



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



## Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

## A For the 2013 calendar year, or tax year beginning , 2013, and ending

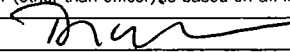
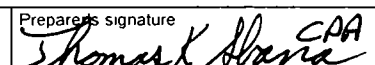
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> THE COMMUNITY FOUNDATION FOR SOUTH CENTRAL NEW YORK, INC. 520 COLUMBIA DRIVE, SUITE 100 JOHNSON CITY, NY 13790		<b>D</b> Employer identification number 16-1512085	
				<b>E</b> Telephone number 607-772-6773	
				<b>G</b> Gross receipts \$ 7,291,001.	
		<b>F</b> Name and address of principal officer SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
<b>I</b> 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					
<b>J</b> Website: WWW.CFSCNY.ORG, WWW.DONORSWHOCARE.ORG					
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1996		<b>M</b> State of legal domicile NY	

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities <u>TO OPERATE AS A COMMUNITY FOUNDATION, TO ESTABLISH &amp; MAINTAIN CHARITABLE ENDOWED AND UNENDOWED FUNDS INCLUDING: DONOR ADVISED, FIELD OF INTEREST, DESIGNATED, SCHOLARSHIP &amp; UNRESTRICTED FOR CHARITABLE GRANTMAKING IN BROOME, CHENANGO, DELAWARE, OTSEGO &amp; TIOGA COUNTIES.</u>																																																									
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																									
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 15																																																								
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 15																																																								
<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b> 4																																																								
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 60																																																								
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.																																																								
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.																																																								
	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td>1,126,854.</td> <td>463,757.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td>16,025.</td> <td>11,350.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>1,135,244.</td> <td>1,532,610.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>10,547.</td> <td></td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>2,288,670.</td> <td>2,007,717.</td> </tr> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td>744,440.</td> <td>678,009.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td></td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td>280,907.</td> <td>283,592.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)</td> <td></td> <td></td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25)</td> <td>117,280.</td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)</td> <td>267,109.</td> <td>279,226.</td> </tr> <tr> <td><b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td>1,292,456.</td> <td>1,240,827.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12</td> <td>996,214.</td> <td>766,890.</td> </tr> <tr> <td></td> <td> <table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td>18,120,027.</td> <td>20,271,535.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances Subtract line 21 from line 20</td> <td>18,120,027.</td> <td>20,271,535.</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,126,854.	463,757.	<b>9</b> Program service revenue (Part VIII, line 2g)	16,025.	11,350.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,135,244.	1,532,610.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,547.		<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,288,670.	2,007,717.	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	744,440.	678,009.	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	280,907.	283,592.	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)			<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	117,280.		<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)	267,109.	279,226.	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,292,456.	1,240,827.	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	996,214.	766,890.		<table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td>18,120,027.</td> <td>20,271,535.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances Subtract line 21 from line 20</td> <td>18,120,027.</td> <td>20,271,535.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	18,120,027.	20,271,535.	<b>21</b> Total liabilities (Part X, line 26)	0.	0.	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	18,120,027.	20,271,535.
	Prior Year	Current Year																																																							
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,126,854.	463,757.																																																							
<b>9</b> Program service revenue (Part VIII, line 2g)	16,025.	11,350.																																																							
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,135,244.	1,532,610.																																																							
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,547.																																																								
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,288,670.	2,007,717.																																																							
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	744,440.	678,009.																																																							
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)																																																									
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	280,907.	283,592.																																																							
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)																																																									
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	117,280.																																																								
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)	267,109.	279,226.																																																							
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,292,456.	1,240,827.																																																							
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	996,214.	766,890.																																																							
	<table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td>18,120,027.</td> <td>20,271,535.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances Subtract line 21 from line 20</td> <td>18,120,027.</td> <td>20,271,535.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	18,120,027.	20,271,535.	<b>21</b> Total liabilities (Part X, line 26)	0.	0.	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	18,120,027.	20,271,535.																																												
	Beginning of Current Year	End of Year																																																							
<b>20</b> Total assets (Part X, line 16)	18,120,027.	20,271,535.																																																							
<b>21</b> Total liabilities (Part X, line 26)	0.	0.																																																							
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	18,120,027.	20,271,535.																																																							

## Part II Signature Block

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

Sign Here	Signature of officer 		Date 8/1/14	
	DIANE L. BROWN Type or print name and title		EXEC. DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name THOMAS K. SBARRA	Preparer's signature 	Date 7/23/14	Check <input type="checkbox"/> if self-employed PTIN P00169397
	Firm's name SBARRA & COMPANY CPA'S, P.C.			Firm's EIN 41-2073303
	Firm's address 1701 N ST BDG 40-2 STE J34 ENDICOTT, NY 13760			
Phone no (607) 754-7707				

