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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)

OMB No 1545-0047

2011

Open to Public Inspection

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

A For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF ELMIRA-CORNING AND THE FINGER LAKES, INC.		D Employer identification number 16-1100837
	Doing Business As		E Telephone number 607-739-3900
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 301 SOUTH MAIN STREET		
	City or town, state or country, and ZIP + 4 HORSEHEADS, NY 14845		G Gross receipts \$ 5,940,357.
	F Name and address of principal officer: TONY TRIPENY SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.COMMUNITYFUND.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1977 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY FOUNDATION OF ELMIRA-CORNING AND THE FINGER LAKES, INC. HELPS REALIZE POTENTIAL IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	20	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	4	
	6 Total number of volunteers (estimate if necessary)	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,596,482.	1,210,375.
	9 Program service revenue (Part VIII, line 2g)	9,638.	9,005.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	575,414.	1,234,536.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17 2012	5,587.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,187,121.	2,453,916.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,557,713.	1,586,373.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	323,703.	342,137.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,172.	248,160.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,159,588.	2,176,670.	
19 Revenue less expenses. Subtract line 18 from line 12	1,027,533.	277,246.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	22,678,572.	36,267,766.
	21 Total liabilities (Part X, line 26)	1,613,081.	1,694,481.
	22 Net assets or fund balances. Subtract line 21 from line 20	21,065,491.	34,573,285.

Part II Signature Block

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

Sign Here	Signature of officer Michael R. Eisner Randi Hewit Michael R. Eisner, Treasurer		Date	10/25/12
	Print/Type preparer's name PATRICK JORDAN		Prepare's signature	10/25/12
Paid Preparer Use Only	Firm's name ▶ CDLM & COMPANY CPA'S, LLP Firm's address ▶ 401 E. STATE ST., SUITE 500 ITHACA, NY 14850		Check <input type="checkbox"/> if self-employed PTIN P00854521 Firm's EIN ▶ 16-1171627 Phone no. 607-272-4444	

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

COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission.

COMMUNITY FOUNDATION OF ELMIRA-CORNING AND THE FINGER LAKES, INC.
HELPS REALIZE POTENTIAL IN OUR COMMUNITY BY MATCHING THE GENEROSITY OF
OUR DONORS WITH THE COMMUNITY'S GREATEST NEEDS. OUR GRANTS AND
SCHOLARSHIPS SUPPORT THE PEOPLE OF CHEMUNG, SCHUYLER, STEUBEN AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,969,924. including grants of \$ 1,586,373.) (Revenue \$ 9,005.)
GRANTS TO CHARITABLE NON PROFIT ORGANIZATIONS IN THE CHEMUNG-STEUBEN
COUNTY AREA.

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

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

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,969,924.

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

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Part IV Checklist of Required Schedules

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

Form 990 (2011)

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

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Part IV Checklist of Required Schedules (continued)

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

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

Form **990** (2011)

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	8		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year.			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			X
b Did the organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Form 990 (2011)

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

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

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20	
b Enter the number of voting members included in line 1a, above, who are independent	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

THE ORGANIZATION - 607-739-3900
301 SOUTH MAIN STREET, HORSEHEADS, NY 14845

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TONY TRIPENY CHAIR	1.00	X		X				0.	0.	0.
(2) MICHAEL MUSTICO VICE CHAIR	1.00	X		X				0.	0.	0.
(3) CLOVER DRINKWATER SECRETARY	1.00	X		X				0.	0.	0.
(4) MIKE EISNER TREASURER	1.00	X		X				0.	0.	0.
(5) KIMBERLY CUTLER DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN POTTER DIRECTOR	1.00	X						0.	0.	0.
(7) TOM GOUGH DIRECTOR	1.00	X						0.	0.	0.
(8) RANDY REID DIRECTOR	1.00	X						0.	0.	0.
(9) SCOTT WELLIVER DIRECTOR	1.00	X						0.	0.	0.
(10) TOM TRANTOR DIRECTOR	1.00	X						0.	0.	0.
(11) GAIL BAITY DIRECTOR	1.00	X						0.	0.	0.
(12) JUDITH MCINTOSH DIRECTOR	1.00	X						0.	0.	0.
(13) CARL HAYDEN DIRECTOR	1.00	X						0.	0.	0.
(14) DOUG TIFFT DIRECTOR	1.00	X						0.	0.	0.
(15) FRANK LA VIOLA DIRECTOR	1.00	X						0.	0.	0.
(16) KAREN MERIWETHER DIRECTOR	1.00	X						0.	0.	0.
(17) PAIGE CHRISTIAN DIRECTOR	1.00	X						0.	0.	0.

