

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



DLN: 93491242005516

OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	ndar year 2015, or tax	year beginning 01-0	1-2015	, a	nd ending 1	2-31-2015				
	e of fou					A Employer id	entification numbe	5r			
CC	RTLAND	COMMUNITY FOUNDATION				16-1561037					
Num	ber and	street (or P O box number if mail is	not delivered to street address)	Room/suite		B Telephone nur	nber (see instruction	s)			
	BOX 46		not delivered to street dadress,	Troom, sake		(607) 758-9553					
Cıtv	or town	, state or province, country, and ZIP o	or foreign postal code			C If exemption	annlication is nendin	g, check here 🕨 🗔			
		NY 13045	i Torcigii postar code			o in onemption	арричаны по ролин	g, and an in it			
G CH	neck al	I that apply Tinitial return	Initial return of a fo	ormer public charity		B.4 F					
		Final return	A mended return				ganizations, check he ganizations meeting	•			
		TAddress chan				test, chec	k here and attach co Indation status was t	mputation			
		pe of organization					n 507(b)(1)(A), chec	. —			
		et value of all assets at end	JAccounting method	Cash ▼ Accrual			ition is in a 60-montl				
		rom Part II, col. (c), \$ 1,334,407	Other (specify)	be on cash basıs.)		under sectioi	n 507(b)(1)(B), chec	k here 🔽 I			
	rt I	Analysis of Revenue	and Expenses					Disbursements			
		(The total of amounts in columns necessarily equal the amounts in c	(b), (c), and (d) may not	Revenue and expenses per	(b)	Net investment income	Adjusted net (c) income	for charitable purposes			
		instructions))	oranin (u) (see	(a) books	(-)		(6)	(d) (cash basis only)			
	1	Contributions, gifts, grants, e	etc , received (attach								
		schedule)		194,920							
	2	Check 🟲 🦵 if the foundation	is not required to attach								
		Sch B									
	3	Interest on savings and tem	·	50.697		50.607	50.607				
	4	Dividends and interest from s		50,687		50,687	50,687				
	5a b	Gross rents									
d)	6a	Net gain or (loss) from sale of		4,899							
Ě) ь	• , ,		,							
Revenue		Gross sales price for all asse 568,022	ets on fille 6a								
	7	Capital gain net income (fron	n Part IV, line 2)			4,899					
	8	Net short-term capital gain					4,899				
	9	Income modifications									
	10a	Gross sales less returns and allowances									
	Ь р	Less Cost of goods sold .									
	c	Gross profit or (loss) (attach	schedule)								
	11	O ther income (attach schedu	ıle)								
	12	Total.Add lines 1 through 11		250,509		55,589	55,589				
	13	Compensation of officers, dir	ectors, trustees, etc								
	14	O ther employee salaries and	wages								
φ	15	Pension plans, employee ber									
S L	16a	Legal fees (attach schedule)									
Expenses	b	Accounting fees (attach sch	edule)	7,450		7,450					
	c	Other professional fees (atta	·								
ativ	17	Interest									
¥	18	Taxes (attach schedule) (see	•								
Admını strative	19	Depreciation (attach schedu									
두	20	Occupancy									
and,	21	Travel, conferences, and me	_	1 040		1.040					
	22	Printing and publications. Other expenses (attach school		1,840 95 32,368		1,840 32,368					
Operating	23	Total operating and administ		32,300		32,300					
φŢ	24	Add lines 13 through 23.	-	41,658		41,658		0			
ô	25	Contributions, gifts, grants p		343,755		. 2, 030		343,755			
	26	Total expenses and disburser		12,130				,-			
		25		385,413		41,658		343,755			
	27	Subtract line 26 from line 12									
	a .	Excess of revenue over expe		-134,904		40.00					
	b	Net investment income (if ne Adjusted net income(if negation)	· · · · · ·			13,931	55,589				
	С	Aujusted Het Hicolike(II Hegal	.ive, enter -0-)				33,309				