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/08/13

Form 990 (2013)

617

19

**Part III** Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission.

SEE SCHEDULE O

**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 \$ 750,347. including grants of \$ 678,009.) (Revenue \$ )

THE FOUNDATION PROVIDES CHARITABLE GRANTS AND SCHOLARSHIPS IN BROOME, CHENANGO, DELAWARE, OTSEGO AND TIOGA COUNTIES. SEE SCHEDULE I. IN 2013, THE FOUNDATION AWARDED 196 GRANTS AND 19 SCHOLARSHIPS.

**4b** (Code: ) (Expenses \$ 31,022. including grants of \$ ) (Revenue \$ )

THE FOUNDATION PROVIDES COMMUNITY EDUCATION AND INVOLVEMENT RELATING TO THE NEED FOR CHARITABLE GIVING AND PHILANTHROPY AND THE METHODS AVAILABLE TO FACILITATE CHARITABLE PARTICIPATION. DURING 2013, THE FOUNDATION'S EVENTS INCLUDED A WOMEN'S FUND AWARENESS BREAKFAST, TWO GRANTEE EDUCATION WORKSHOPS, A PROFESSIONAL ADVISOR EVENT AND AN ANNUAL HOLIDAY RECEPTION. OTHER VARIOUS PRESENTATIONS AND WORKSHOPS WERE DONE AT ROTARIES, UNIVERSITIES, SCHOOLS, FOUNDATIONS, NONPROFITS AND YOUTH PHILANTHROPY GROUPS.

**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 ▶ 781,369.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
<b>10</b> 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	
<b>11</b> 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		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>		X
<b>f</b> 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	
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States?	X	
<b>b</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	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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 (see instructions)</i>		X
<b>18</b> 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
<b>19</b> 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
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
<b>23</b> 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
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
<b>27</b> 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
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2013)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

☒

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

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> 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.	15	
<b>1 b</b> Enter the number of voting members included in line 1a, above, who are independent.	15	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7 a</b> 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?		X
<b>7 b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
<b>b</b> Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)		X
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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 taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

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

☒ Own website    ☒ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

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

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

DIANE BROWN, EXEC. DIR. 520 COLUMBIA DR. SUITE 100 JOHNSON CITY NY 13790 607-772-6773

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) HEATHER CORNELL VICE CHAIR	1 0	X		X				0.	0.	0.
(2) JANE L. ZUCKERMAN SECRETARY	1 0	X		X				0.	0.	0.
(3) DONNA L. BELL BOARD MEMBER	1 0	X						0.	0.	0.
(4) GARET LIVERMORE BOARD MEMBER	1 0	X						0.	0.	0.
(5) PATRICK J. DOYLE BOARD MEMBER	1 0	X						0.	0.	0.
(6) KEITH CHADWICK CHAIR	1 0	X		X				0.	0.	0.
(7) DAVID H. GUY BOARD MEMBER	1 0	X						0.	0.	0.
(8) JOHN W. FOLEY BOARD MEMBER	1 0	X						0.	0.	0.
(9) JON J. SARRA BOARD MEMBER	1 0	X						0.	0.	0.
(10) CAROLYN DEMTRAK BOARD MEMBER	1 0	X						0.	0.	0.
(11) JAMES R. FOLEY BOARD MEMBER	1 0	X						0.	0.	0.
(12) PETER G. NEWMAN TREASURER	1 0	X		X				0.	0.	0.
(13) CATHERINE M. SCARLETT BOARD MEMBER	1 0	X						0.	0.	0.
(14) ELYSIA M. GUDAS BOARD MEMBER	1 0	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) JOHN MIRABITO BOARD MEMBER	1 0	X						0.	0.	0.
(16) DIANE L. BROWN EXEC. DIRECTOR	35 0			X				90,004.	0.	16,141.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1 b Sub-total</b>								90,004.	0.	16,141.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								90,004.	0.	16,141.

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 **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		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? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	463,757.			
	g Noncash contributions included in lines 1a-1f	\$	107,003.			
h Total. Add lines 1a-1f			463,757.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a WOMENS FUND SPONS./REGIS.	900099	11,350.	11,350.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			11,350.			
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)		722,588.			722,588.
	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	6,093,306.			
	b Less cost or other basis and sales expenses		5,283,284.			
	c Gain or (loss)		810,022.			
	d Net gain or (loss)		810,022.			810,022.
	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			2,007,717.	11,350.	0.	1,532,610.