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Form 990 (2011)

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUDITH MCINERNEY DIRECTOR	1.00	X						0.	0.	0.
(19) MARC STEMERMAN DIRECTOR	1.00	X						0.	0.	0.
(20) WHIT SMITH DIRECTOR	1.00	X						0.	0.	0.
(21) RANDI HEWIT EXECUTIVE DIRECTOR	40.00			X				104,930.	0.	11,473.
1b Sub-total								104,930.	0.	11,473.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								104,930.	0.	11,473.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) Name and business address	(B) Description of services
NONE	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	

Form **990** (2011)

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Form 990 (2011)

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,210,375.			
	g Noncash contributions included in lines 1a-1f \$		46,046.			
	h Total. Add lines 1a-1f		1,210,375.			
	Program Service Revenue	2 a MANAGEMENT FEE INCOME	Business Code 900099	9,005.	9,005.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			9,005.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		1,120,291.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 3600686.				
	b Less: cost or other basis and sales expenses	3486441.				
	c Gain or (loss)	114,245.				
	d Net gain or (loss)		114,245.			114,245.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		2,453,916.	9,005.	0.	1234536.	

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Form 990 (2011)

16-1100837 Page **10**

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,380,223.	1,380,223.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	206,150.	206,150.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,403.	69,842.	46,561.	
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	185,344.	111,206.	74,138.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	17,846.	10,708.	7,138.	
9 Other employee benefits				
10 Payroll taxes	22,544.	13,526.	9,018.	
11 Fees for services (non-employees):				
a Management				
b Legal	3,956.	3,206.	750.	
c Accounting	7,000.		7,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	51,731.	50,179.	1,552.	
g Other	1,036.	622.	414.	
12 Advertising and promotion	85,254.	74,669.	10,585.	
13 Office expenses	52,043.	26,022.	26,021.	
14 Information technology				
15 Royalties				
16 Occupancy	14,710.	7,355.	7,355.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,633.	4,817.	4,816.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,948.	6,974.	6,974.	
23 Insurance	5,077.	2,539.	2,538.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP AND DUES	3,772.	1,886.	1,886.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,176,670.	1,969,924.	206,746.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,450.	1	7,022.
	2 Savings and temporary cash investments	520,630.	2	2,116,879.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	347.	9	508.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	484,611.		
	b Less: accumulated depreciation	29,211.	10c	455,400.
	11 Investments - publicly traded securities	22,121,219.	11	19,266,836.
	12 Investments - other securities See Part IV, line 11		12	14,360,560.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,707.	15	60,561.
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,678,572.	16	36,267,766.	
Liabilities	17 Accounts payable and accrued expenses	31,316.	17	18,427.
	18 Grants payable	626,485.	18	813,436.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	955,280.	25	862,618.
	26 Total liabilities. Add lines 17 through 25	1,613,081.	26	1,694,481.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,085,018.	27	2,440,253.
	28 Temporarily restricted net assets	7,718,333.	28	5,323,266.
	29 Permanently restricted net assets	11,262,140.	29	26,809,766.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	21,065,491.	33	34,573,285.
	34 Total liabilities and net assets/fund balances	22,678,572.	34	36,267,766.

Form 990 (2011)

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,453,916.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,176,670.
3	Revenue less expenses Subtract line 2 from line 1	3	277,246.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,065,491.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,230,548.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	34,573,285.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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 separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2011

Name of the organization **COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Employer identification number
16-1100837

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, association, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2011