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	<u> </u>					
اند.			(a) Book Value	(b) Book Value	(c) Fair Market Value					
	1	Cash—non-interest-bearing	162,028							
	2	Savings and temporary cash investments	77,747	111,783	111,783					
	3	Accounts receivable 130								
		Less allowance for doubtful accounts 🕨		130	130					
	4	Pledges receivable 🟲								
		Less allowance for doubtful accounts -								
	5	Grants receivable								
	6	Receivables due from officers, directors, trustees, and other								
		disqualified persons (attach schedule) (see instructions)								
	7	Other notes and loans receivable (attach schedule)								
		Less allowance for doubtful accounts -								
9	8	Inventories for sale or use								
Assets	9	Prepaid expenses and deferred charges	273	273	273					
ΑS	10a	Investments—U S and state government obligations (attach schedule)	S and state government obligations (attach							
	b	Investments—corporate stock (attach schedule)	1,193,614	1,193,614						
	С	Investments—corporate bonds (attach schedule)								
	11	Investments—land, buildings, and equipment basis 🟲								
		Less accumulated depreciation (attach schedule) ▶								
	12	Investments—mortgage loans								
	13	Investments—other (attach schedule)								
	14	Land, buildings, and equipment basis 🕨								
		Less accumulated depreciation (attach schedule) ▶								
	15	O ther assets (describe 🟲)		% 2						
	16	Total assets(to be completed by all filers—see the								
		ınstructions Also, see page 1, item I)	1,562,065	1,334,409	1,334,407					
	17	Accounts payable and accrued expenses	275	275						
	18	Grants payable	29,192	24,192						
ę.	19	Deferred revenue								
≣	20	Loans from officers, directors, trustees, and other disqualified persons								
Liabilities	21	Mortgages and other notes payable (attach schedule)								
-	22	Other liabilities (describe •)								
	23	Total liabilities(add lines 17 through 22)	29,467	24,467						
		Foundations that follow SFAS 117, check here 🕨 🔽								
φ		and complete lines 24 through 26 and lines 30 and 31.								
띭	24	Unrestricted	1,532,598	1,309,942						
<u> 5</u>	25	Temporarily restricted								
	26	Permanently restricted								
를		Foundations that do not follow SFAS 117, check here								
or Fund Balance		and complete lines 27 through 31.								
	27	Capital stock, trust principal, or current funds								
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund								
	29	Retained earnings, accumulated income, endowment, or other funds								
Net	30	Total net assets or fund balances(see instructions)	1,532,598	1,309,942						
_	31	Total liabilities and net assets/fund balances(see instructions)	1,562,065	1,334,409						
Рa	rt III		, ,							
1		Total net assets or fund balances at beginning of year—Part II, column	(a) line 30 (must a	iree						
•		with end-of-year figure reported on prior year's return)	, ,,		1,532,598					
2		Enter amount from Part I, line 27a			-134,904					
3		Other increases not included in line 2 (itemize)		3	157,507					
4		Add lines 1, 2, and 3			1,397,694					
5		Decreases not included in line 2 (itemize)		· · · · · · · · · · · · · · · · · · ·	87,752					
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P		_	1,309,942					
-		The state of the s	, (~/) !!		-,					

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe (a) 2-story brick wa		How acquire	· (5)	Date acquired mo , day, yr)	Date sold (d) (mo , day, yr)				
1a Publicly Traded Sec	•	<u> </u>	,	(b) D—Donation					
b				· ·					
С .					+				
d					+				
e									
		Depreciation allowe	d Cos	t or other basis	1	Gair	n or (loss)		
(e) Gross sales price		(f) (or allowable)		expense of sale		(h) (e) plus (f) minus (g)			
a	68,022			563,12	3	4,89			
b									
С									
d									
e									
	showing	gaın ın column (h) and owne	d by the foundation	n on 12/31/69		Gaine (Col	(h) gain minus		
		A djusted basis		cess of col (ı)	\dashv ,	•	ot less than -0-) o i		
(i) FMV as of 12/31/69)	(j) as of 12/31/69		rcol (j), if any	(I)	Losses	(from col (h))		
a							4,899		
b									
С									
d									
<u>е</u>									
If gaın, also enter ın	tal gaın d	or (loss) as defined in section ine 8, column (c) (see instru)	2		4,899		
ın Part I, line 8 .	• •				3		4,899		
Part V Qualification	Under	Section 4940(e) for R	educed Tax or	Net Investm	ent I	ncome			
(For optional use by domestic If section 4940(d)(2) applies,			ection 4940(a) tax	on net investmen	incon	ne)			
Nas the foundation liable for t f "Yes," the foundation does i					eriod?		┌ Yes ┌ No		
1 Enter the appropriate am	ount ın e	ach column for each year, se	ee instructions befo	ore makıng any en	tries				
(a) Base period years Calendar year (or tax year beginning in)	Adju	(b) usted qualifying distributions	(c) Net value of noncha	ritable-use assets		(d) Distribution (col (b) divided	n ratio		
2014		387,811		1,463,636		(cor (b) divided	0 26496		
2013	1	356,685		1,383,845			0 25775		
2012		212,360		1,397,514			0 15196		
2011		84,987		1,611,017			0 05275		
2010		78,064		1,390,895			0 05613		
2 Totalof line 1, colum	nn (d).				2		0 783548		
		r the 5-year base period—div dation has been in existence			3		0 156710		
4 Enter the net value	of nonch	arıtable-use assets for 2015	from Part X, line 5	5 [4		1,411,373		
5 Multiply line 4 by lin	ie 3			[5		221,176		
6 Enter 1% of net inve	estment	income (1% of Part I, line 2	7b) .	[6		139		
7 Add lines 5 and 6.				[7		221,315		

