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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

301 SOUTH MAIN STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HORSEHEADS, NY 14845**F** Name and address of principal officer **MICHAEL MUSTICO
SAME AS C ABOVE****D** Employer identification number**16-1100837****E** Telephone number**607-739-3900****G** Gross receipts \$**8,213,714.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.COMMUNITYFUND.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1977****M** State of legal domicile: **NY****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: TO HELP REALIZE THE POTENTIAL IN OUR COMMUNITY BY MATCHING THE GENEROSITY OF OUR DONORS WITH THE							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3	Number of voting members of the governing body (Part VI, line 1a)	3		19			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		19			
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		6			
6	Total number of volunteers (estimate if necessary)	6		25			
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.			
8	Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year			
9	Program service revenue (Part VIII, line 2g)	1,092,363.		2,351,640.			
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,136.		9,985.			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,203,121.		1,666,230.			
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.		0.			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,304,620.		4,027,855.			
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,327,606.		1,678,060.			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.		0.			
16a	Professional fundraising fees (Part IX, column (A), line 11e)	355,724.		371,700.			
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.		0.			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	331,513.		289,871.			
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,014,843.		2,339,631.			
19	Revenue less expenses. Subtract line 18 from line 12	289,777.		1,688,224.			
20	Total assets (Part X, line 16)	Beginning of Current Year		End of Year			
21	Total liabilities (Part X, line 26)	39,755,545.		45,629,920.			
22	Net assets or fund balances Subtract line 21 from line 20	1,614,021.		1,729,880.			
		38,141,524.		43,900,040.			

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	<i>Michael R. Eisner</i>	Date	10-30-14
	Type or print name and title	Michael R. Eisner Treasurer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	PATRICK JORDAN	<i>Patrick Jordan</i>	10/09/14	P00854521
	Firm's name ▶ CDLM & COMPANY CPA'S, LLP	Firm's EIN ▶ 16-1171627		
	Firm's address ▶ 401 E. STATE ST., SUITE 500 ITHACA, NY 14850	Phone no. 607-272-4444		

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

☒ Yes ☐ No

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

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Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission

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

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,873,860. including grants of \$ 1,444,385.) (Revenue \$ 9,985.)
GRANTS TO CHARITABLE NON PROFIT ORGANIZATIONS IN THE CHEMUNG-STEUBEN
COUNTY AREA.

4b (Code) (Expenses \$ 233,675. including grants of \$ 233,675.) (Revenue \$)
SCHOLARSHIPS

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 2,107,535.

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

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Part IV Checklist of Required Schedules

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

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AND THE FINGER LAKES, INC.**

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	19	
b Enter the number of voting members included in line 1a, above, who are independent	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►
THE ORGANIZATION - 607-739-3900
301 SOUTH MAIN STREET, HORSEHEADS, NY 14845

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 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) TONY TRIPENY PAST CHAIR	1.00	X		X				0.	0.	0.
(2) MICHAEL MUSTICO CHAIR	1.00	X		X				0.	0.	0.
(3) CLOVER DRINKWATER SECRETARY	1.00	X		X				0.	0.	0.
(4) MICHAEL EISNER TREASURER	1.00	X		X				0.	0.	0.
(5) KIMBERLY CUTLER DIRECTOR	1.00	X						0.	0.	0.
(6) TOM GOUGH DIRECTOR	1.00	X						0.	0.	0.
(7) SCOTT WELLIVER DIRECTOR	1.00	X						0.	0.	0.
(8) G. THOMAS TRANTER JR. VICE CHAIR	1.00	X		X				0.	0.	0.
(9) GAIL BAITY DIRECTOR	1.00	X						0.	0.	0.
(10) CARL HAYDEN DIRECTOR	1.00	X						0.	0.	0.
(11) DOUG TIFFT DIRECTOR	1.00	X						0.	0.	0.
(12) KAREN MERIWETHER DIRECTOR	1.00	X						0.	0.	0.
(13) PAIGE CHRISTIAN DIRECTOR	1.00	X						0.	0.	0.
(14) JUDITH MCINERNEY DIRECTOR	1.00	X						0.	0.	0.
(15) MARC STEMERMAN DIRECTOR	1.00	X						0.	0.	0.
(16) MARY BETH CONWELL DIRECTOR	1.00	X						0.	0.	0.
(17) CHRISTOPHER FORTIER DIRECTOR	1.00	X						0.	0.	0.