COMMUNITY FOUNDATION OF ELMIRA-CORNING

Schedule A (Form 990 or 990-EZ) 2011 **AND THE FINGER LAKES, INC.**

16-1100837 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1928519.	837,543.	2201634.	2596482.	1210375.	8774553.
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	1928519.	837,543.	2201634.	2596482.	1210375.	8774553.
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)						1029347.
6 Public support. Subtract line 5 from line 4						7745206.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1928519.	837,543.	2201634.	2596482.	1210375.	8774553.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1141936.	629,766.	336,771.	394,004.	1120291.	3622768.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			17,120.	5,587.		22,707.
11 Total support. Add lines 7 through 10						12420028.
12 Gross receipts from related activities, etc. (see instructions)					12	56,663.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	62.36	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	73.81	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Employer identification number
16-1100837

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	15	
2 Aggregate contributions to (during year)	233,246.	
3 Aggregate grants from (during year)	295,852.	
4 Aggregate value at end of year	1,496,153.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

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

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

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

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
- 4 Number of states where property subject to conservation easement is located ►
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ► \$
- (ii) Assets included in Form 990, Part X ► \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ► \$
- b Assets included in Form 990, Part X ► \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,903,394.	16,986,300.	14,523,071.	18,831,479.	
b Contributions	16,515,617.	2,584,875.	2,175,579.	1,478,244.	
c Net investment earnings, gains, and losses	-722,580.	3,420,251.	1,805,931.	-4,005,025.	
d Grants or scholarships	1,586,373.	2,088,032.	1,518,281.	1,781,627.	
e Other expenditures for facilities and programs					
f Administrative expenses	1,136,365.				
g End of year balance	33,973,693.	20,903,394.	16,986,300.	14,523,071.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 5.42 %

b Permanent endowment ▶ 78.91 %

c Temporarily restricted endowment ▶ 15.67 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		402,085.	5,127.	396,958.
c Leasehold improvements				
d Equipment		62,526.	24,084.	38,442.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				455,400.

Schedule D (Form 990) 2011

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Schedule D (Form 990) 2011

16-1100837 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) TRUSTS	14,360,560.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	14,360,560.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (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) Book value
1. (1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS	862,618.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	862,618.

FIN 48 (ASC 740) 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 (ASC 740)

132053
01-23-12

Schedule D (Form 990) 2011

**COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**

Schedule D (Form 990) 2011

16-1100837 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,453,916.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,176,670.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	277,246.
4	Net unrealized gains (losses) on investments	4	-1,965,873.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	15,184,691.
8	Other (Describe in Part XIV.)	8	11,730.
9	Total adjustments (net). Add lines 4 through 8	9	13,230,548.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	13,507,794.

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

1	Total revenue, gains, and other support per audited financial statements	1	499,773.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,965,873.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	11,730.
e	Add lines 2a through 2d	2e	-1,954,143.
3	Subtract line 2e from line 1	3	2,453,916.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,453,916.

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

1	Total expenses and losses per audited financial statements	1	2,176,670.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,176,670.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,176,670.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO PROVIDE FUTURE GRANTS AND SCHOLARSHIPS TO

ORGANIZATIONS AND INDIVIDUALS IN THE ELMIRA-CORNING AND FINGER LAKES COMMUNITIES.

PART X, LINE 2: THE FOUNDATION'S FEDERAL INCOME TAX RETURNS FOR 2009, 2010 AND 2011 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER FILING.

Part XIV Supplemental Information (continued)**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 11,730.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 11,730.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF ELMIRA - CORNING
AND THE FINGER LAKES, INC.** Employer identification number **16-1100837**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE ATTACHED			0.	0.			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							63.
3 Enter total number of other organizations listed in the line 1 table							0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2011)**

COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.

16-1100837

Page 2

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	108	206,150.	0.		

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

SCHEDULE I, PART I, LINE 2: THE FOUNDATION WILL CONDUCT A PRE-GRANT INQUIRY

TO DETERMINE WHETHER THE POTENTIAL GRANTEE IS REASONABLY LIKELY TO USE THE

GRANT FOR THE SPECIFIED CHARITABLE PURPOSES. THIS MAY INCLUDE A REQUEST

FOR THE POTENTIAL GRANTEE TO PROVIDE A WRITTEN PROPOSAL AND BUDGET FOR THE

PROJECT.

THE FOUNDATION AND GRANTEE MUST SIGN A WRITTEN GRANT AGREEMENT WITH

SPECIFIC TERMS REQUIRED BY LAW.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.** Employer identification number
16-1100837

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	46,046.	STOCK EXCHANGE VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.

