? 14 Does the organization have a written whistleblower policy? 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? 15 The organization's CEO, Executive Director, or top management official 15 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 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 16 the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 18 Section 6:104 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 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 ▶ ROBERT J. BLAIR 114 MAIN STREET	ь	· · · · · · · · · · · · · · · · · · ·	1.50		
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? 14 Does the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 16a X 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 X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ ROBERT J. BLAIR 114 MAIN STREET			12b		
Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official 15	С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
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? The organization's CEO, Executive Director, or top management official Did the organization's CEO, Executive Director, or top management official Did the organization in 15b		describe in Schedule O how this is done	12c		
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? The organization's CEO, Executive Director, or top management official Did the organization's CEO, Executive Director, or top management official Did the organization in 15b	13	Does the organization have a written whistleblower policy?	13		X
Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Differs or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Iffers, 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? Section C. Disclosure Ist the states with which a copy of this Form 990 is required to be filed ▶ PA 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 X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ROBERT J. BLAIR 114 MAIN STREET	14	Does the organization have a written document retention and destruction policy?	14		X
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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	15	Did the process for determining compensation of the following persons include a review and approval by			
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 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		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 W. 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 ▶ ROBERT J. BLAIR 114 MAIN STREET	а	The organization's CEO, Executive Director, or top management official	15a		
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ROBERT J. BLAIR 114 MAIN STREET	b	• • • • • • • • • • • • • • • • • • • •	15b	X	
with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 ▶ ROBERT J. BLAIR 114 MAIN STREET		If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		1	
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 ▶ PA 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 ▶ ROBERT J. BLAIR 114 MAIN STREET	16a			1	
tts 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 X 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 ▶ ROBERT J. BLAIR 114 MAIN STREET			16a		<u>X</u>
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 X 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 ▶ ROBERT J. BLAIR 114 MAIN STREET	b			- 1	
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 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 X 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 ▶ ROBERT J. BLAIR 114 MAIN STREET				-	
List the states with which a copy of this Form 990 is required to be filed PA 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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ROBERT J. BLAIR 114 MAIN STREET			16b		
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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ROBERT J. BLAIR 114 MAIN STREET					
available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ROBERT J. BLAIR. 114 MAIN STREET		•		•	
Own website Another's website X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ROBERT J. BLAIR 114 MAIN STREET	10				
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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ROBERT J. BLAIR 114 MAIN STREET					
policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ROBERT J. BLAIR 114 MAIN STREET	10				
State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ROBERT J. BLAIR 114 MAIN STREET	13				
organization ▶ ROBERT J. BLAIR 114 MAIN STREET	20				
\cdot	LU				
	WF		570-72	3-A	232

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

Name and Title Average hours per week Average hours	X Check this box if the organization	I	sate T	any (fficer	, dire		(5)	(E)
DAVID CUMMINGS BOARD MEMBER VARIANTE RUSSELL BOARD MEMBER AND DAIVD LAMPHER BOARD MEMBER ROBERT BLAIR PRES./CEO POWER BOARD MEMBER AND DAIVD LAMPHER BOARD MEMBER BOARD MEMBER AND DAIVD LAMPHER BOARD MEMBER BOARD MEMBER AND DAIVD LAMPHER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD	(A) Name and Title	(B) Average	Pos	(C) Position (check all that an			that a	(vlqq	(D) Reportable	(E) Reportable	(F) Estimated
BOARD MEMBER		hours per							compensation from the organization	compensation from related organizations	amount of
KAREN RUSSELL BOARD MEMBER DAIVD LAMPHIER BOARD MEMBER X 0 0 0 WENDY SWARTZ, CPA BOARD MEMBER X 0 0 0 0 ROBERT BLAIR PRES./CEO 40.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DAVID CUMMINGS		1				t	<u> </u>			
BOARD MEMBER			X	<u> </u>					0	0	C
DAIVD LAMPHIER BOARD MEMBER X 0 0 0 WENDY SWARTZ, CPA BOARD MEMBER X 0 0 0 ROBERT BLAIR PRES./CEO 40.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
BOARD MEMBER			X				<u> </u>		0	0	C
WENDY SWARTZ, CPA BOARD MEMBER ROBERT BLAIR PRES./CEO 40.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							1				
BOARD MEMBER X 0 0 0 ROBERT BLAIR PRES./CEO 40.00 X 0 0			X			<u> </u>	<u> </u>		0	0	C
ROBERT BLAIR PRES./CEO 40.00 X 0 0		•	ŀ			ļ					
PRES./CEO 40.00 X 0 0			<u> </u>		<u> </u>	.	<u> </u>	<u> </u>	0	0	0
		40.00									_
	PRES./CEO	40.00	╀		X		_	 	0	0	0
			\vdash				\vdash	 			
				l							
			+					一			
		İ									
			\vdash				\vdash	H			
	•										
								\Box			
							Ì				
				_							
										-	
		<u> </u>									
								П			
		İ									
									_		
		<u> </u>									
			<u> </u>					Ш			<u> </u>
		 	<u> </u>					Ш	<u> </u>		
.	. [1									