**Part IX Statement of Functional Expenses**

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

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

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.	657,759.	657,759.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	20,250.	20,250.		
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	106,145.	19,457.	39,751.	46,937.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	142,139.	48,050.	83,545.	10,544.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,300.	1,156.	4,270.	874.
9 Other employee benefits	12,011.	1,053.	9,889.	1,069.
10 Payroll taxes	16,997.	4,924.	8,254.	3,819.
11 Fees for services (non-employees):				
a Management				
b Legal	3,080.		3,080.	
c Accounting	15,465.	1,856.	13,609.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	117,088.		117,088.	
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,131.	202.		10,929.
12 Advertising and promotion	4,945.			4,945.
13 Office expenses	3,813.	1,057.	1,922.	834.
14 Information technology				
15 Royalties				
16 Occupancy	41,858.	11,607.	21,101.	9,150.
17 Travel	1,583.	709.	73.	801.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,938.		3,938.	
23 Insurance	4,609.	1,279.	2,323.	1,007.
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 <u>COMPUTER SOFTWARE LICENSING</u>	15,059.	4,176.	7,591.	3,292.
b <u>BOARD FUNCTIONS</u>	10,061.	1,482.	271.	8,308.
c <u>FOREIGN TAX PAID</u>	9,829.		9,829.	
d <u>PRINTING AND PUBLICATIONS</u>	9,794.	565.		9,229.
e All other expenses	26,973.	5,787.	15,644.	5,542.
25 Total functional expenses. Add lines 1 through 24e	1,240,827.	781,369.	342,178.	117,280.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	131.	1	63.
	2 Savings and temporary cash investments	294,333.	2	331,930.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,355.		
	b Less: accumulated depreciation	10b 17,587.	10c 18,706.	14,768.
	11 Investments — publicly traded securities	14,697,962.	11	16,450,628.
	12 Investments — other securities. See Part IV, line 11	3,108,895.	12	3,474,146.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	18,120,027.	16	20,271,535.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25.	0.	26	0.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	18,120,027.	27	20,271,535.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	18,120,027.	33	20,271,535.
	34 <b>Total liabilities and net assets/fund balances</b>	18,120,027.	34	20,271,535.

BAA

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,007,717.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,240,827.
3	Revenue less expenses. Subtract line 2 from line 1	3	766,890.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,120,027.
5	Net unrealized gains (losses) on investments	5	1,384,618.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,271,535.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☒

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☐ Accrual ☒ Other SEE SCH. O
- 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?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
- ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
- ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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.
- 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
	<input type="checkbox"/>	<input type="checkbox"/>
2a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

BAA

Form 990 (2013)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization **THE COMMUNITY FOUNDATION FOR SOUTH CENTRAL NEW YORK, INC.**

Employer identification number  
**16-1512085**

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 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 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 — Non-functionally integrated
- 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 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?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	852,023.	321,472.	376,134.	1,126,854.	463,757.	3,140,240.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>4 Total.</b> Add lines 1 through 3	852,023.	321,472.	376,134.	1,126,854.	463,757.	3,140,240.
<b>5</b> 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).						1,039,278.
<b>6 Public support.</b> Subtract line 5 from line 4						2,100,962.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	852,023.	321,472.	376,134.	1,126,854.	463,757.	3,140,240.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	338,545.	279,633.	384,095.	410,870.	722,588.	2,135,731.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	8,867.	11,343.	8,592.	16,025.	11,350.	56,177.
<b>11 Total support.</b> Add lines 7 through 10						5,332,148.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	58,877.
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	39.40 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	37.69 %
<b>16a 33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support test – 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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 yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support.</b> (Add lns 9, 10c, 11 and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33-1/3% support tests – 2013.** 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 – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.  
(See instructions).

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

**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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

THE COMMUNITY FOUNDATION FOR SOUTH  
CENTRAL NEW YORK, INC.

Employer identification number

16-1512085

**Part III 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	26	
2 Aggregate contributions to (during year)	145,591.	
3 Aggregate grants from (during year)	136,275.	
4 Aggregate value at end of year	1,922,957.	

- 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 III 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)
- |  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> 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
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2 a                             |
| b Total acreage restricted by conservation easements   | 2 b                             |
| c Number of conservation easements on a certified historic structure included in (a)   | 2 c                             |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d                             |
- 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 XIII, 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.

- 1 a 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 XIII, 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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.

1 a 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 XIII and complete the following table.