Employer identification number

16-1100837

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR COMMUNITY BY MATCHING THE GENEROSITY OF OUR DONORS WITH THE
COMMUNITY'S GREATEST NEEDS. OUR GRANTS AND SCHOLARSHIPS SUPPORT THE
PEOPLE OF CHEMUNG, SCHUYLER, STEUBEN AND YATES COUNTIES IN THE SOUTHERN
TIER OF NEW YORK STATE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YATES COUNTIES IN THE SOUTHERN TIER OF NEW YORK STATE.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF FORM 990 ARE DISTRIBUTED
TO BOARD MEMBERS PRIOR TO FILING FOR FORMAL BOARD MEMBER REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND STAFF ARE
REQUIRED TO SUBMIT ANNUALLY A WRITTEN DECLARATION OF POTENTIAL CONFLICTS OF
INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION UTILIZES THE
RESULTS OF THE COUNCIL ON FOUNDATIONS SALARY AND BENEFITS SURVEY TO ENSURE
COMPENSATION IS ON PAR WITH THE MEDIAN COMPENSATION FOR A COMMUNITY
FOUNDATION OF OUR ASSET SIZE AND GRANT MAKING OUTPUT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization **COMMUNITY FOUNDATION OF ELMIRA-CORNING
AND THE FINGER LAKES, INC.**Employer identification number
16-1100837**NET UNREALIZED LOSSES ON INVESTMENTS:** **-1,965,873.****PRIOR PERIOD ADJUSTMENTS:** **15,184,691.****INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE** **11,730.****TOTAL TO FORM 990, PART XI, LINE 5** **13,230,548.****FORM 990, PAGE 12, PART XII, LINE 2C****AUDIT OVERSIGHT AND AUDITOR SELECTION PROCESS****THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED
FROM THE PRIOR YEAR.**

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.
 EIN: 16-1100837
 Attachment to Form 990 Schedule I Part II for the year ended June 30, 2012

Grantee	Address	501c3 or Government	EIN	Purpose of grant	Grant Amount
Capabilities, Inc	1149 Sullivan St Elmira NY 14901	501c3	16-0807981	STIRS Co-location Project	110,000
CASA of the Southern Tier, Inc	PO Box 778 Corning NY 14830	501c3	22-2987339	National Adoption Day	800
CASA of the Southern Tier, Inc				Annual National CASA Conference	890
CASA of the Southern Tier, Inc				Multifunctional Printer/Copier/Scanner	2,000
CASA of the Southern Tier, Inc				I Am The Child Campaign	4,000
Chemung County Humane Society & SPCA, Inc	2435 State Route 352 Elmira NY 14903	501c3	16-0743999	Legacy Gift in Honor of Stephen Albertalli	50
Chemung County Humane Society & SPCA, Inc.				Fund Distribution	28,700
Chemung County Humane Society & SPCA, Inc				40 Grants in 40 Weeks	1,000
Chemung County Humane Society & SPCA, Inc.				Water Chlorination System	1,000
Clemens Center	PO Box 1046 Elmira NY 14902	501c3	23-7441818	Fund Distribution	57,450
Clemens Center				Full fund distribution	8,968
Clemens Center				Fund Distribution	1,000
Economic Opportunity Program, Inc	650 Baldwin St Elmira NY 14901	501c3	16-0906941	SRP - Parent Education	15,000
Southside Community Center	215 Partridge St Elmira NY 14904	501c3	22-2201957	distribution	1,550
Southside Community Center				Capacity Building Pilot Program	1,000
Southside Community Center				Pizza Party for 40th Anniversary Project	100
Southside Community Center				Martial Arts/Self-Defense Classes for Girls	900
Southside Community Center				Positive Youth Development	10,000
Southside Community Center				Fund Distribution	750
Tanglewood Nature Center & Museum, Inc	443 Coleman Ave. Elmira NY 14903	501c3	16-1012352	General Operating Expenses	500
Tanglewood Nature Center & Museum, Inc				Can I Have a Mee-Woo?!	5,800
Tanglewood Nature Center & Museum, Inc.				New Roof	500
Tanglewood Nature Center & Museum, Inc.				Annual Distribution	300
Tanglewood Nature Center & Museum, Inc				Fund Distribution	350
Tanglewood Nature Center & Museum, Inc				40 Grants in 40 Weeks	1,000
Tanglewood Nature Center & Museum, Inc.				Meg Lowman Treetops Camp	1,200
Tanglewood Nature Center & Museum, Inc				A Rainbow Isn't Always Good - Replacing Tanglewo	12,870
Tanglewood Nature Center & Museum, Inc				40 Grants in 40 Weeks	1,000
The ARTS Council of the Southern Finger Lakes	32 W Market St Corning NY 14830	501c3	16-0999315	1972 Flood Story Podcasts	1,000
The ARTS Council of the Southern Finger Lakes				QuickArts	10,000
The ARTS Council of the Southern Finger Lakes				A Gathering of Dancers	5,000
Elmira City School District	951 Hoffman St Elmira NY 14905	Government	16-6001720	Math & Movement	1,000
Elmira City School District				Hop into Literacy	1,000
Elmira City School District				Using Movement to Master Addition & Subtraction	1,000
Elmira City School District				Mind, Body, Experience & Math and Movement	20,000
Elmira City School District				iPad purchase for Elmira Express Baseball Team	625
Elmira City School District				Elmira Express Baseball Team - Travel Bags	500