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y Em	iplo	yees,	and	d Highest Compensated E	mployees (continued)			
	(A) Name and Title	(B) Average hours per	Average Position (check all that app				(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of			
•		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		on on d
											l		
											 		
											1		
			:										
													_
1b	Total					<u> </u>						 	
2	Total number of individuals (inc	luding but not lim	ııted	to th	ose l	liste	d abo	<u>-</u>	who received more than \$1	00,000 in			
	reportable compensation from	the organization I	<u> </u>	0									
											_	\Y,	es No
3	Did the organization list any for employee on line 1a? If "Yes,"							loye	e, or highest compensated		Ī	3	x
4	For any individual listed on line	1a, is the sum of	repo	ortab	le co	mpe	ensat						
	the organization and related organization	ganızatıons great	er tha	an \$	150,0	0007	' If "Y	es,"	complete Schedule J for su	ıch	F	4	x
5	Did any person listed on line 1a											_	
Sec	services rendered to the organ tion B. Independent Contractor		comp	olete	Sch	edul	e J to	rsu	ch person	·		5	<u> </u>
1	Complete this table for your five compensation from the organiz	e highest comper	ısate	d inc	lepe	nder	nt cor	itrac	tors that received more that	n \$100,000 of			
(A) Name and business address									Descrip	(B) tion of services		Compe	C) ensation
2	Total number of independent of		-				to th	ose	listed above) who received				
DAA	more than \$100,000 in comper	isation from the o	rgan	ızatı	on 🕨	•						0 Form 9	90 (2009)

Form 990 (2009) TIOGA COUNTY FOUNDATION

Pa	rt V	III Stater	nent of Reve	nue						
		,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated can	npaigns	1a						
ran	b	Membership d		1b						•
s, g	С	Fundraising ev	vents	1c						
gift	d	Related organ		1d						ŧ.
ini S,E	е	_		1e						1
tion	f	All other contribution	ns, gifts, grants,							•
聲		and similar amounts	not included above	1f		51,427				
Contributions, gifts, grants and other similar amounts	g	Noncash contributio	ns included in lines 1a-	1f \$						
	h	Total. Add line	s 1a-1f			•	51,427			
Program Service Revenue		-				Busn. Code				
ven	2a	PROGRAM	FEES				10,000	10,000		
S.	b	CLP SCH	OLARSHIP				9,750	9,750		
vice	С									
Ser	d				Ĺ		· · · · · · · · · · · · · · · · · · ·			
am	е									
ō	f	All other progra	am service rever	ue	L			· · · · · · · · · · · · · · · · · · ·		<u> </u>
٩	g					<u> </u>	19,750			
	3		ome (including d	ıvıdends	, interest,	and				
		other similar a	•			▶	1,980			1,980
	4		vestment of tax-	exempt	bond proc	œeds ▶				
	5	Royalties				•				
			(ı) Real		(II) Pe	rsonal				
	6a	Gross Rents								
	b	Less rental exps	<u> </u>							
	С	Rental inc or (loss)					#			
	d 7a	Net rental inco Gross amount from			()	Nh a r				
		sales of assets	(ı) Secunties	-	(11) C	Other				
	_	other than inventory								
	b			ľ						
	_	basis & sales exps Gain or (loss)	_		=					
		Net gain or (loss)				•	Ī			
			on fundraising even	ıts [-					
en.	vu	(not including \$	an randraising even							
Ye			eported on line 1c)							
8		See Part IV, line	•	a						
Other Revenue	b	Less direct ex		ь						
Ò			(loss) from fundr	aising ev	vents	•			·	
			m gaming activities							
		See Part IV, line	19	a						
	b	Less direct ex	penses	ь						
i	С	Net income or	(łoss) from gamıı	ng acti <u>vi</u> t	ties	•				
	10a	Gross sales of	inventory, less							
		returns and allo	owances	a						
	b	Less: cost of g	oods sold	ь_			1			
ļ	С	Net income or	(loss) from sales	of inven	ntory	▶				<u> </u>
-		Misc	ellaneous Revenue			Busn Code	#			
1	11a	Miscellan	eous		<u> </u>		10,410	10,410		
	b				L					
	C									
	d	All other reven			L					
		Total. Add line				>	10,410			
1	12	Total Revenue	e. See instruction	S		>	83,567	30,160	0	1,980