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

Form 990 (2013)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LOUIS DIFABIO DIRECTOR	1.00	X						0.	0.	0.
(19) BETH LANDIN DIRECTOR	1.00	X						0.	0.	0.
(20) RANDI HEWIT EXECUTIVE DIRECTOR	40.00			X				109,735.	0.	13,168.
1b Sub-total								109,735.	0.	13,168.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								109,735.	0.	13,168.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

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

Form 990 (2013)

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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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,351,640.				
	g Noncash contributions included in lines 1a-1f \$		106,644.				
	h Total. Add lines 1a-1f		2,351,640.				
	Program Service Revenue	Business Code					
2 a MANAGEMENT FEE INCOME		900099	9,985.	9,985.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			9,985.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		703,883.			703,883.	
	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				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		962,347.			962,347.
	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.		4,027,855.	9,985.	0.	1,666,230.		

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

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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	1,444,385.	1,444,385.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	233,675.	233,675.		
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	123,383.	74,030.	49,353.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	190,424.	114,254.	76,170.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,340.	11,604.	7,736.	
9 Other employee benefits	5,038.	3,023.	2,015.	
10 Payroll taxes	33,515.	20,109.	13,406.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,713.	1,388.	325.	
c Accounting	10,500.		10,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,175.	56,430.	1,745.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,164.	698.	466.	
12 Advertising and promotion	96,945.	87,250.	9,695.	
13 Office expenses	67,423.	33,712.	33,711.	
14 Information technology				
15 Royalties				
16 Occupancy	15,336.	7,668.	7,668.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,207.	3,604.	3,603.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,539.	10,270.	10,269.	
23 Insurance	7,627.	3,814.	3,813.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP AND DUES	3,242.	1,621.	1,621.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,339,631.	2,107,535.	232,096.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2013)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,154.	1	6,070.
	2 Savings and temporary cash investments	1,852,515.	2	2,229,663.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,051.	9	953.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	504,863.		
	10b Less: accumulated depreciation	69,816.		
		437,608.	10c	435,047.
	11 Investments - publicly traded securities	21,728,471.	11	24,962,741.
	12 Investments - other securities. See Part IV, line 11	15,616,948.	12	17,849,529.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	113,798.	15	145,917.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,755,545.	16	45,629,920.	
Liabilities	17 Accounts payable and accrued expenses	21,237.	17	21,514.
	18 Grants payable	649,457.	18	658,926.
	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	943,327.	25	1,049,440.
	26 Total liabilities. Add lines 17 through 25	1,614,021.	26	1,729,880.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,599,117.	27	2,859,124.
28 Temporarily restricted net assets		7,227,031.	28	9,590,562.
29 Permanently restricted net assets		28,315,376.	29	31,450,354.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		38,141,524.	33	43,900,040.
34 Total liabilities and net assets/fund balances		39,755,545.	34	45,629,920.

Form 990 (2013)

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

Form 990 (2013)

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Part XI Reconciliation of Net Assets

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

☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,027,855.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,339,631.
3	Revenue less expenses Subtract line 2 from line 1	3	1,688,224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,141,524.
5	Net unrealized gains (losses) on investments	5	4,040,316.
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	29,976.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,900,040.

Part XII Financial Statements and Reporting

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

☒ X

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

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

▶ **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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Employer identification number
16-1100837

Part I	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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - 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 it is a Type I, Type II, or Type III supporting organization, check this box _____

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

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

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

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

COMMUNITY FOUNDATION OF ELMIRA-CORNING

Schedule A (Form 990 or 990-EZ) 2013 **AND THE FINGER LAKES, INC.** 16-1100837 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2201634.	2596482.	1210375.	1092363.	2351640.	9452494.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2201634.	2596482.	1210375.	1092363.	2351640.	9452494.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1670200.
6 Public support. Subtract line 5 from line 4						7782294.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2201634.	2596482.	1210375.	1092363.	2351640.	9452494.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	336,771.	394,004.	1120291.	1152508.	703,883.	3707457.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	17,120.	5,587.				22,707.
11 Total support. Add lines 7 through 10						13182658.
12 Gross receipts from related activities, etc. (see instructions)					12	45,646.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	59.03 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	60.64 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 ► ☐

COMMUNITY FOUNDATION OF ELMIRA-CORNING

Schedule A (Form 990 or 990-EZ) 2013 **AND THE FINGER LAKES, INC.**

16-1100837 Page 4

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).