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.
 EIN: 16-1100837
 Attachment to Form 990 Schedule I Part II for the year ended June 30, 2012

Grantee	Address	501c3 or Government	EIN	Purpose of grant	Grant Amount
Horseheads Central School District	1 Raider Ln. Horseheads NY 14845	Government	16-6002681	Transition Night 2012	1,000
Horseheads Central School District				College Panel Program - EC Room Fee & Transport	320
Horseheads Central School District				Transition Program for Students with Disabilities	4,400
Horseheads Central School District				Regents Chem Trip to CMOG (M. Anastasio)	500
Career Development Council	459 Philo Rd Elmira NY 14903	501c3	22-2309691	Food for BaseCamp II students at SHS	500
Career Development Council				Gas Industry Field Experience	350
Career Development Council				Life Powered by You	1,000
Career Development Council				Youth Leadership Institute	900
Career Development Council				Career Connections Field Experiences	7,550
Corning Area Youth Center, Inc.	280 Princeton Ave. Corning NY 14830	501c3	16-0743189	distribution	1,550
Corning Area Youth Center, Inc				General Operating Expenses	1,000
Corning Area Youth Center, Inc				40 Grants in 40 Weeks	1,000
Corning Area Youth Center, Inc				General Operating Expenses	1,000
Corning Area Youth Center, Inc				Bullying and Cyber-Bullying Prevention	600
Food Bank of the Southern Tier	388 Upper Oakwood Ave. Elmira NY 14903	501c3	16-0743944	Mobile Food Pantry	13,000
Food Bank of the Southern Tier				FFW Construction	4,836
Food Bank of the Southern Tier				Legacy Gift in honor of John Sharkey	50
Food Bank of the Southern Tier				Legacy gift in honor of G. Thomas Tranter	50
Food Bank of the Southern Tier				GPS Devices for Truck Fleet	720
Food Bank of the Southern Tier				Annual Gift	1,000
Pro Action of Steuben & Yates, Inc.	117 E. Steubne St. Bath NY 14810	501c3	16-0914512	Read-to-Me Book Bag Program	500
Pro Action of Steuben & Yates, Inc				Wealth Health Skills	1,000
Pro Action of Steuben & Yates, Inc				Youth Job Club	1,000
Pro Action of Steuben & Yates, Inc				TASA	5,000
Pro Action of Steuben & Yates, Inc				Teen Pregnancy Eduction & Prevention Program/P	3,000
Pro Action of Steuben & Yates, Inc				TASA Preventive Services	4,000
AIM Independent Living Center	271 E Frist ST Corning NY 14830	501c3	16-1137097	Disability Dream Day (D3)	1,000
AIM Independent Living Center				Training for Excellent Consumer Care	10,000
American Red Cross - Greater Steuben Chapter	123 W. Market St Corning NY 14830	501c3	16-0765308	General Operating	2,000
American Red Cross - Greater Steuben Chapter				Corning Rotary Distribution	2,500
American Red Cross - Greater Steuben Chapter				Disaster Relief in the Corning Area	1,000
The Institute for Human Services, Inc.	6666 County Route 11 Bath NY 14810	501c3	22-2552824	ST NED Holiday Mixer	173
The Institute for Human Services, Inc				2-1-1 Helpline Software Conversion	5,550
Southeast Steuben County Library	300 Civic Center Plaza Suite 101 Corning NY 14830	501c3	16-1592035	Fund Distribution	29,850
Glove House, Inc	220 Franklin St Elmira NY 14904	501c3	16-0968676	40 Grants in 40 Weeks	1,000