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

the Part VI instructions

343,755

8

	990-PF (2015) *t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(e)	or 4948—s	ee nag	- 18 of	the inst	ructio		age 4			
	Exempt operating foundations described in section 4940(d)(2), check here		, 01 4540 3	t page	10 01	the mat	ractio	113)				
1a	and enter "N/A" on line 1	- 1										
	Date of ruling or determination letter			}								
	(attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V	' chock	,		4				1 20			
b	here F and enter 1% of Part I, line 27b	, check)	1				139			
c	,			•								
	All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b)	ations	enter 4% of									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable fou	ındatıor	ns only Othe	ers								
2	enter -0-) Add lines 1 and 2				2				139			
3	Add lines 1 and 2											
7	enter -0-) 4											
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter - (0		5				139			
6	Credits/Payments	1	Ī									
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		273								
b	Exempt foreign organizations—tax withheld at source	6b										
c	Tax paid with application for extension of time to file (Form 8868)	6c										
d	Backup withholding erroneously withheld	6d			7				272			
7 8	Enter any penalty for underpayment of estimated tax. Check here if Form				8				273			
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed.			•	9							
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount			•	10				134			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	134	Refunded	•	11							
Par	t VII-A Statements Regarding Activities					l						
1a	During the tax year, did the foundation attempt to influence any national, state	e, or lo	cal legislatio	on or di	d			Yes	No			
	ıt partıcıpate or ıntervene ın any political campaign?						1a		No			
b	$\operatorname{Did}\nolimits$ it spend more than \$100 during the year (either directly or indirectly) for	politica	al purposes	(see In	structi	ons						
	for definition)?					•	1b		No			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	s and co	opies of any i	materia	ls							
	published or distributed by the foundation in connection with the activities.								No			
_	Did the foundation file Form 1120-POL for this year?					•	1 c		NO			
d	Enter the amount (if any) of tax on political expenditures (section 4955) important (1) On the foundation \$\blacktriangle* \$\blacktriangle* \$\blacktriangle* \$\blacktriangle* (2) On foundation managers		= -									
e	Enter the reimbursement (if any) paid by the foundation during the year for po				osed							
_	on foundation managers 🕨 \$											
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No			
	If "Yes," attach a detailed description of the activities.											
3	Has the foundation made any changes, not previously reported to the IRS, in	ıts gov	erning instru	ıment,	artıcle	S						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con-	formed	copy of the c	changes			3		No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more	_					4a	$\sqcup \sqcup$	No			
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b	\vdash	No			
5	Was there a liquidation, termination, dissolution, or substantial contraction du	uring th	e year?				5		No			
•	If "Yes," attach the statement required by General Instruction T.	045\										
6	Are the requirements of section 508(e) (relating to sections 4941 through 49 • By language in the governing instrument, or	943)50	atisiied eitiie	:1								
	By state legislation that effectively amends the governing instrument so tl	hat no i	mandatory d	ırectıo	ns							
	that conflict with the state law remain in the governing instrument?						6	Yes				
7	Did the foundation have at least \$5,000 in assets at any time during the year	r? <i>If "Ye</i>	s," complete	Part II	, col. (c),						
	and Part XV.						7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered	(see in	structions)									
	► NY											
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9						6.	Y				
^	General (or designate) of each state as required by General Instruction G? If				(-)(2)		8b	Yes				
9	Is the foundation claiming status as a private operating foundation within the or $4942(1)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s		_									
	If "Yes," complete Part XIV						9		No			
10	Did any persons become substantial contributors during the tax year? <i>If "Yes</i>	," attac	h a schedule	lıstına	their n	ames						
	and addresses.			_			10		No			