Area for supplemental information with horizontal lines.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

(a) Donor advised funds	(b) Funds and other accounts
15	
274,432.	
414,240.	
1,950,319.	

- 1 Total number at end of year
- 2 Aggregate contributions to (during year)
- 3 Aggregate grants from (during year)
- 4 Aggregate value at end of year
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat ☐ Preservation of a certified historic structure
- ☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part 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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 ▶ \$

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

Schedule D (Form 990) 2013

16-1100837 Page 2

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 37,513,832. | 33,973,693. | 20,903,394. | 16,986,300. | 14,523,071. |
| b Contributions | 2,530,871. | 1,283,725. | 16,515,617. | 2,584,875. | 2,175,579. |
| c Net investment earnings, gains, and losses | 5,715,102. | 4,462,244. | -722,580. | 3,420,251. | 1,805,931. |
| d Grants or scholarships | 1,986,715. | 1,655,117. | 1,586,373. | 2,088,032. | 1,518,281. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 538,107. | 550,713. | 1,136,365. | | |
| g End of year balance | 43,234,983. | 37,513,832. | 33,973,693. | 20,903,394. | 16,986,300. |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ► 5.07 %
- b Permanent endowment ► 72.75 %
- c Temporarily restricted endowment ► 22.18 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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
1a Land		20,000.		20,000.
b Buildings		411,297.	26,097.	385,200.
c Leasehold improvements				
d Equipment		73,566.	43,719.	29,847.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				435,047.

Schedule D (Form 990) 2013

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

Schedule D (Form 990) 2013

16-1100837 Page 3

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		
(A) BENEFICIAL INTEREST IN		
(B) TRUSTS	17,849,529.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	17,849,529.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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)	
Total. (Column (b) must equal Form 990, Part X, col. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS	1,049,440.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,049,440.

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 ☒

Schedule D (Form 990) 2013

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

Schedule D (Form 990) 2013

16-1100837 Page 4

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	8,098,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,040,316.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	29,976.
e	Add lines 2a through 2d	2e	4,070,292.
3	Subtract line 2e from line 1	3	4,027,855.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,027,855.

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	2,339,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,339,631.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,339,631.

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:

**EXPLANATION: TO PROVIDE FUTURE GRANTS AND SCHOLARSHIPS TO ORGANIZATIONS
AND INDIVIDUALS IN THE ELMIRA-CORNING AND FINGER LAKES COMMUNITIES.**

PART X, LINE 2:

**EXPLANATION: THE FOUNDATION'S FEDERAL INCOME TAX RETURNS FOR 2011, 2012
AND 2013 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS
AFTER FILING.**

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE **29,976.**

Part XIII	Supplemental Information <i>(continued)</i>
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► **Information about Schedule I (Form 990)** and its instructions is at www.irs.gov/form990.

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

Employer identification number
16-1100837

Part I	General Information on Grants and Assistance
--------	--

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

☒ Yes ☐ No

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

Part II

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

[illegible]

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

▲ 45.

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

○●

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

Schedule I (Form 990) (2013)

Page 2

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.
----------	---

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	102	233,675.	0.		

Part IV	Supplemental information
	Provide the information required in Part 1, line 2, Part III, column (b), and any other additional information

TABLE 1
TIME 2:

EVERY ANALYST: THE INFORMATION WILL CONDUCE A DEE-CPANT INQUIRY TO DETERMINE

***** THIS DOCUMENT IS AVAILABLE TO PERSONS FIFTY YEARS OF AGE OR OLDER FOR THE GRANT FOR THE

CONCERNED THAT THE
COUNTRIES MAY BE
CHALLENGED BY
MUTUAL INCLINING
FOR THE
THE

COMMITTEE ON
CRIMINAL
CASES
REPORTING
ON THE PROTECT
AND PROSECUT
A WITNESS
PROTECT AND
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THE PROTECT

THE FOUNDATION AND CHANGING VIEWS OF THE CITIZENSHIP ACHIEVEMENT WITH

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Part IV Supplemental Information

THE GRANTEE MUST REPORT TO THE FOUNDATION, IN WRITING, NOT LESS THAN ONCE A YEAR DURING THE TERM OF THE GRANT, EXPLAINING HOW IT USED THE FUNDS AND DESCRIBING ITS COMPLIANCE WITH THE GRANT TERMS AND ITS PROGRESS TOWARD THE GRANT PURPOSES. THE COMMUNITY FOUNDATION MAY REQUEST MORE FREQUENT REPORTING ON THE GRANT AS NEEDED.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2013

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- ▶ **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.**

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

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	106,644.	MEAN VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

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
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) **AND THE FINGER LAKES, INC.**

Page 2

Supplemental Information.