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).

_		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	37,294	37,294		
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,				<u> </u>
Ū	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	20,480	20,480	· · · · · · · · · · · · · · · · · · ·	-
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits	2,219	2,219		
10	Payroll taxes			·	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	4,687	4,687		
ď	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				ļ
g	Other				
12	Advertising and promotion	4 4 5 0		· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	1,152	1,152		
14	Information technology				
15	Royalties				
16 17	Occupancy Travel	217	217		
18	Payments of travel or entertainment expenses	211	21/		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,934	4,934		
20	Interest	-,	-,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	•				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				1
	and labeled miscellaneous may not exceed		The state of the s		1
	5% of total expenses shown on line 25 below.)				
a					ļ
b	•				
C			· · · · · · · · · · · · · · · · · · ·		
a					
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	70,983	70,983		
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				1
	fundraising solicitation				

Part 2	K Balance Sheet			(A)		(B)
•				Beginning of year		End of year
1	Cashnon-interest bearing			168	1	
2	Savings and temporary cash investments			54,473		65,36
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			2,190		1,04
5	Receivables from current and former officers, directors, ti	rustees	kev			
	employees, and highest compensated employees Comp		•			
ļ	Schedule L	.0.0 1 0.	01		5	
6	Receivables from other disqualified persons (as defined in	ınder se	ction			
•	4958(f)(1)) and persons described in section 4958(c)(3)(8			ŧ	1 1	
	Part II of Schedule L	J) 00111	oloto .	1	6	
일 7	Notes and loans receivable, net				7	
7 8	Inventories for sale or use				8	
ť °	Prepaid expenses and deferred charges				9	
	Land, buildings, and equipment: cost or	1			"	
Iva	other basis. Complete Part VI of Schedule D	10a				
١.	•	10a			40-	
	Less accumulated depreciation	[100			10c	5,22
11	Investments—publicly traded securities				11	
12	Investments—other securities See Part IV, line 11				12	
13	Investments—program-related See Part IV, line 11				13	
14	Intangible assets		•		14	
15	Other assets. See Part IV, line 11			56,831	15	71,63
16	Total assets. Add lines 1 through 15 (must equal line 34	<u>}</u>		36,831		11,63.
17	Accounts payable and accrued expenses				17	
18	Grants payable .				18	
19	Deferred revenue			-	19	
20	Tax-exempt bond liabilities		_		20	•
21	Escrow or custodial account liability. Complete Part IV of		e D		21	
<u> </u> 22	Payables to current and former officers, directors, trustee					
	employees, highest compensated employees, and disqua	alified		ŀ		
-	persons Complete Part II of Schedule L				22	
	Secured mortgages and notes payable to unrelated third	-			23	
24	Unsecured notes and loans payable to unrelated third pa	rties		F 110	24	7 22
25	Other liabilities. Complete Part X of Schedule D			5,112		7,33
26	Total liabilities. Add lines 17 through 25	.		5,112	26	7,33
מ מ	Organizations that follow SFAS 117, check here ▶ 2	and				
27 28 29 30 31 32 33 34 33 34	complete lines 27 through 29, and lines 33 and 34.			F1 F10		64 20
<u>8</u> 27	Unrestricted net assets	-		51,719		64,30
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets	-	† 1		29	
	Organizations that do not follow SFAS 117, check he	re ▶			1 1	
5	and complete lines 30 through 34.					
3 30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipment				31	
32	Retained earnings, endowment, accumulated income, or	other fu	nds		32	
j 33	Total net assets or fund balances			51,719		64,30
2 34	Total liabilities and net assets/fund balances			56,831	34	71,63