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.
 EIN: 16-1100837
 Attachment to Form 990 Schedule I Part II for the year ended June 30, 2012

Grantee	Address	501c3 or Government	EIN	Purpose of grant	Grant Amount
Glove House, Inc				Information Technology	7,100
YWCA of Elmira	211 Lake St Elmira NY 14901	501c3	16-07677225	Youth Leading the Way	8,000
YWCA of Elmira				NYSEG Small Business Energy Efficiency Program	1,000
YWCA of Elmira				Human Rights Commission - table for students	200
YWCA of Elmira				Women's Breast Health Program	1,500
YWCA of Elmira				YWCA Youth Leading the Way Program From the	1,000
YWCA of Elmira				Building Capacity Enhancement Electrical	10,000
Rockwell Museum of Western Art	111 Cedar St Corning NY 14845	501c3	22-2468604	Arts in Education	10,000
Rockwell Museum of Western Art				Silver Dollar Society - Alan Cameros	2,500
Rockwell Museum of Western Art				40 Grants in 40 Weeks	1,000
Rockwell Museum of Western Art				Garden of the Spirit	500
Rockwell Museum of Western Art				Garden of the Spirit	1,000
Chemung ARC	711 Sullivan St Elmira NY 14901	501c3	16-0795709	Fund Distribution	2,894
Chemung ARC				Avenues of Expression	720
Chemung ARC				Recreation Program	10,000
Chemung ARC				Quatrano Park Community Garden	3,550
Economic Opportunity Program	650 Baldwin St Elmira NY 14901	501c3	16-0906941	SRP - Parent Education Component	15,000
United Way of Southern Tier, Inc	300 Civic Center Plaza Suite 2 Corning NY 14830	501c3	16-1451041	General Operating Expenses	6,000
United Way of Southern Tier, Inc				General Operating Expenses	1,200
United Way of Southern Tier, Inc				Annual Gift	5,000
Orchestra of the Southern Finger Lakes	PO Box 15 Corning NY 14830	501c3	16-1482732	Fund Distribution	7,750
Orchestra of the Southern Finger Lakes				Fund Distribution	4,400
Orchestra of the Southern Finger Lakes				Chamber Music Program	1,000
Orchestra of the Southern Finger Lakes				40 Grants in 40 Weeks	1,000
Orchestra of the Southern Finger Lakes				Moving Forward Campaign for the OSFL	10,000
Orchestra of the Southern Finger Lakes				General Operating	5,000
Wings of Eagles Discovery Center, Inc	343 Daniel Zenker Dr , Suite 101 Horseheads NY 14845	501c3	22-2462926	Summer STEM Programming	1,000
Wings of Eagles Discovery Center, Inc				Summer of Innovation	10,000
Chemung County Child Care Council, Inc	571 St Joseph's Blvd , Suite 205 Elmira NY 14901	501c3	13-3358600	School Readiness Project - Early Care & Education	15,000
Chemung County Child Care Council, Inc				SRP - Early Care & Education Distribution	15,000
Chemung County Child Care Council, Inc				Crib Replacement	4,300
Chemung County Child Care Council, Inc				Fund Distribution	750
Salvation Army - Corning Citadel	32 Denison Parkway Corning NY 14830	501c3	16-0743180	After-School Program	1,000
Salvation Army - Corning Citadel				General Operating Expense	250
Salvation Army - Corning Citadel				Salvation Army - kids holiday shopping	184
Salvation Army - Corning Citadel				Kid's Computer Lab	4,000

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.
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 Attachment to Form 990 Schedule I Part II for the year ended June 30, 2012