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶cortlandcommunityfoundation org			
14	The books are in care of ▶JACKIE MCCLOSKEY Telephone no ▶(607	758	-9553	
	Located at ►3334 NYS RT 215 CORTLAND NY ZIP+4 ►13045			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
			l 🕶	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	ا مد	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes V No			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2015.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	No

Pai	Statements Rega	rding Activities for	· Wr	nich Form 4720	May	Be Required (<i>Cont</i>	tinue	ed)		
5a	During the year did the foundatio	n pay or incurany amoun	t to							
	(1) Carry on propaganda, or othe	rwise attempt to influenc	e leg	ııslatıon (sectıon 49	45(e))?	√ No			
	(2) Influence the outcome of any	specific public election ((see	section 4955), or to	carı	ry				
	on, directly or indirectly, any	voter registration drive?				T Yes 🖟	√ No			
	(3) Provide a grant to an individu	al for travel, study, or otl	ners	ımılar purposes?		┌ Yes रि	√ No			
	(4) Provide a grant to an organiza	ation other than a charita	ble,	etc , organization de	scrib	ped				
	in section 4945(d)(4)(A)? (s	ee instructions)				\ Yes \	√ No			
	(5) Provide for any purpose other	than religious, charitabl	e, sc	ientific, literary, or						
	educational purposes, or for t	he prevention of cruelty	to ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transac	tions	s fail to qualify under	r the	exceptions described in				
	Regulations section 53 4945 or	n a current notice regard	ling d	disaster assistance	(see	instructions)?		5b		No
	Organizations relying on a currer		_							
С										
	tax because it maintained expend	liture responsibility for th	he gr	ant?		T Yes [√ No			
	If "Yes," attach the statement requ									
6a	Did the foundation, during the yea	ar, receive any funds, dire	ectly	or indirectly, to pay	prer	niums on				
	a personal benefit contract?						- No			
b	Did the foundation, during the yea	ar, pay premiums, directl	y orı	ndirectly, on a perso	onall	benefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year, v	vas the foundation a part	y to a	a prohibited tax shel	ter tı	ransaction? \(Yes \)	√ No			
b	If yes, did the foundation receive			7b		No				
	Information Abou	t Officers, Director						l Emp	loyee	s,
	and Contractors	·		<u>, </u>						
1	List all officers, directors, trustee	s, foundation managers a	nd t	heir compensation (see i	nstructions).				
		Title, and average	(c)	Compensation(If		(d) Contributions to		Evnens		unt
	(a) Name and address	hours per week		not paid, enter	e	mployee benefit plans		•	e accou Illowanc	
		(b) devoted to position		-0-)		deferred compensation	L`´			
See	Additional Data Table									
		1								
2	Compensation of five highest-paid	l employees (other than	thos	e included on line 1–	-see	instructions). If none, e	nter "	NONE.	,	
	(a)	Title, and aver	.2.00			Contributions to				
Nar	me and address of each employee		_	(c) Compensation	n	employee benefit			se acco	
	more than \$50,000	(b) devoted to pos	ition			plans and deferred (d) compensation	(e)	otnera	illowand	es
NON	IE									
										
							1			
		 								
							-			
.	I mumb an a fact	<u> </u>				<u> </u>	-			
LOTA	I number of other employees paid of	vers50000.	_		_		1			

Part VIII Information About Officers, Directors, Trusto and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (E"
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		•
Part IX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include rele	evant statistical information such as the number	of Expenses
rganizations and other beneficiaries served, conferences convened, research papers prod	uced, etc	Lxpelises
1		
2		
3		
4 Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during	•	A mount
1	the tax year on lines I and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•