Form **990** (2009)

om	990 (2009) TIOGA COUNTY FOUNDATION	25-1831674		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
	•	·		Yes	No
ì	Accounting method used to prepare the Form 990 Cash	X Accrual Other			
	If the organization changed its method of accounting from a prior year	ear or checked "Other," explain in			
	Schedule O				•
2a	Were the organization's financial statements compiled or reviewed	by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an indepen	ndent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that	at assumes responsibility for oversight of		İ	
	the audit, review, or compilation of its financial statements and sele	ection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection	process during the tax year, explain in			
	Schedule O.				
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.				Ī
	Separate basis X Consolidated basis Both consolid	dated and separate basis			
3a	As a result of a federal award, was the organization required to und	dergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
ь	If "Vac " did the organization undergo the required audit or audits? I	If the organization did not undergo the			1

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

om **990** (2009)

SCHEDULE A' (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

TIOGA COUNTY FOUNDATION

Employer identification number

25-1831674

i ne	orgai	nization is not	a private foundation because	e it is: (For lines 1 through 11, che	eck only o	ne box)							
1	Ц	A church, cor	nvention of churches, or asso	ociation of churches described in	section '	170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)(1)(A)(iii)).						
4		A medical res	search organization operated	in conjunction with a hospital de	scribed in	section '	170(b)(1)(A)(iii).	Enter th	ne hospit	al's name,		
		city, and state	е										
5		An organizati	on operated for the benefit of	f a college or university owned or	r operated	by a gove	ernmenta	al unit de	escribed	l in			
		section 170(b)(1)(A)(iv). (Complete Part	II)									
6		A federal, sta	ite, or local government or go	overnmental unit described in sec	ction 170	(b)(1)(A)(v	<i>(</i>).						
7	П			ubstantial part of its support from			•	n the ge	neral pu	ablic			
			section 170(b)(1)(A)(vi). (Co		J				•				
8				70(b)(1)(A)(vi). (Complete Part II	1)								
9) more than 33 1/3 % of its suppo	-	ontribution	s. memb	ership f	ees. an	d aross			
	ب			pt functions—subject to certain e									
				d unrelated business taxable inco	•								
			~	, 1975 See section 509(a)(2). (•		,						
10				xclusively to test for public safety			a)(4).						
11	X			xclusively for the benefit of, to pe				carry ou	ıt the				
				ed organizations described in sec						tion			
				ne type of supporting organization	-								
		a X Type	F1	c Type III–Functions		•	d	—Ť	e III–Ot	her			
е	X			inization is not controlled directly			or more						
•				and other than one or more public						ction			
			section 509(a)(2)		.,								
f			, ,, ,	mination from the IRS that it is a	Type I. T	voe II. or T	Type III s	upportin	na				
•		-	check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,	,,,		.3				
g		_		on accepted any gift or contributi	on from a	nv of the							Ш
9		following per				,							
				ntrols, either alone or together wi	th person	s describe	ed in (ii)					Yes	No
			below, the governing body of	<u>=</u>	an percen	0 00001100	()				11g(i)	1.00	X
			member of a person describe	• •							11g(ii)		X
			ontrolled entity of a person de	• •							11g(iii		X
h			following information about th					•			[119(111	<u>//</u>	<u> </u>
	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	Is the	(vii) Am	ount of	
117		anization	(11) 2.111	(described on lines 1–9	1 ' '	isted in your		nization in	organiza	tion in col	sup		•
				above or IRC section	governing	document?		of your port?		zed in the			
				(see instructions))	Yes	No	Yes	No	Yes	No			
ŢŢ	OG	A COUNT	Y DEVELOPMENT	CORPORATION	 		1.00	···	1.00				
			25-1660990	9	x		x		x			20	697
			23 2000330	<u> </u>	 ••	†				 		,	
					1	 		<u> </u>					
					1	 		 	\vdash	 			
									1				
						<u> </u>							
					+		-		-				