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

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**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
1 a Beginning of year balance	17,160,682.	15,743,519.	17,049,715.	15,533,868.	12,748,638.
b Contributions	332,678.	637,658.	180,524.	265,002.	801,723.
c Net investment earnings, gains, and losses	2,848,222.	2,054,560.	-370,246.	2,230,138.	3,152,372.
d Grants or scholarships	-585,407.	-684,779.	-583,259.	-560,672.	-567,775.
e Other expenditures for facilities and programs	-361,689.	-504,350.	-430,253.	-414,701.	-521,997.
f Administrative expenses	-96,680.	-85,926.	-102,962.	-3,920.	-79,093.
g End of year balance	19,297,806.	17,160,682.	15,743,519.	17,049,715.	15,533,868.

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

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

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

3 a 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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,354.	7,372.	2,982.
e Other		22,001.	10,215.	11,786.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				14,768.

BAA

Schedule D (Form 990) 2013

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>HEDGE FUNDS</u>	3,474,146.	END OF YEAR MARKET VALUE
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	3,474,146.	

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. 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. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

SEE PART XIII ☒

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,392,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2 a	1,384,618.	
b	Donated services and use of facilities	2 b		
c	Recoveries of prior year grants	2 c		
d	Other (Describe in Part XIII.)	2 d		
e	Add lines 2a through 2d	2 e	1,384,618.	
3	Subtract line 2e from line 1	3	2,007,717.	
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	4 a		
b	Other (Describe in Part XIII)	4 b		
c	Add lines 4a and 4b	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,007,717.	

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,240,827.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2 a		
b	Prior year adjustments	2 b		
c	Other losses	2 c		
d	Other (Describe in Part XIII)	2 d		
e	Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1	3	1,240,827.	
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	4 a		
b	Other (Describe in Part XIII)	4 b		
c	Add lines 4a and 4b	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,240,827.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

THE INTENDED USES FOR THE ENDOWMENT FUNDS ARE TO PROVIDE THE FUNDS NEEDED TO MAKE THE APPROPRIATE GRANT PAYMENTS APPROVED BY THE COMMUNITY FOUNDATION AS APPLICABLE IN THE SPENDING POLICY AND TO ENSURE THE FUTURE OF THE FUNDS.

**PART X - FIN 48 FOOTNOTE**

PROFESSIONAL STANDARDS PROVIDE DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. IN ACCORDANCE WITH THE STANDARD, THE

BAA

Schedule D (Form 990) 2013

**Part XIII** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

ORGANIZATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX

POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE FACTS. IT

REQUIRES THE ORGANIZATION TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX

POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED

UPON EXAMINATION. INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX LIABILITIES WOULD

BE REFLECTED AS SEPARATE LIABILITIES. FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT

STATUS ITSELF IS DEEMED TO BE A TAX POSITION SUBJECT TO UNCERTAINTY.

MANAGEMENT HAS ASSESSED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED

BY THE PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX YEARS FOR FILED RETURNS

PRIOR TO 2010 ARE CLOSED TO EXAMINATION BY TAXING AUTHORITIES.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

THE COMMUNITY FOUNDATION FOR SOUTH

Employer identification number

16-1512085

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region PT V
(1) CARIBBEAN		1	HEDGE FUND INVESTMENT		3,023,604.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a Sub-total</b>		1			3,023,604.
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals (add lines 3a and 3b)</b>	0	1			3,023,604.