Grantee	Address	501c3 or Government	EIN	Purpose of grant	Grant Amount
Salvation Army - Corning Citadel				After-School Program	1,000
Salvation Army - Corning Citadel				Kids Cafe	1,550
Family Service Society, Inc.	280 Princeton Ave Corning NY 14830	501c3	16-0743189	Rebuilding the Elmira Big Brothers Big Sisters Prog	5,500
Family Service Society, Inc				Corning Area Youth Center Ice Machine	1,000
Family Service Society, Inc				Security System at the Corning Area Youth Center	1,550
Family Service Society, Inc				Parking Lot Resurfacing Project	5,000
Chemung County Department of Human Services	425-427 Pennsylvania Ave Elmira NY 14904	501c3	16-6002557	SRP distribution - nurse home visitation program	64,421
Chemung County Department of Human Services				SRP - Nurse Home Visiting Distribution	64,421
Corning Museum of Glass	One Museum Way Corning NY 14830	501c3	16-0764349	Ennion Society	2,500
Corning Museum of Glass				Ennion Society	5,000
Corning Museum of Glass				Maroni/Singletary piece "Box Drum" in remembrance	11,200
Interfaith Hospitality Center at the Elmira C	PO Box 3062 Elmira NY 14905	501c3	16-1498637	Updates and Upgrades	1,600
Interfaith Hospitality Center at the Elmira C				Hands On Services	3,500
Cantata Singers of Elmira	PO Box 952 Elmira NY 14902	501c3	16-0989756	2012 Festival of Women in the Arts	6,000
Tri-Cities Opera	315 Clinton St Binghamton NY 13905	501c3	15-0544166	Opera Go-Round	8,000
Inspire S-VE	PO Box 600 Spencer NY 14883	501c3	16-1599412	Spencer Van Etten Community Action (Arthouse)	8,000
Nonnie Hood Parent Resource Center	300 Civic Center Plaza, Suite 1 Corning NY 14830	501c3	16-1595533	Popcorn Machine, Snow Cone Maker, Bouncer	1,000
Nonnie Hood Parent Resource Center				Wellness Outreach	1,500
Nonnie Hood Parent Resource Center				Refresh Project Year 3 of 3	3,000
Diocese of Rochester	1150 Buffalo Rd Rochester NY 14624	501c3	16-0755765	Catholic Ministries Appeal	5,000
Diocese of Rochester				Our Legacy, Our Future, Our Hope	7,000
KRAMER Foundation, Inc	974 Terry Hill Rd. Alpine NY 14805	501c3	74-3087502	40 Grants in 40 Weeks	1,000
KRAMER Foundation, Inc				KRAMER Foundation	5,000
Catholic Charities of Steuben County	23 Liberty St. Bath NY 14810	501c3	13-4365481	Turning Point - Utility Assistance	3,000
Catholic Charities of Steuben County				Turning Point	4,500
Catholic Charities of Steuben County				Annual Gift	5,000
Health Ministry of the Southern Tier	300 Nasser Civic Center Plaza, Suite 320 Corning NY 14830	501c3	51-0432450	Urine Analyzers	1,000
Health Ministry of the Southern Tier				Medical & Dental Health Care Services for the Unir	21,400
Health Ministry of the Southern Tier				General Operating - in honor of Bob & Patti Gilchrist	1,500
Health Ministry of the Southern Tier				Lab Costs & Interim Medications	2,000
Health Ministry of the Southern Tier				Award for Community Nursing	1,250
City of Elmira	317 E Church St Elmira NY 14901	Government	16-6002542	Grove Park Playground	8,550