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support							
Ca	lendar 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		<u> </u>					
	tion B. Total Support		1		1		-	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	-+	(f) Total
7	Amounts from line 4		 				\dashv	
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							
0	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	L	<u> </u>			<u>L</u>		
2	Gross receipts from related activities, etc. (•				(a).	12	
3	First five years. If the Form 990 is for the d	•	second, third, fourt	n, or fifth tax year a	is a section 501(c)	(3)		
Sec	organization, check this box and stop here tion C. Computation of Public Su		tage					
4	Public support percentage for 2009 (line 6,	• •		(f))		<u> </u>	14	%
5	Public support percentage from 2008 Sche	• •	•	(-7)			15	%
6a	33 1/3 % support test—2009. If the organi	zation did not ched	ck the box on line 13	3, and line 14 is 33	1/3 % or more, che	eck this box		
	and stop here. The organization qualifies a	s a publicly suppo	rted organization					▶ 🗌
b	33 1/3 % support test—2008. If the organi	zation did not ched	ck a box on line 13 o	or 16a, and line 15	ıs 33 1/3 % or more	e, check this		
	box and stop here. The organization qualifi	es as a publicly su	ipported organizatio	n				▶ [_]
7a	10%-facts-and-circumstances test—2009	9. If the organization	on did not check a b	ox on line 13, 16a,	or 16b, and line 14	ıs 10% or		
	more, and if the organization meets the "fac				·	V how the		. \Box
	organization meets the "facts-and-circumst							▶ ∐
b	10%-facts-and-circumstances test—200	-					Г	
	more, and if the organization meets the "facts and circumst			•		v now the		▶ □
8	organization meets the "facts-and-circumsti Private foundation. If the organization did		=		=	acta intigac		
0	r rivate roundation. If the organization did	HOLGIECK & DOX O	11 mile 13, 10a, 10D,	ira, or irb, check	uns DOX and See II	เอเเนตเบทร		- L

Section A. Public Support

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.)

Ca	lendar 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)						
Sec	tion B. Total Support	Ł	İ	E	I	l1	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		<u> </u>		(1,,		
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, check this box and stop here	•	second, third, fourth	h, or fifth tax year a	s a section 501(c)(3)	
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2009 (line 8,			'ብ)		15	%
16	Public support percentage from 2008 Sche	` '	•			16	<u> </u>
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (lir			olumn (f))		17	%
18	Investment income percentage from 2008 S		•	• • • • • • • • • • • • • • • • • • • •		18	%
19a	33 1/3 % support tests—2009. If the organ			4, and line 15 is m	ore than 33 1/3 %,	and line	
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the organ	nization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than 3	33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check the	is box and stop her	e. The organization	n qualifies as a put	licly supported org	anızatıon	▶
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		<u> </u>

Page 4

Schedule A (Form 990 or 990-EZ) 2009 TIOGA COUNTY FOUNDATION 25-1831674

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 Employer identification number TIOGA COUNTY FOUNDATION 25-1831674 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) 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 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

Sched		TY FOUNDATION			31674	Page 2
Pa	rt III Organizations Maintaining (Collections of Art,	Historical Treas	ures, or Other S	Similar Assets (d	continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	k any of the following	that are a significant i	use of its	
а	Public exhibition	d Loan	or exchange program	ns		
b	Scholarly research	e Othe				
c	Preservation for future generations	٠ <u></u> ٥٥	. – – – –			
	Provide a description of the organization's collection	ctions and explain how th	ney further the organiz	ation's exempt purpo	se in	
5	Part XIV. During the year, did the organization solicit or re	ceive donations of art, h	istorical treasures, or	other sımılar		
	assets to be sold to raise funds rather than to be					Yes No
Pa	rt IV Escrow and Custodial Arrai			ation answered "	Yes" to Form 99	0, Part
	IV, line 9, or reported an amo					
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	assets not		
	ıncluded on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table			<u>-</u>
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
	Distributions during the year				1e	
f	Ending balance				1f	
22	Did the organization include an amount on Form	000 Part V line 212			<u> </u>	No. DNo.
	If "Yes," explain the arrangement in Part XIV	1 330, Fall A, line 217				└ Yes └ No
***************************************	·····	to if organization o	poworod "Voo" to	Form 000 Dor	t IV line 10	
<u>ra</u>	rt V Endowment Funds. Comple		·	 	·	(a) Causana haali
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions	ļ	·			
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the year er	nd halance held as			<u> </u>	
	Board designated or quasi-endowment	%				
	—	"				
	Permanent endowment %					
	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	on of the organization tha	at are neid and admini	stered for the		[₁₄] ₁₄
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
Ь	If "Yes" to 3a(II), are the related organizations lis	ited as required on Sche	dule R?			3b
4	Describe in Part XIV the intended uses of the or	ganızatıon's endowment	t funds.	_		
Pa	rt VI Investments—Land, Buildin	<u>ıgs, and Equipmeı</u>	nt. See Form 990), Part X, line 10		
	Description of investment	(a) Cost or other basis	(b) Cost or ot	her (c) Aco	cumulated	(d) Book value
		(investment)	basis (other	depr	eciation	
1a	Land					
ь	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
	. Add lines 1a through 1e (Column (d) must equa	al Form 990 Post V cal-	Imp (B) line 10(a))	1		
- Otal	. Add intes to unough the (Column (d) must equa	arrotti 330, Fall A, COIL	лин (Б), ше то(С))		<u> </u>	