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

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities



**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION**

THE FOUNDATION INVESTS IN A HEDGE FUND SPONSORED BY THE INVESTMENT FUND FOR

FOUNDATIONS (TIFF) THAT IS ORGANIZED IN THE CAYMAN ISLANDS. THE AMOUNT IN PART 1

COLUMN F IS THE FAIR VALUE AS OF 12/31/2013.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION FOR SOUTH

**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?

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

SEE PART IV

**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. 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
(1) AFTON CENTRAL SCHOOL 29 ACADEMY STREET AFTON, NY 13730	15-6002113	SCHOOL	7,000.	0.			PLAYGROUND/CAPITAL
(2) BCC FOUNDATION PO BOX 1017 BINGHAMTON, NY 13902	23-7075704	501 (C) (3)	7,200.	0.			OPERATING SCHOLARSHIP SUPPORT
(3) BINGHAMTON BOYS & GIRLS CLUB 257 WASHINGTON STREET BINGHAMTON, NY 1391	15-0539040	501 (C) (3)	12,250.	0.			VAN PURCHASE/CAPITAL
(4) BINGHAMTON ROTARY CLUB #64 PO BOX 462 VESTAL, NY 13850	16-6064873	501 (C) (3)	15,000.	0.			BINGHAMTON PARKS PROJECT/CAPITAL
(5) BOY SCOUTS, BADEN POWEL COUNCIL P.O. BOX 66 SOUTHWIND STATION BINGHAMTON, NY 13903	15-0536607	501 (C) (3)	31,400.	0.			OPERATING
(6) BROOME CO URBAN LEAGUE 43-45 CARROLL STREET BINGHAMTON, NY 13901	15-0547362	501 (C) (3)	5,450.	0.			PROG OPERATING/SUMMER DIS YOUTH
(7) BROOME COUNTY ARTS COUNCIL 81 STATE STREET BINGHAMTON, NY 13901	16-1279751	501 (C) (3)	5,450.	0.			ADMINISTERING ARTISTS FUND
(8) BROOME COUNTY YMCA 61 SUSQUEHANNA STREET BINGHAMTON, NY 13901	15-0532282	501 (C) (3)	7,800.	0.			FLOOD RECOVERY PROJECT/CAPITAL

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

3 Enter total number of other organizations listed in the line 1 table

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

TEEA3901L 07/12/13

Schedule I (Form 990) (2013)

43

2

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

16-1512085

Yes No

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
SCHOLARSHIP AWARDS FOR					
1 COLLEGE	17	20,250.			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE COMPETITIVE GRANTS AWARDED REQUIRE REPORTING AT THREE POINTS IN THE GRANT PERIOD - SIX MONTHS, ONE YEAR, AND THE END OF THE GRANT PERIOD - THE GRANTEE ORGANIZATION WILL PROVIDE REPORTS TO THE FOUNDATION'S PROGRAM OFFICER DOCUMENTING USE OF THE GRANT FUNDS AND REPORTING ON THE PROGRESS OF THE PROJECT. THESE REPORTS ARE IN ADDITION TO ANY ACCOUNTING PROVIDED BY THE GRANTEE ORGANIZATION WHEN MAKING REQUESTS FOR PAYMENT. THE FOUNDATION RESERVES THE RIGHT TO REQUIRE OTHER REPORTS AS NEEDED. THE FOUNDATION MAY MONITOR AND CONDUCT AN EVALUATION OF OPERATIONS RELATED TO THE GRANT. SUCH EVALUATION MAY INCLUDE VISITS FROM THE FOUNDATIONS PERSONNEL TO OBSERVE THE PURPOSE OF THE GRANT, AND TO DISCUSS THE GRANT WITH THE GRANTEE PERSONNEL. THIS EVALUATION MAY ALSO INCLUDE A REVIEW OF FINANCIAL AID AND OTHER RECORDS RELATED TO ACTIVITIES

# Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Continuation Page 1 of 4

Name of the organization		Employer identification number					
THE COMMUNITY FOUNDATION FOR SOUTH		16-1512085					
Part IIContinuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOME CTY COMM ORG ACTIVE 101 JENSEN RD VESTAL, NY 13850	30-0615074	501 (C) (3)	6,493.				OPERATING
CATHOLIC CHARITIES OF TOMPKIN 324 W. BUFFALO STREET ITHACA, NY 14850	22-2580142	501 (C) (3)	15,606.				SUPPORT MOBILE PANTRY/FLOODING /CAP
CENTENARY-CHENANGO UNITED MET 438 CHENANGO STREET BINGHAMTON, NY 13901	RELIGIOUS	501 (C) (3)	8,000.				CAPITAL REPAIR
CHENANGO UNITED WAY 27 W. MAIN ST. & STE 2 NORWICH, NY 13815	16-0998159	501 (C) (3)	10,000.				YOUTH PHILANTHROPY/PROG SUPPORT
CHILDREN'S HOME WYOMING CONF 1182 CHENANGO STREET BINGHAMTON, NY 13901	15-0532090	501 (C) (3)	22,000.				OPERATING SUPPORT
DCMO BOCES 6678 CO RD 32 NORWICH, NY 13815	15-6011844	501 (C) (3)	8,662.				OPERATING - SERVICE LEARNING
DELAWARE SUPPORT & SERVICES PO BOX 329 DELHI, NY 13753	81-0653899	501 (C) (3)	6,534.				SENIOR DAY CARE PROGRAM/OP SUPPORT
ENDICOTT PERFORMING ARTS CENT 102 WASHINGTON AVENUE ENDICOTT, NY 13760	16-1559163	501 (C) (3)	7,500.				CAPITAL ROOF PROJECT
FAMILY PLANNING OF SCNY 117 HAWLEY ST BINGHAMTON, NY 13901	16-1005972	501 (C) (3)	6,277.				IMMIGRATION WOMEN'S CLINIC/PROG OP
FOOD BANK OF THE SO. TIER 3880 UPPER OAKWOOD AVE ELMIRA, NY 14903	20-8808059	501 (C) (3)	6,000.				WEEKEND BACKPACK PROG/PROG OPER