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

SCHEDULE 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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

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

Employer identification number

16-1100837

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

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

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

STEUBEN AND YATES COUNTIES IN THE SOUTHERN TIER OF NEW YORK STATE.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: COPIES OF FORM 990 ARE DISTRIBUTED TO BOARD MEMBERS PRIOR TO
FILING FOR FORMAL BOARD MEMBER REVIEW.

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

EXPLANATION: ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO SUBMIT ANNUALLY A
WRITTEN DECLARATION OF POTENTIAL CONFLICTS OF INTEREST.

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

EXPLANATION: THE ORGANIZATION UTILIZES THE RESULTS OF THE COUNCIL ON
FOUNDATIONS SALARY AND BENEFITS SURVEY TO ENSURE COMPENSATION IS ON PAR
WITH THE MEDIAN COMPENSATION FOR A COMMUNITY FOUNDATION OF OUR ASSET SIZE
AND GRANT MAKING OUTPUT.

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

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

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

Employer identification number
16-1100837

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 29,976.

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

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

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.

EIN: 16-1100837

Attachment to Form 990 Schedule I Part II

For the year ended June 30, 2014

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Arnot Ogden Medical Center Foundation, 600 Roe Avenue Elmira, NY 14901	16-1109472	501(c)(3)	10,000	Telephonic Chronic Disease Management
Arnot Ogden Medical Center Foundation, 600 Roe Avenue Elmira, NY 14901	16-1109472	501(c)(3)	200	100 Classrooms - NICU
Arnot Ogden Medical Center Foundation, 600 Roe Avenue Elmira, NY 14901	16-1109472	501(c)(3)	100	100 Classrooms
Arnot Ogden Medical Center Foundation, 600 Roe Avenue Elmira, NY 14901	16-1109472	501(c)(3)	200	100 Classrooms
Arnot Ogden Medical Center Foundation, 600 Roe Avenue Elmira, NY 14901	16-1109472	501(c)(3)	100	100 Classrooms
Arnot Ogden Medical Center Foundation, 600 Roe Avenue Elmira, NY 14901	16-1109472	501(c)(3)	100	100 Classrooms - Children's Miracle Network
ATLAS, PO Box 1392 Greensboro, GA 30642	51-0561091	501(c)(3)	5,000	Annual Gift
Catholic Charities of Steuben County, 23 Liberty Street Bath, NY 14810	13-4365481	501(c)(3)	2,000	Bridges Out of Poverty
Catholic Charities of Steuben County, 23 Liberty Street Bath, NY 14810	13-4365481	501(c)(3)	500	Annual Gift
Catholic Charities of Steuben County, 23 Liberty Street Bath, NY 14810	13-4365481	501(c)(3)	7,500	Substance Abuse, Prevention & Education Services
Catholic Charities of Steuben County, 23 Liberty Street Bath, NY 14810	13-4365481	501(c)(3)	5,000	Annual Gift
Chemung ARC, 711 Sullivan Street Elmira, NY 14901	16-0795709	501(c)(3)	500	Community Sports Event
Chemung County Child Care Council, Inc. 571 St Joseph's Blvd, Suite 205 Elmira, NY 14901	16-0795709	501(c)(3)	18,557	Fund Distribution
Chemung County Child Care Council, Inc. 571 St Joseph's Blvd, Suite 205 Elmira, NY 14901	13-3358600	501(c)(3)	5,000	Summer Literacy Collaborative