	orm 990) 2009 TIOGA COUNTY FOUNDATIO		25-1831674	Page 3
Part VII	Investments—Other Securities. See Form 990			
•	(a) Description of secunty or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
inancial deriv	ratives			
Closely-held e	quity interests			
Other				
				
				_
	. 			
-				
	- 			
	(1)			
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related. See Form 990	Dort V. line 12		
Part VIII	(a) Description of investment type	(b) Book value	(a) Mathad of valuation	
	(a) Description of investment type	(b) book value	(c) Method of valuate Cost or end-of-year marke	
			Cook of one of your marke	
				
				
·		-		
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.		. <u>. </u>	
	(a) Description			(b) Book value
· · · · · · · · · · · · · · · · · · ·				
				
		<u>.</u>		
				
	· · · · · · · · · · · · · · · · · · ·			
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 15)		>	
Part X	Other Liabilities. See Form 990, Part X, line 25			
	(a) Description of liability	(b) Amount		
ederal income	e taxes			
Due to	Tioga County Development Corp	7,330		
	· · · · · · · · · · · · · · · · · · ·			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
7,330

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

Sche	dule D (Form 990) 2009 TIOGA COUNTY FOUNDATION	25	-1831674	Page 4
P:	art XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Finance	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	83,567
'n	Total expenses (Form 990, Part IX, column (A), line 25)		2	70,983
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	12,584
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor penod adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	· -
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3.	and 9	10	12,584
Pa	rt XII Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	83,567
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	83,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:] [-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	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.)			83,567
Pa	rt XIII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return	
1	Total expenses and losses per audited financial statements		1	70,983
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	70,983
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
а	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	70,983
₽a	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4; Part IV, li	nes 1b	
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part X			
	art to provide any additional information		•	
	· 			

Sch	redu	le D) (Fo	rm 9	990)	200	9	T	IO	GΑ	C	JUI	NT:	YI	'Ol	JNL	DA:	CIC	NC							2	5-	T8:	316	74						Page 5
P	art	XI	V	Sı	agı	lem	nen	tal	Info	orm	atio	on ((coi	r I	uec	1)																				
		•									_																									
•																																				
_	_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	-		_	_	_	_	-	_				_	_	_	_	_	_	
_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_				_	_	_		_		
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	-	_	_	
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_		
_		_	_	_			_	_	_	_	_	_	_	_	_	_	_		_	_	_		_	_	_	_				_	_	_	_	_	_	
_	_	_	_	-	_	_	_	_	_			-	_	_	_	_	_	-	_	_	_	_	_	_	_	_				_	_	_	_			
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	—	-	_	_	
_	_	_	_	_	_	_	_	_	_		_	_	_	_	_		_	_	_	_	_	_	_	_	_		_	_		_	_	_	_	_	_	
															-																_			_		
-	_	_	_	_	_	_	_		_	_	_		_	_	_	_	_	_	_	_	_	_	_	-	_	_				_	_	_	_	_	_	
_	_	_		_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_			_	_	_	_				_	_	_	_	_	_	
_	_								_		_				_			_																		
	_										_	_			_	_	_	_	_			_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	-	_	-	_	-		_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_		_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_		_	
-	-	_	_		-		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_		_	_	
_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_					_	_	_	_	_	
_	_	-	_	_	_	_	-	_	_	_		_	_	_	_	_	_		_	_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_		_	_	_	_	
_	_	_	_	_	_		_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	-	_	_	_	_	-	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_										_			_						_				_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_		-	_	_				_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_		_	_	_				_	_	_	_	_	_	
_	_	_		_	_		_																													
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	
_	_	_	_	_	_	_	_	-	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_				_	_	_	-	_	_	