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

# Continuation Sheet for Schedule I (Form 990)

2013

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 4

Name of the organization

THE COMMUNITY FOUNDATION FOR SOUTH

Employer identification number

16-1512085

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FOUNDATION OF SUNY @ BING PO BOX 6005 BINGHAMTON, NY 13902	16-6053710	501 (C) (3)	12,700.				SCHOLARSHIP & OPERATING SUPPORT	
FRIENDS OF ROGERS ENV EDU CEN PO BOX 932 SHERBURNE, NY 13460	16-1010345	501 (C) (3)	15,000.				OPERATING	
GIRL SCOUTS -NY/PENN PATHWAYS 601-635 HARRY L DR. L SUITE 52 JOHNSON CITY, NY 13790	16-0878631	501 (C) (3)	15,450.				OPERATING	
GREEK PEAK ADAPTIVE SNOWSPORT 2000 NYS RTE 392 CORTLAND, NY 13045	16-1379920	501 (C) (3)	15,000.				OPERATING	
MOM'S HOUSE 770 HARRY L DR JOHNSON CITY, NY 13790	16-1309049	501 (C) (3)	17,000.				MOTIVATIONAL PROG FOR WOMEN/OPER	
NEW YORK COUNCIL ON NONPROFIT 272 BROADWAY ALBANY, NY 12204	14-1343047	501 (C) (3)	10,000.				CAPACITY BUILDING PROGRAM	
NY STATE HIST ASSOC & FARMERS PO BOX 800 COOPERSTOWN, NY 13326	15-0539110	501 (C) (3)	7,500.				OPER GRANT TO ARCHIVE A COLLECTION	
OLD VILLAGE OF UNION HISTORIC PO BOX 5817 ENDICOTT, NY 13760	16-1349526	501 (C) (3)	24,562.				OPERATING GRANT	
OPPORTUNITIES FOR OTSEGO, INC 3 WEST BROADWAY ONEONTA, NY 13820	16-6066346	501 (C) (3)	9,500.				PURCHASE HEARING SCREENING	
ROBERSON MUSEUM & SCIENCE CEN 30 FRONT STREET BINGHAMTON, NY 13905	15-0565616	501 (C) (3)	10,850.				PROG GRANT FOR PLANETARIUM EDUCATOR	

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

# Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 4

Name of the organization		Employer identification number					
THE COMMUNITY FOUNDATION FOR SOUTH		16-1512085					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RURAL HEALTH NETWORK OF SCNY PO BOX 416 WHITNEY POINT, NY 13862	22-3568461	501 (C) (3)	20,383.				RURAL TRANSPORTATION GRANT
SOS SHELTER PO BOX 393 ENDICOTT, NY 13761	16-1119831	501 (C) (3)	9,390.				CAPITAL TO UPGRADE I.T.
THE DISCOVERY CENTER OF THE S 60 MORGAN ROAD BINGHAMTON, NY 13903	22-2612065	501 (C) (3)	23,500.				OPERATING
THE ROXBURY ARTS GROUP, INC. PO BOX 93 ROXBURY, NY 12474	14-1605368	501 (C) (3)	7,500.				GRANT TO CREATE ARTIST COLLECTION
TIOGA COUNTY COUNCIL ON ALCOH 1277 TAYLOR ROAD OWEGO, NY 13827	16-1359690	501 (C) (3)	9,442.				PROGRAM GRANT FOR EDUCATOR
TIOGA COUNTY HISTORICAL SOC 110 FRONT STREET OWEGO, NY 13827	15-6009839	501 (C) (3)	14,160.				CAPITAL GRANTS FOR FLOOD RECOVERY
TIOGA OPPORTUNITIES 9 SHELDON GULE BLVD OWEGO, NY 13827	16-0907793	501 (C) (3)	6,500.				SPONSOR FOR BERKSHIRE COM CAP GRANT
TRI-CITIES OPERA 315 CLINTON STREET BINGHAMTON, NY 13905	15-0544166	501 (C) (3)	8,459.				CAPACITY GRANT FOR COSTUMES
TRINITY MEMORIAL CHURCH 44 MAIN STREET BINGHAMTON, NY 13905	RELIGIOUS	501 (C) (3)	6,150.				GENERAL OPERATING EXPENSES
UNITED HEALTH SERVICES FOUNDA 10-42 MITCHELL AVENUE BINGHAMTON, NY 13903	16-1199153	501 (C) (3)	5,500.				OPERATING