Chemung County Child Care Council, Inc. 571 St Joseph's Blvd, Suite 205 Elmira, NY 14901	13-3358600	501(c)(3)	1,000	FCCNYC Conference
Chemung County Child Care Council, Inc. 571 St Joseph's Blvd, Suite 205 Elmira, NY 14901	13-3358600	501(c)(3)	50	Gift in Honor of Ellen Wohl
Chemung County Child Care Council, Inc. 571 St Joseph's Blvd, Suite 205 Elmira, NY 14901	13-3358600	501(c)(3)	600	NYS Association for the Education of Young Children
Chemung County Child Care Council, Inc. 571 St Joseph's Blvd, Suite 205 Elmira, NY 14901	13-3358600	501(c)(3)	15,000	SRP - Early Care & Education
Chemung County Child Care Council, Inc. 571 St Joseph's Blvd, Suite 205 Elmira, NY 14901	13-3358600	501(c)(3)	15,000	SRP - Early Care & Education
Chemung County Child Care Council, Inc. 571 St Joseph's Blvd, Suite 205 Elmira, NY 14901	13-3358600	501(c)(3)	500	Annual Gift
Chemung County Department of Human Services, 425-447 Pennsylvania Avenue Elmira, NY 14904	16-6002557	501(c)(3)	64,421	SRP - Nurse Home Visitation
Chemung County Historical Society, Inc. 415 East Water Street Elmira, NY 14901	16-6002557	501(c)(3)	64,421	School Readiness Project - Nurse Home Visitation
Chemung County Historical Society, Inc. 415 East Water Street Elmira, NY 14901	16-0866061	501(c)(3)	300	Local History Brochure
Chemung County Historical Society, Inc. 415 East Water Street Elmira, NY 14901	16-0866061	501(c)(3)	10,000	Chemung Valley History Exhibit
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0866061	501(c)(3)	800	Annual Gift
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	200	Eagle Scout Project - Entryway Refurbishing
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	200	100 Classrooms
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	600	Development Technology
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	100	Medications for Animals
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	100	Food & Supplies for the Animals
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	200	100 Classrooms
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	28,600	Fund Distribution
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	300	100 Classrooms
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	350	Fund Distribution
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	200	100 Classrooms
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	16-0743999	501(c)(3)	329	Donor Perfect Training
Chemung County Humane Society & SPCA, Inc. 2435 State Route 352 Elmira, NY 14903-7933	23-7441818	501(c)(3)	800	Annual Gift
Clemens Center, P O Box 1046 Elmira, NY 14902	23-7441818	501(c)(3)	7,500	Strategic Planning Initiative
Clemens Center, P O Box 1046 Elmira, NY 14902	23-7441818	501(c)(3)	57,300	Fund Distribution
Clemens Center, P O Box 1046 Elmira, NY 14902	15-0532082	501(c)(3)	200	100 Classrooms
Clemens Center, P O Box 1046 Elmira, NY 14902	45-0916332	501(c)(3)	6,020	Summer College Program
Cornell University - School of Continuing Education, b20 Day Hall Ithaca, NY 14853	45-0916332	501(c)(3)	200	Food for the Pantry
Corning Food Pantry, 39 West William Street Corning, NY 14830	45-0916332	501(c)(3)	1,000	Annual Gift
Corning Food Pantry, 39 West William Street Corning, NY 14830	45-0916332	501(c)(3)	4,000	Thanksgiving Basket Distribution
Corning Food Pantry, 39 West William Street Corning, NY 14830	45-0916332	501(c)(3)	500	Fund Distribution
Corning Hospital, 176 Denison Parkway East Corning, NY 14830	16-0393490	501(c)(3)	5,000	Building Healthier Communities Campaign