⋝
豇
4
~
က
0
_
0
Ø
4
Ξ
ത്
Õ
m
ö
ŏ
Ē
ဒ္ဌ
φ

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection 2009

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

Employer identification number 25-1831674 ▶ Attach to Form 990. TIOGA COUNTY FOUNDATION

Part	General Information on Grants and Assistance	Assistance							
1 Does the s 2 Desc	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ie amount of the gince?	rants or ass grant funds	rants or assistance, the grantees' eligibility for the grants or assistance, and grant funds in the United States	eligibility for the grant	s or assistance, an	σ ·	X Yes	ş
, , , ,	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 1-1 (Form 990) if additional space is needed	vernments an scipient that re if additional s	d Organ ceived r	d Organizations in the United States. Complete if the organization answered "Yes" to ceived more than \$5,000. Check this box if no one recipient received more than \$5,00 pace is needed	ited States . Corr Check this box if	plete if the org no one recipie	janization answ int received mo	rered "Yes" to re than \$5,000. U	9č ▼
-	(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	(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	ţ
	Ξ								
									!
:									
						:			
2 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							

Schedule I (Form 990) 2009

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

₹
~
Ω.
∹
₹
4
ന
0
↽
0
4/2010
≃
~
Ξ
99/1
õ
Ξ
G)
0
Ó
_
6ST1003
ഗ
ര്
_

Schedule I (F	Schedule I (Form 990) 2009 TIOGA COUNTY FOUNDATION	FOUNDATION	2	25-1831674		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Com Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if additio	e United States. Com nal space is needed.	plete if the organiza	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22, all space is needed.	ì
•	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of	(e) Method of valuation (book, EMV, appraisal other)	(f) Description of non-cash assistance
EDUCAT	EDUCATION IMPROVE. TAX CR	50	37,294		FMV	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informatic	in required in Part I, I	ine 2, and any other additi	onal information.

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization

TIOGA COUNTY FOUNDATION

Employer identification number 25–1831674

Form 990, Part VI, Line 7a - Election of Members and Their Rights YES.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members YES.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 15a - Compensation Process for Top Official YES.

Form 990, Part VI, Line 15b - Compensation Process for Officers YES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE TIOGA COUNTY FOUNDATION HAS A WRITTEN POLICY TO ENSURE THAT ALL
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC DURING NORMAL BUSINESS
HOURS AT THE FOUNDATION'S OFFICE.

~
~
₹
4
~
က
0
-
Š
ŏ
4
Ξ.
9
1003
0
0
=
<u>,,,</u>
Ñ
6ST

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.

► See separate instructions.

Attach to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the	Name of the organization TIOGA COUNTY FOUNDATION				Employer identific 25-1831674	Employer identification number 25-1831674
Part I	Identification of Disregarded Entities (Complete if the o	rganization answer	irganization answered "Yes" to Form 990, Part IV, line 33.)	190, 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 had one or more related tax-exempt organizations during the tax year.)	omplete if the organthe tax year.)	(Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ing the tax year.)	"Yes" to Form 990,	Part IV, line 34 be	cause it
	(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
TIOGA COU	TIOGA COUNTY DEVELOPMENT CORPORATIO 114 MAIN STREET WELLSBORO PA 16901	CONTRIBUTI	PA	501c6		N/A

Schedule R (Form 990) 2009

6ST1003 09/14/2010 3 14 PM

Schedule R (Form 990) 2009 TIOGA COUNTY FOUNDATION

Page 2

25-1831674

(J) General or managing partner? Schedule R (Form 990) 2009 Yes No Percentage ownership 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.) amount in box 20 of 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.) Schedule K-1 Code V—UBI (Form 1065) end-of-year assets Share of (h) Dispro-portionate Yes alloc 2 (g) Share of end-of-year Share of total income assets (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling ਉ (d) Direct controlling Legal domicile foreign country) (state or છ (c)
Legal
domicile foreign country) Primary activity Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV A Page 3