Form 990-PF (2015) Part Y Minimum Investment Return

F G	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	1,350,286
b	A verage of monthly cash balances	1b	82,580
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,432,866
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,432,866
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	21,493
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,411,373
6	Minimum investment return.Enter 5% of line 5	6	70,569
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► and do not complete this part.)	taın f	oreign organizations
1	Minimum investment return from Part X, line 6	1	70,569
2a	Tax on investment income for 2015 from Part VI, line 5 2a 139		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	139
3	Distributable amount before adjustments Subtract line 2c from line 1	3	70,430
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	70,430
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	70,430
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	343,755
b	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	343,755
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	139
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	343,616
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Р	art XIII Undistributed Income (see instr	uctions)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI	, line 7				70,430
2	Undistributed income, if any, as of the end	of 2015				
а	Enter amount for 2014 only					
Ь	Total for prior years 20, 20,	20				
3	Excess distributions carryover, if any, to 20					
а	From 2010	10,001				
b	From 2011	4,436				
c	From 2012	142,664				
d	From 2013	288,755				
е	From 2014	315,363				
f	Total of lines 3a through e		761,219			
4	Qualifying distributions for 2015 from Part					
	XII, line 4 🕨 \$ 343,755					
а	Applied to 2014, but not more than line 2a					
b	Applied to undistributed income of prior yea (Election required—see instructions)					
С	Treated as distributions out of corpus (Elec required—see instructions)	tion	0			
d	Applied to 2015 distributable amount					70,430
е	Remaining amount distributed out of corpus		273,325			
5	Excess distributions carryover applied to 2	015				
	(If an amount appears in column (d), the same amount must be shown in column	(a).)				
6	Enter the net total of each column as	. , ,				
	indicated below:					
	Corpus Add lines 3f, 4c, and 4e Subtract li	ne 5	1,034,544			
b	Prior years' undistributed income Subtract					
	line 4b from line 2b					
С	Enter the amount of prior years' undistribute income for which a notice of deficiency has	ea				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable amou	ınt				
	—see instructions					
е	Undistributed income for 2014 Subtract lir	ne				
	4a from line 2a Taxable amount—see instructions					
f	Undistributed income for 2016 Subtract					
·	lines 4d and 5 from line 1 This amount mus	t				
	be distributed in 2015					0
7	Amounts treated as distributions out of					
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Electic	n mau				
	be required - see instructions)					
8	Excess distributions carryover from 2010 r	l l				
	applied on line 5 or line 7 (see instructions)	ı <u>[</u>	10,001			
9	Excess distributions carryover to 2016.		4 004 540			
	Subtract lines 7 and 8 from line 6a		1,024,543			
	Analysis of line 9					
	Excess from 2011	4,436				
	Excess from 2012	142,664 288,755				
	Excess from 2013	315,363				
	Excess from 2014 Excess from 2015	273,325				
e	LACESS HOIH ZOID	_, 5,525				

factors

P	Part XIV Private Operating Fou	ındations (see ınstrı	ictions and Part	VII-A, questioi	n 9)	
1a	If the foundation has received a ruling or foundation, and the ruling is effective for 2					
ь	Check box to indicate whether the organi	zation is a private opera	ting foundation de:	scribed in section	n	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each	(4) 2013	(5) 2011	(0) 2013	(4) 2012	
L	year listed					
	85% of line 2a	•				
	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter					
	Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization (4) Gross investment income					
D-		ion (Complete this				
- 0	Supplementary Informati assets at any time during			e organizacio	n nau \$5,000 0	r more m
1	Information Regarding Foundation Manag	•	u uctions.			
	List any managers of the foundation who h		an 2% of the tota	l contributions re	ceived by the found	lation
	before the close of any tax year (but only					
b	List any managers of the foundation who countries of a partnership or other entity				y large portion of th	e
2	Information Regarding Contribution, Gran	nt. Gift. Loan Scholarchi	n. etc Programe:			
_	Check here			o organizations a	nd door not accont	
	unsolicited requests for funds. If the foun other conditions, complete items 2a, b, c	dation makes gifts, gran				
	The name, address, and telephone number	er or e-mail address of th	ne person to whom	annlications sho	uld be addressed	
u		er or e man address or c	ie person to whom		dia be addressed	
	BOARD OF DIRECTORS PO BOX 466					
	CORTLAND, NY 13045					
_				hh1-2	1-	
b	The form in which applications should be	submitted and informati	on and materials t	ney should includ	ie	
	PER BOARD APPLICATION					
C	: Any submission deadlines					
	Δ ny restrictions or limitations on awards	such as by geographic	al areas charitable	e fields kinds of	netitutions or otho	<u> </u>