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.
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Grantee	Address	501c3 or Government	EIN	Purpose of grant	Grant Amount
Southern Tier Legal Services	104 E. Steuben St. Bath NY 14810	501c3	16-0955954	Technology Enhancement	6,150
Twin Tiers Coalition for Learning, Inc	1 W Market St , 6th Fl Corning NY 14830	501c3	16-1471049	Twin Tiers Principals Coalition	5,000
Corning Elmira Musical Arts, Inc	PO Box 15 Corning NY 14830	501c3	16-1482732	OSFL Chamber Music Series Opening Concert Fund Distribution	4,500
Corning Elmira Musical Arts, Inc				A Season with Something for Everyone Marketing	50,000
Corning Elmira Musical Arts, Inc					5,000
Holy Family Catholic Schools	421 Fulton St Elmira NY 14904	501c3	16-0982705	Legacy Gift in honor of Tom Curran	50
Holy Family Catholic Schools				Smartboards - Creating an Engaging 21st Century Learning Environment	8,300
Holy Family Catholic Schools				Annual Distribution	460
Holy Family Catholic Schools				Laptops - Building a Mobile Learning Environment	6,000
Holy Family Catholic Schools				40 Grants in 40 Weeks	1,000
Corning Food Pantry	39 W. William St Corning NY 14830	501c3	45-0916332	2011 Thanksgiving Basket Distribution Project	4,225
Corning Food Pantry				Legacy Gift in honor of Chris Sharkey	50
Corning Food Pantry				Bread & Milk Program	4,000
Friends of the Chemung River Watershed	111 N Main St Elmira NY 14901	501c3	80-0329603	Public Education - Digital Projector	500
Friends of the Chemung River Watershed				Addison Launch Site Pavilion	5,000
Friends of the Chemung River Watershed				Capacity Building Pilot Program	1,000
Friends of the Chemung River Watershed				Fundraising software	450
Friends of the Chemung River Watershed				White Wagon Boat Launch Improvements	8,000
Humane Society of Schuyler County	2386 County Route 10 Alpine NY 14805	501ce	16-1315207	General Operations	5,000
Humane Society of Schuyler County				40 Grants in 40 Weeks	1,000
Elmira Small Fry	PO Box 165 Pine City NY 14871	501c3	80-0589550	Small Fry - basketball equip and scoreboard	7,500
Elmira Small Fry				40 Grants in 40 Weeks	1,000
Family Services of Chemung County	1019 E Water St Elmira NY 14901	501c3	16-0743995	Compeer & PAL	8,000
The Research Foundation of State University of New York	PO Box 9 Albany NY 12201	501c3	14-1368361	School Readiness Project - Evaluation	10,960
Horseheads Family Resource Center	1034 W. Broad St. Horseheads NY 14845	501c3	27-3576674	Step by Step Program	9,000
Horseheads Family Resource Center				40 Grants in 40 Weeks	1,000
OfHope Daycare	330 W Church St Elmira NY 14901	501c3	65-1168779	Pass Through Grant from the Anderson Foundation	5,000
East Corning Volunteer Fire Department	11843 E. Corning Rd. Corning NY 14830	501c3	16-1107827	Corning Area Chiefs/Emergency Response Account	3,000
East Corning Volunteer Fire Department				Radio Equipment Upgrade	3,000
Yellow Umbrella Organization	1056 Davis St Elmira NY 14901	501c3	30-0222843	Paint it Yellow	15,000
Yellow Umbrella Organization				Grant in honor of Barbara Van Dine	500

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.
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Grantee	Address	501c3 or Government	EIN	Purpose of grant	Grant Amount
Faith in Action Steuben County Faith in Action Steuben County	PO Box 117 Hornell NY 14843	501c3	16-1561317	Faith in Action Faith in Action	6,000 1,500
Greensboro United Methodist Church Greensboro United Methodist Church Greensboro United Methodist Church Greensboro United Methodist Church	PO Box 216 Greensboro GA 30642	501c3	unknown	UMCOR KYROS - GA Prison Ministries Boys & Girls Club Annual Distribution	500 500 500 8,000
ATLAS	PO Box 1392 Greensboro GA 30642	501c3	51-0561091	General Operating Expense - in honor of Mike & Jc	5,000
Grace United Methodist Church	191 Bridge St Corning NY 14830	501c3	unknown	Roof Project	5,000
Saint Joseph's Hospital	555 St. Joseph's Blvd. Elmira NY 14901	501c3	16-0743163	Hospital Rehab Renovation Project	50,000
Saving Grace Ministries	PO Box 371 Horseheads NY 14845	501c3	27-2647055	Saving Grace Ministries of Elmira	8,300
Saint Mary's Church	224 Franklin St Elmira NY 14904	501c3	16-0743287	Marian Center Gym Window Replacement	5,000
Wineglass Marathon Wineglass Marathon	1 E Market St, 1st Fl Corning NY 14830	501c3	16-1533405	There Is No Finish Line - By Joan Benoit Samuelson Wineglass Marathon - Community Foundation SK	5,000 5,000
Aggregate less than \$5,000					251,836
					<u>1,380,223</u>