Community Foundation of Elmira-Corning and the Finger Lakes, Inc.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Corning Hospital, 176 Denison Parkway East Corning, NY 14830	16-0393490	501(c)(3)	100 Medications	
Corning Meals on Wheels, Inc., 144 Cedar Street Corning, NY 14830	16-0912403	501(c)(3)	5,500 Buffalo Chopper	
Corning Meals on Wheels, Inc., 144 Cedar Street Corning, NY 14830	16-0912403	501(c)(3)	500 Fund Distribution	
Corning Museum of Glass, One Museum Way Corning, NY 14830-2253	16-0764349	501(c)(3)	2,500 Ennon Society and Institute of Fellows	
Corning Museum of Glass, One Museum Way Corning, NY 14830-2253	16-0764349	501(c)(3)	5,000 Ennon Society	
Diocese of Rochester, 1150 Buffalo Road Rochester, NY 14624	16-0755765	501(c)(3)	5,000 Catholic Ministries Appeal	
Diocese of Rochester, 1150 Buffalo Road Rochester, NY 14624	16-0755765	501(c)(3)	7,000 Our Legacy, Our Future, Our Hope	
Duffy Books in Homes USA, Inc., 414 Smith Road Horseheads, NY 14845	26-0642617	501(c)(3)	3,280 Duffy Books in Homes USA	
Duffy Books in Homes USA, Inc., 414 Smith Road Horseheads, NY 14845	26-0642617	501(c)(3)	5,000 Duffy Books in Homes	
Economic Opportunity Program, Inc., 650 Baldwin Street Elmira, NY 14901	16-0906941	501(c)(3)	15,000 School Readiness Project - Parent Education	
Economic Opportunity Program, Inc., 650 Baldwin Street Elmira, NY 14901	16-0906941	501(c)(3)	1,000 Boiler Maintenance	
Economic Opportunity Program, Inc., 650 Baldwin Street Elmira, NY 14901	16-0906941	501(c)(3)	1,000 EOP Chemung County Head Start	
Economic Opportunity Program, Inc., 650 Baldwin Street Elmira, NY 14901	16-0906941	501(c)(3)	15,000 SRP - Parent Education	
Economic Opportunity Program, Inc., 650 Baldwin Street Elmira, NY 14901	16-0906941	501(c)(3)	15,000 School Readiness Project - Parent Education	
First Baptist Church of Corning, 110 East First Street Corning, NY 14830	94-1544376	501(c)(3)	2,000 Annual Gift	
First Baptist Church of Corning, 110 East First Street Corning, NY 14830	94-1544376	501(c)(3)	3,000 Annual Gift	
First Baptist Church of Corning, 110 East First Street Corning, NY 14830	94-1544376	501(c)(3)	2,000 Annual Gift	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	100 Shelving, Fuel & Supplies	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	800 Chemung County Backpack Program	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	2,000 Launchpad Phase 2	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	100 Office Supplies	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	2,000 Elmira Women's Leadership Initiative	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	4,000 Mobile Food Pantry Program Evaluation	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	100 100 Classrooms	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	100 100 Classrooms	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	1,000 Annual Gift	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	300 100 Classrooms	
Food Bank of the Southern Tier, 388 Upper Oakwood Avenue Elmira, NY 14903	16-0743944	501(c)(3)	100 100 Classrooms	
Friends of the Chemung River Watershed, 111 N Main Street Elmira, NY 14901	80-0329603	501(c)(3)	200 100 classrooms	
Friends of the Chemung River Watershed, 111 N Main Street Elmira, NY 14901	80-0329603	501(c)(3)	8,425 River Rescue Safety and Education Program	
Friends of the Chemung River Watershed, 111 N Main Street Elmira, NY 14901	80-0329603	501(c)(3)	5,000 Frontline Community and Youth Center	
Frontline Ministries, 1205 West Church Street Elmira, NY 14905	501(c)(3)	501(c)(3)	5,000 Frontline Community & Youth Center	
Grace United Methodist Church, 191 Bridge Street Corning, NY 14830	501(c)(3)	501(c)(3)	5,000 Annual Gift	
Greensboro United Methodist Church, PO Box 216 Greensboro, GA 30642	501(c)(3)	501(c)(3)	10,000 Capital	
Greensboro United Methodist Church, PO Box 216 Greensboro, GA 30642	501(c)(3)	501(c)(3)	9,000 General Operations	
Health Ministry of the Southern Tier, 300 Nasser Civic Center Plaza Suite #320 Corning, NY 14830	51-0432450	501(c)(3)	9,000 Medical, Dental and Eye Care Services for the Uninsured	
Health Ministry of the Southern Tier, 300 Nasser Civic Center Plaza Suite #320 Corning, NY 14830	51-0432450	501(c)(3)	2,000 Medical & Diagnostic Services for Uninsured in Keuka Area Patients	
Health Ministry of the Southern Tier, 300 Nasser Civic Center Plaza Suite #320 Corning, NY 14830	51-0432450	501(c)(3)	2,000 Annual Gift	
Health Ministry of the Southern Tier, 300 Nasser Civic Center Plaza Suite #320 Corning, NY 14830	51-0432450	501(c)(3)	100 Medications	
Health Ministry of the Southern Tier, 300 Nasser Civic Center Plaza Suite #320 Corning, NY 14830	51-0432450	501(c)(3)	250 Community Nursing Award	
Health Ministry of the Southern Tier, 300 Nasser Civic Center Plaza Suite #320 Corning, NY 14830	51-0432450	501(c)(3)	50 Legacy Gift in Honor of G. Thomas Tranter	
Health Ministry of the Southern Tier, 300 Nasser Civic Center Plaza Suite #320 Corning, NY 14830	51-0432450	501(c)(3)	2,000 Diagnostic Testing and Diabetic Medical Supplies for Uninsured Women	
Horseheads Family Resource Center, 1034 W Broad Street Horseheads, NY 14845	27-3576674	501(c)(3)	10,000 Preschool Co-op	
Horseheads Middle School, 1 Raider Lane Horseheads, NY 14845	16-1315207	501(c)(3)	7,000 Wonder One Book, One School	
Humane Society of Schuyler County, 2386 County Route 10 Alpine, NY 14805	16-6001617	501(c)(3)	250,000 Construction Project	
Reading to Roos, 193 Winfield Street Corning, NY 14830	501(c)(3)	501(c)(3)	4,700 Roo Reading	