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 343,755 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page 1 2
Enter gross amounts unless otherwise indicated		Isiness income	Excluded by section	<u> </u>	(e) Related or exemp function income
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See Instructions)
a b					
c					
e					
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash					
Investments			14 14	50,687	
Net rental income or (loss) from real estate			14	30,007	
a Debt-financed propertyb Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
inventory			18	4,899	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory .					
. Other revenue a					
b c					
d e					
Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e).			:	55,589 13 _	55,589
(See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to		plishment of E	Exempt Purpos	es	
Explain below how each activity for who the accomplishment of the foundation's instructions)					

Par	t XVI		Information Re Noncharitable					sactio	ns and	Relationships	With			
		organ	ization directly or ii c) of the Code (othe	ndırectly (engage	ın any of t	the following wi						Yes	No
	ganıza	•				()()	,		,	5 ,				
a Tr	- ansfer	s fror	n the reporting four	ndation to	a nonc	harıtable (exempt organiz	ation of						
(1) Cas	sh										1a(1)		No
(2) Oth	eras	sets									1a(2)		No
_	her tr													
			assets to a noncha	rıtable ex	empt or	rganizatioi	n					1b(1)		No
			s of assets from a									1b(2)		No
			facilities, equipme											No
			ement arrangemer									1b(4)		No
			loan guarantees.								• •	1b(5)		No
			ce of services or m									1b(5)		No
												1c		No
	_		ilities, equipment, i to any of the above	_										140
	any tr	ansad	other assets, or se ction or sharing arr) Amount involved	angement	, show	ın column		of the go	ods, othe		ces receive	ed		nts
								-						
								-						
								-						
								-						
de	scribe	ed in s ' com	cion directly or indi section 501(c) of the plete the following of a) Name of organization	ne Code (d schedule		an sectioi		rın secti			• • • • • • • • • • • • • • • • • • •		ıs 🔽	Νο
	the	e best	enalties of perjury, of my knowledge a on of which prepar	nd belief,	ıt ıs tru	ie, correct								
Sign Here		***	***				2016-08-29	<u> </u>	*****	•	return with t	he prepa		
	<u></u>	Sıgn	ature of officer or t	rustee			Date	<u>, , , , , , , , , , , , , , , , , , , </u>	Title		below (see i	nstr)? 🗸	Yes N	No
		1	nt/Type preparer's DEBORAH HUBBAF		Prepa	rer's Sıgn	ature	Date		Check if self- employed ▶	PTIN	001882	232	
Use	are	Por	m's name t Kashdın & McShe m's address	erry CPAs						Firm's EIN ▶				
Only	′		35 West Rd Cortlar	nd, NY 13	3045					Phone no (607)756-5681				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

- Compensation		ı	T	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DONALD S AMES	Vice President	0		
PO BOX 466 CORTLAND,NY 13045	0 00			
THOMAS E GALLAGHER	President	0		
PO BOX 466 CORTLAND,NY 13045	0 0 0			
DON REED	Secretary	0		
PO BOX 466 CORTLAND,NY 13045	0 00			
F MICHAEL STAPLETON	Treasurer	0		
PO BOX 466 CORTLAND,NY 13045	0 0 0			
DONALD ARMSTRONG	Director	0		
PO BOX 466 CORTLAND,NY 13045	0 00			

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Lime Hollow Center for Environment 3091 Gracie Road Cortland, NY 13045	NONE	501(c)(3)	General gift	35,710
United Way for Cortland County 50 Clinton Avenue Cortland, NY 13045	NONE	501(c)(3)	Annual campaign contribution and general gift	16,250
Preble Children's Center 1953 Preble Road Preble, NY 13141	NONE	501(c)(3)	To assist with providing nutritious, well balanced meals to enrolled children at the Center	750
Cortland Community SPCA 879 McLean Road Cortland,NY 13045	NONE	501(c)(3)	Replace furnace in caretaker's house	3,750
Cortland Repertory Theatre 37 Franklin Street Cortland, NY 13045	NONE	501(c)(3)	To assist with building renovations and general gift	31,782
Cortland Free Library 32 Church Street Cortland, NY 13045	NONE	501(c)(3)	General gift	100
Arts at Grace PO Box 170 Cortland, NY 13045	NONE	501(c)(3)	To assist with costs for 2015 concert series and general gift	1,500
Cortland Sports Complex 4292 Fairgrounds Road Cortland, NY 13045	NONE	501(c)(3)	To assist with concession stand upgrades at Complex and general gift	16,350
Cortland Area Communities That Care 33-35 Central Avenue Cortland, NY 13045	NONE	501(c)(3)	To purchase books for children at well-child visits and general gift	1,000
Access to Independence of Cortland 26 North Main Street Cortland, NY 13045	NONE	501(c)(3)	To purchase, configure and install 1 computer workstation and and general gift	2,500
Cortland County Historical Society 25 Homer Avenue Cortland, NY 13045	NONE	501(c)(3)	General gift	18,525
1890 House Museum 37 Tompkins Street Cortland, NY 13045	NONE	501(c)(3)	To assist with educational programs and general gift	1,900
American Red Cross - Cortland Count 50 Clinton Avenue Cortland, NY 13045	NONE	501(c)(3)	General Gıft	4,225
CAPCO 32 North Main Street Cortland, NY 13045	NONE	501(c)(3)	General Gıft	14,500
Catholic Charities of Cortland 33-35 Central Avenue Cortland, NY 13045	NONE	501(c)(3)	General Gift	5,100