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013



# Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Continuation Page 4 of 4

Name of the organization

THE COMMUNITY FOUNDATION FOR SOUTH

Employer identification number

16-1512085

## Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part III)

(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
UNITED WAY OF BROOME PO BOX 550 BINGHAMTON, NY 13902	15-0564074	501 (C) (3)	26,500.				OPERATING
UPSTATE MEDICAL UNIVERSITY FD 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-1068101	501 (C) (3)	6,500.				OPERATING
VILLAGE IMPR SOC OF GILBERTSV PO BOX 61 GILBERTSVILLE, NY 13776	15-0500406	501 (C) (3)	9,000.				CAPITAL GRANT ASBESTOS ABATEMENT
VINES PO BOX 3014 BINGHAMTON, NY 13902	27-2617454	501 (C) (3)	8,250.				OPERATING
VOLUNTEERS OF AMERICA 18 EXCHANGE STREET BINGHAMTON, NY 13901	58-1917708	501 (C) (3)	9,150.				CAPITAL IMPROV. ON FAMILY SHELTER
WSKG PUBLIC TELEVISION & RADI PO BOX 3000 BINGHAMTON, NY 13902	15-0620345	501 (C) (3)	5,750.				STEM PROGRAMMING FOR GIRLS
YWCA OF BINGHAMTON/BROOME COU 80 HAWLEY STREET BINGHAMTON, NY 13901	15-0532275	501 (C) (3)	45,000.				OPERATING/DEV DIRECTOR SUPPORT

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open To Public Inspection**

Name of the organization **THE COMMUNITY FOUNDATION FOR SOUTH CENTRAL NEW YORK, INC.**

Employer identification number  
**16-1512085**

**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	8	107,003.	ACTIVE MARKET
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?

**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

	Yes	No
<b>30 a</b>		X
<b>31</b>	X	
<b>32 a</b>		X
<b>33</b>		

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

Schedule M (Form 990) 2013

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

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization **THE COMMUNITY FOUNDATION FOR SOUTH  
CENTRAL NEW YORK, INC.**

Employer identification number  
**16-1512085**

**FROM 990 PART V, LINE 4 B - FOREIGN ACCOUNT**

THE FOUNDATION OWNS A FOREIGN HEDGE FUND ORGANIZED IN THE CAYMAN ISLANDS THAT IS  
EXEMPT FROM REPORTING ON FORM FINCEN 114.

**FORM 990 PART V, LINE 9 A - DONOR ADVISED FUND DISTRIBUTION**

AS EXPLAINED IN THE 2012 990 SCHEDULE O, THE FOUNDATION PAID A GRANT FROM A DONOR  
ADVISED FUND TO A CHARITABLE ORGANIZATION THAT HAD ITS EXEMPT STATUS REVOKED BY THE  
IRS. THE GRANTEE HAS SINCE RECEIVED A RETROACTIVE REINSTATEMENT OF ITS EXEMPT STATUS  
UNDER IRC SECTION 501(C)(3).

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO OPERATE AS A COMMUNITY FOUNDATION, TO ESTABLISH & MAINTAIN CHARITABLE ENDOWED AND  
UNENDOWED FUNDS INCLUDING: DONOR ADVISED, FIELD OF INTEREST, DESIGNATED, SCHOLARSHIP  
& UNRESTRICTED FOR CHARITABLE GRANTMAKING IN BROOME, CHENANGO, DELAWARE, OTSEGO &  
TIOGA COUNTIES.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

TAX RETURN REVIEW PROCEDURE: A THOROUGH REVIEW BY THE EXECUTIVE DIRECTOR AND FINANCE  
OFFICER PRIOR TO A FINAL VERSION OF THE TAX RETURN BEING E-MAILED TO THE MEMBERS OF  
THE GOVERNING BODY FOR REVIEW AND COMMENT. AFTER ALL MEMBERS ARE GIVEN AMPLE TIME  
FOR REVIEW, ANY AND ALL COMMENTS ARE CONSIDERED AND CHANGES ARE MADE AS DEEMED  
NECESSARY.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

AT THE FIRST BOARD OF DIRECTORS MEETING EACH YEAR, EACH MEMBER IS GIVEN A NEW  
CONFLICT OF INTEREST POLICY TO COMPLETE, SIGN, AND RETURN. THE ADMINISTRATIVE  
ASSISTANT KEEPS A LOG AND CHECKLIST THAT ENSURES THAT ALL MEMBERS HAVE COMPLETED AND  
RETURNED PROPER DISCLOSURES. AT YEAR END, THE LOG AND CHECKLIST ARE REVIEWED DURING  
THE AUDIT PROCESS.