Schedule R (Form 990) 2009 TIOGA COUNTY FOUNDATION

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		>	Yes	Ŷ
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 (iv) rent from a controlled entity		1a	_	<u>.</u>
b Gift, grant, or capital contribution to other organization(s)		1p	7	×
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		19	_	×
e Loans or loan guarantees by other organization(s)		16		×
f Sale of assets to other organization(s)		1	7	×
g Purchase of assets from other organization(s)		19	_	×
h Exchange of assets		1h	_	×
i Lease of facilities, equipment, or other assets to other organization(s)		; =		×
i Loses of facilities commenced or other error attent error action (e)		Ţ		Þ
j Lease di lacilitaes, equipinent, di outei assets mont outei diganization(s). V Derformance of comme or membarchin or fundraicina collicitations for other organization(s).		- +		(×
		= =		یرا:
m Sharing of facilities, enument mailton lists or other assets		- E		K
n Sharing of baid employees.		,		k
			<u>'</u>	
o Reimbursement paid to other organization for expenses		9		×
p Reimbursement paid by other organization for expenses		1p	_	×
q Other transfer of cash or property to other organization(s)		19	7	×
٠. ا		+	_	×
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	thresholds			-
(a)	(a)	(၁		
Name of other organization	Transaction Arr type (a-r)	Amount involved	þ	
(1)				
(3)				-
(4)				
(5)				
(9)				
	Schedule R (Form 990) 2009	R (Form 9	90) 20	6

Page 4

Schedule R (Form 990) 2009 TIOGA COUNTY FOUNDATION

25-1831674

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. Part VI

5 5 .	o N			1	1	1		1		60
(h) General or managing partner?	Yes									990) 20
	۶									Form 9
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)										Schedule R (Form 990) 2009
tronate	2									
(f) Disproportionate allocations?	Yes									
(e) Share of end-of-year assets										
tners r 3) ons?	S S		ļ	·						
(d) Are all partners section 501(c)(3) organizations?	Yes			!						
(c) Legal domicile (state or foreign country)										
(b) Primary activity									,	
(a) (b) (c) Name, address, and EIN of entity (state or foreign country) o					-		•	-		

Form 8868 (F	ev. 4-2009)		Page 2
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		▶ X
	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 88	368	. · •
If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	s needed).
Type or	Name of Exempt Organization	Employ	er identification number
print			
File by the	TIOGA COUNTY FOUNDATION	25-1	831674
extended due date for	Number, street, and room or suite no. If a P.O box, see instructions.	For IRS	use only
filing the	114 MAIN ST		·····
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WELLSBORO PA 16901		
	f return to be filed (File a separate application for each return)		
X Form 9	00 Form 990-PF Form 1041-A		Form 6069
Form 9	90-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720		Form 8870
Form 9	Total design		
STOP! Do no	complete Part II if you were not already granted an automatic 3-month extension on a previously file	d Form 8	3868.
The books	are in the care of TIOGA COUNTY FOUNDATION		
Telephone	No ▶ FAX No. ▶		
If the orga	nization does not have an office or place of business in the United States, check this box		▶ 🗍
 If this is for 	r a Group Return, enter the organization's four digit Group Exemption Number (GEN)	ıs	. –
for the whole o	roup, check this box	nd attach	a
list with the na	mes and EINs of all members the extension is for		
4 I reques	t an additional 3-month extension of time until 11/15/10		
5 For cale	ndar year 2009, or other tax year beginning, and ending		
6 If this ta	k year is for less than 12 months, check reason. Initial return Final return Change in	account	ng penod
7 State in	detail why you need the extension		
Addi	tional time is requested to gather information to pr	epar	e a complete
and	accurate return.	-	•
		• •	
8a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	T	
less any	nonrefundable credits. See instructions.	8a	\$
b If this ap	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
estimate	d tax payments made. Include any pnor year overpayment allowed as a credit and any		
amount	paid previously with Form 8868.	8b	\$
c Balance	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	T	
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$
	Signature and Verification		
Under penalties of		nowledge	and belief,
t is true, correct,	and/complete/and that am authorized to prepare this form	-	
Signature	Willed cass		Date > 08/16/10

Form **8868** (Rev 4-2009)