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Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Reading to Roos,193 Winfield Street Corning, NY 14830	16-6001617	501(c)(3)	1,000	Renovation of Staff Lounge
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	100	Brochures or Signage
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	6,300	Tafoya Pottery
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	12,000	Additions to the Rockwell Museum Permanent Collection
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	5,000	Great Circle Project
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	800	Garden of Fire
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	6,000	Permanent Acquisition Fund
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	10,000	Arts in Education
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	3,180	Annual Gift
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	100	Overhead Expenses
Rockwell Museum of Western Art,111 Cedar Street Corning, NY 14830	22-2468604	501(c)(3)	100	Membership
Saint Mary Our Mother School,811 Westlake Street Horseheads, NY 14845	16-0755865	501(c)(3)	350	iPad Learning
Saint Mary Our Mother School,811 Westlake Street Horseheads, NY 14845	16-0755865	501(c)(3)	5,100	Science for the 21st Century Student
Saint Mary Our Mother School,811 Westlake Street Horseheads, NY 14845	16-0755865	501(c)(3)	50	Legacy Gift in Honor of Ellie Gough
Salvation Army - Corning Citadel,32 Denison Parkway East Corning, NY 14830	16-0743180	501(c)(3)	137	Salvation Army Children's Christmas
Salvation Army - Corning Citadel,32 Denison Parkway East Corning, NY 14830	16-0743180	501(c)(3)	100	Food for the Free Community Dinner
Salvation Army - Corning Citadel,32 Denison Parkway East Corning, NY 14830	16-0743180	501(c)(3)	500	Annual Gift
Salvation Army - Corning Citadel,32 Denison Parkway East Corning, NY 14830	16-0743180	501(c)(3)	3,000	After School Program & General Operating Expenses
Schuyler Head Start, Inc.,323 Oswego Street Unit 1 Montour Falls, NY 14865	16-0743180	501(c)(3)	2,000	After-School Youth Program
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-0976763	501(c)(3)	100	Kids Cafe
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1592035	501(c)(3)	6,000	Interactive Whiteboard
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1592035	501(c)(3)	50,000	Fund Distribution
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1592035	501(c)(3)	100	Annual Gift
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1592035	501(c)(3)	29,700	Fund Distribution
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1425009	501(c)(3)	200	Building Supplies
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1425009	501(c)(3)	5,816	Fund Distribution
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1425009	501(c)(3)	100	100 Classrooms
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1425009	501(c)(3)	100	Building Supplies
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-0836935	501(c)(3)	6,000	JobLink
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	22-2201957	501(c)(3)	500	Annual Gift
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	22-2201957	501(c)(3)	7,500	STEAM Opportunities
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	36-3679200	501(c)(3)	1,800	2014 Annual Budget
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	36-3679200	501(c)(3)	1,000	Unleashed Fund
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	36-3679200	501(c)(3)	1,800	Church Budget Support
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	36-3679200	501(c)(3)	1,000	Unleashed Fund
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	1,500	Bench in Memory of Dr Adrian Hulsebosch
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	940	Green Hand Drying
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	720	Launchpad Workshop Meeting Space
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	960	Summer Camp Craft Carts
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	100	100 Classrooms
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	50	Legacy Gift in Honor of Frank Gudas
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	100	Food & Supplies for the Animals
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	100	100 Classrooms
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	1,500	Meg Lowman Treetops Camp
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	350	Fund Distribution
Southeast Steuben County Library,300 Civic Center Plaza Suite 101 Corning, NY 14830	16-1012352	501(c)(3)	100	Bee Supplies