If recipient is an individual,	Foundation	Durnosa of grant or	A t
show any relationship to	status of	Purpose of grant or contribution	Amount
any foundation manager or substantial contributor	recipient		
NONE	501(c)(3)	General Gift	10,050
NONE	501(c)(3)	General Gift	5,850
NONE	501(c)(3)	To assist with purchase of music stands, folding chairs, table and general gift	700
NONE	POF	To assist with building renovations and general gift	1,250
NONE	501(c)(3)	To purchase trade show display items, laptop and software to assist in promoting the museum and general gift	37,895
NONE	501(c)(3)	To assist with purchases of books, program supplies and healthy foods for its teen programs and general gift	750
NONE	501(c)(3)	General Gift	10,500
NONE	501(c)(3)	General Gift	600
NONE	501(c)(3)	General Gıft	200
NONE	501(c)(3)	General Gıft	26,575
NONE	501(c)(3)	To assist with rewiring the Nursery School/Summer Camp room and general gift	42,792
NONE	501(c)(3)	General Gıft	5,000
NONE	501(c)(3)	General Gıft	1,000
NONE	501(c)(3)	General Gift	5,000
NONE	501(c)(3)	General Gıft	10,000
	any foundation manager or substantial contributor NO NE NO NE	any foundation manager or substantial contributor recipient NONE 501(c)(3) NONE 501(c)(3) NONE 501(c)(3) NONE POF NONE 501(c)(3) NONE 501(c)(3)	any foundation manager or substantial contributor NONE 501(c)(3) General Gift NONE 501(c)(3) To assist with purchase of music stands, folding chairs, table and general gift NONE POF To assist with building renovations and general gift NONE 501(c)(3) To purchase trade show display items, laptop and software to assist in promoting the museum and general gift NONE 501(c)(3) To assist with purchase of books, program supplies and healthy foods for its teen programs and general gift NONE 501(c)(3) General Gift

			the real of Approved for i	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Cortland Chenango Rural Services 2704 Lower Cincinnatus Road Cincinnatus, NY 13040	NONE	501(c)(3)	To assist Cortland County residents with basic needs during difficult financial times	3,500
Cortland Housing Assistance Council 36 Taylor Street Cortland, NY 13045	NONE	501(c)(3)	To assist with purchase of new computers, external hard drives, fax/copier/printer, laptop and new software	4,200
Boy Scouts of America 2150 NYS Route 12 Binghamton, NY 13901	NONE	501(c)(3)	General gift	5,000
Cortland County Area Agency on Agin 60 Central Avenue Cortland, NY 13045	NONE	501(c)(3)	General gift	600
First United Methodist Church 16 Cayuga Street Homer,NY 13077	NONE	501(c)(3)	General gift	700
Cornell Cooperative Extension 60 Central Avenue 105 Cortland, NY 13045	NONE	501(c)(3)	To purchase an automated external defibrillator and 2-door refrigerator for 4-H Camp O wahta	3,600
MadisonCortland ARC 701 Lenox Avenue Oneida,NY 13421	NONE	501(c)(3)	To support programming for children and youth with developmental disabilities	2,500
Helping HandsCaring Heart 1 Bellevue Avenue Cortland, NY 13045	NONE	501(c)(3)	To assist families in crisis, and in need of housing, with their security deposits and general gift	1,550
SUNY Cortland 22 Graham Avenue Cortland, NY 13045	NONE	501(c)(3)	To support "Learning by Giving" project	5,000
McGraw Historical Society PO Box 537 McGraw, NY 13101	NONE	501(c)(3)	General gift	100
Cortland County Marine Corps League 76 Main Street Cortland,NY 13045	NONE	501(c)(3)	General gift	201
YMCA of Cortland 22 Tompkins Street Cortland, NY 13045	NONE	501(c)(3)	General gift	950
McGraw Lions Club PO Box 6 McGraw, NY 13101	NONE	501(c)(3)	General gift	1,000
Cortlandville Fire Department 999 NY 13 Cortland,NY 13045	NONE	501(c)(3)	General gift	500
SUNY Cortland Foundation Brockway Hall Room 312 Cortland,NY 13045	NONE	501(c)(3)	General gift	1,000
Total				343,755