Name of the organization THE COMMUNITY FOUNDATION FOR SOUTH  
CENTRAL NEW YORK, INC.Employer identification number  
16-1512085**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**

15A: THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS INITIALLY SET BY THE PERSONNEL COMMITTEE OF THE COMMUNITY FOUNDATION BASED ON COMPARABILITY DATA AND APPROVED BY THE BOARD OF DIRECTORS. ANY CHANGES MADE THEREAFTER ARE RECOMMENDED BY THE PERSONNEL COMMITTEE, BASED ON UPDATED COMPARATIVE DATA, AND APPROVED OR DENIED BY THE BOARD OF DIRECTORS.

15B: NO OTHER OFFICERS OR KEY EMPLOYEES.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE COMMUNITY FOUNDATION PROVIDES CERTAIN DOCUMENTS AND FULL AUDITED FINANCIAL STATEMENTS ON THE FOUNDATION'S WEBSITE. ALL OTHER GOVERNING DOCUMENTS AND POLICIES ARE KEPT AT THE FOUNDATION'S PHYSICAL LOCATION AND ARE PROVIDED UPON REQUEST.

**FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD**

MODIFIED CASH

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2013**Attachment  
Sequence No **179**Name(s) shown on return **THE COMMUNITY FOUNDATION FOR SOUTH  
CENTRAL NEW YORK, INC.**Identifying number  
**16-1512085**

Business or activity to which this form relates

**FORM 990/990-PF****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>3,938.</b>

**Part III MACRS Depreciation (Do not include listed property)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			<b>25 yrs</b>		<b>S/L</b>	
<b>h</b> Residential rental property			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
<b>i</b> Nonresidential real property			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
			<b>39 yrs</b>	<b>MM</b>	<b>S/L</b>	

**Section C – Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life				<b>S/L</b>	
<b>b</b> 12-year			<b>12 yrs</b>	<b>S/L</b>	
<b>c</b> 40-year			<b>40 yrs</b>	<b>MM</b>	<b>S/L</b>

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	<b>3,938.</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FDI0812L 06/10/13

Form **4562** (2013)

2013

**SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION**

**PAGE 3**

THE COMMUNITY FOUNDATION FOR SOUTH  
CENTRAL NEW YORK, INC.

16-1512085

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)**

FUNDED BY THE GRANT.

2013

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

THE COMMUNITY FOUNDATION FOR SOUTH  
CENTRAL NEW YORK, INC.

16-1512085

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2013	2012	2011	2010	2009
SPONSORSHIPS/REGISTRATION FEES					
	\$ 11,350.	\$ 16,025.	\$ 8,592.	\$ 11,343.	\$ 8,867.
TOTAL	<u>\$ 11,350.</u>	<u>\$ 16,025.</u>	<u>\$ 8,592.</u>	<u>\$ 11,343.</u>	<u>\$ 8,867.</u>



FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	1,550.		1,550.	
BOOKS/SUBSCRIPTIONS	915.	144.	771.	
DUES & MEMBERSHIPS	4,339.		4,339.	
MISCELLANEOUS	443.	123.	223.	97.
NYS FILING FEES	775.		775.	
OFFICE FURNITURE/EQUIPMENT	3,899.	1,082.	1,965.	852.
PARKING/ MILEAGE	1,335.	370.	673.	292.
PAYROLL SERVICE	1,055.	292.	532.	231.
POSTAGE AND SHIPPING	6,931.	2,187.	1,927.	2,817.
REPAIR & MAINTENANCE	2,823.	783.	1,423.	617.
TELEPHONE	2,908.	806.	1,466.	636.
TOTAL	\$ 26,973.	\$ 5,787.	\$ 15,644.	\$ 5,542.

**Application for Extension of Time To File an  
Exempt Organization Return**► **File a separate application for each return.**

OMB No. 1545-1709

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Enter filer's identifying number, see instructions**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or
	THE COMMUNITY FOUNDATION FOR SOUTH CENTRAL NEW YORK, INC.		16-1512085
	Number, street, and room or suite number. If a P.O. box, see instructions		Social security number (SSN)
	520 COLUMBIA DRIVE, SUITE 100		
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	JOHNSON CITY, NY 13790		

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► DIANE BROWN, EXEC. DIR.

Telephone No. ► 607-772-6773 Fax No. ► 607-722-6752

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2014, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for.

- ☒ calendar year 2013 or
- ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.