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The Arnot Art Museum, 235 Lake Street Elmira, NY 14901	16-0796431	501(c)(3)	800 Annual Gift	
The Arnot Art Museum, 235 Lake Street Elmira, NY 14901	16-0796431	501(c)(3)	7,800 Replacing Blinds and a Barn	
The ARTS Council of the Southern Finger Lakes, 32 West Market Street Corning, NY 14830	16-0999315	501(c)(3)	6,550 A Gathering of Dancers	
The ARTS Council of the Southern Finger Lakes, 32 West Market Street Corning, NY 14830	16-0999315	501(c)(3)	11,500 QuickARTS	
The Orchestra of the Southern Finger Lakes, PO Box 15 Corning, NY 14830	16-1482732	501(c)(3)	100 Legacy Gift in honor of John & Chris Sharkey	
The Orchestra of the Southern Finger Lakes, PO Box 15 Corning, NY 14830	16-1482732	501(c)(3)	4,300 Fund Distribution	
The Orchestra of the Southern Finger Lakes, PO Box 15 Corning, NY 14830	16-1482732	501(c)(3)	5,000 Annual Gift	
The Orchestra of the Southern Finger Lakes, PO Box 15 Corning, NY 14830	16-1482732	501(c)(3)	10,000 Moving Forward Campaign for the OSFL	
The Orchestra of the Southern Finger Lakes, PO Box 15 Corning, NY 14830	16-1482732	501(c)(3)	6,950 Fund Distribution	
The Regional Science & Discovery Center, Inc., 114 Pine Street-2nd Floor Corning, NY 14830	16-1462618	501(c)(3)	5,200 Lab Classes on Board	
The Regional Science & Discovery Center, Inc., 114 Pine Street-2nd Floor Corning, NY 14830	16-1462618	501(c)(3)	500 Math Goes to Prek	
The Regional Science & Discovery Center, Inc., 114 Pine Street-2nd Floor Corning, NY 14830	16-1462618	501(c)(3)	2,758 STEM Outreach to Addison K-3	
The Research Foundation of State University of New York, PO Box 9 Albany, NY 12201-0009	14-1368361	501(c)(3)	21,921 SRP Evaluation	
United Way of Southern Tier, Inc., 300 Civic Center Plaza Suite 2 Corning, NY 14830	16-1451041	501(c)(3)	1,200 Annual Gift	
United Way of Southern Tier, Inc., 300 Civic Center Plaza Suite 2 Corning, NY 14830	16-1451041	501(c)(3)	5,000 Annual Gift	
United Way of Southern Tier, Inc., 300 Civic Center Plaza Suite 2 Corning, NY 14830	16-1451041	501(c)(3)	6,000 Annual Gift	
United Way of Southern Tier, Inc., 300 Civic Center Plaza Suite 2 Corning, NY 14830	16-1533405	501(c)(3)	5,000 Wineglass 5K	
Wineglass Marathon, 1 East Market Street First Floor Corning, NY 14830	22-2462926	501(c)(3)	8,000 Mars Driver's License	
Wings of Eagles Discovery Center, Inc., 339 Daniel Zenker Drive Horseheads, NY 14845	22-2462926	501(c)(3)	1,000 STEM Lock-In	
Wings of Eagles Discovery Center, Inc., 339 Daniel Zenker Drive Horseheads, NY 14845	16-0767225	501(c)(3)	1,000 Bullying Prevention Summit	
YWCA of Elmira, 211 Lake Street Elmira, NY 14901	16-0767225	501(c)(3)	10,000 Youth Leading the Way Program	
YWCA of Elmira, 211 Lake Street Elmira, NY 14901	16-0767225	501(c)(3)	1,500 Women's Breast Health Program	
YWCA of Elmira, 211 Lake Street Elmira, NY 14901	16-0767225	501(c)(3)	500 Leadership Chemung - Computer Training Room	
YWCA of Elmira, 211 Lake Street Elmira, NY 14901	16-0767225	501(c)(3)	800 Youth Leading the Way - Albany Trip	

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