		_		•
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year				
SUNY Albany Foundation 1400 Wash Avenue Albany,NY 12222	NONE	501(c)(3)	General gift	1,000
American Diabetes Assocation 4218 Clay Place SE Albany, OR 97321	NONE	501(c)(3)	General gift	250
Total			▶ 3a	343,755

TY 2015 Accounting Fees Schedule

Name: CORTLAND COMMUNITY FOUNDATION

EIN: 16-1561037

Software ID: 15000324

Software Version: 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting Fees	7,450	7,450	0	0

TY 2015 Other Assets Schedule

Name: CORTLAND COMMUNITY FOUNDATION

EIN: 16-1561037

Software ID: 15000324

Software Version: 2015v2.0

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Rounding		2	

TY 2015 Other Expenses Schedule

Name: CORTLAND COMMUNITY FOUNDATION

EIN: 16-1561037

Software ID: 15000324

Software Version: 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
D&O Insurance	844	844		
Dues & Subscriptions	500	500		
Filing Fees	275	275		
Investment Fees & Charges	9,558	9,558		
Management Fees	20,000	20,000		
Meeting Preparations	100	100		
Miscellaneous Expenses	26	26		
Office Supplies	414	414		
Postage & Box Rental	362	362		
Website Maintenance	289	289		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491242005516

OMB No 1545-0047

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Employer identification number

CORTI	AND COMMUNITY F	OUNDATION					
Organ	ization type (check or	201	16-1561037				
Organ	ization type (check or						
Filers	of:	Section:					
Form 9	90 or 990-EZ	□ 501(c)() (enter number) organization					
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 9	90-PF	√ 501(c)(3) exempt private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See instructions				
Gener	al Rule						
⊽		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a					
Specia	al Rules						
Γ	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990-EZ, line 1 Complete Parts I and II						
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, of for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization **Employer identification number** CORTLAND COMMUNITY FOUNDATION 16-1561037 Part I Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution See Additional Data Table Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash \$ (Complete Part II for noncash contribution)

Name of organizati		Employer identification no	umber
CORTLAND COMP	1UNITY FOUNDATION	16-1561037	
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
1.			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

ne of organization	990-EZ, or 990-PF) (2015)	En	Page 4 nployer identification number
RTLAND COMMUNI	ITY FOUNDATION	16	5-1561037
total more line entry. F of \$1,000 or	than \$1,000 for the year from any or	tions to organizations describe ne contributor. Complete colum II, enter the total of exclusively r mation once. See instructions.)	d in section 501(c)(7), (8), or (10) that ins (a) through (e) and the following eligious, charitable, etc., contributions
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
=	Transferee's name, address, and	(e) Transfer of gift IZIP4 R	elationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	elationship of transferor to transferee
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =		(e) Transfer of gift	
=	Transferee's name, address, and	, , ,	elationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift I ZIP4 R	elationship of transferor to transferee
-			

Software ID: 15000324 **Software Version:** 2015v2.0

EIN: 16-1561037

Name: CORTLAND COMMUNITY FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person 🔽
1	┥		Payroll
	Joseph Compagni 1658 Lighthouse Hill Road	± 12 200	-
		\$ 12,200	Noncash
	Cortland, NY 13045		
			(Complete Part II for noncash contribution)
			Person 🔽
2			Daws II
	Jean Cadwallader		Payroll
	87 South Main Street	\$ 5,000	Noncash
	Homer, NY 13077		
			(Complete Part II for
			noncash contribution)
3			Person 🔽
	Frederick Glennon		Payroll 🗀
	8246 Cottonwood Court	\$ 6,000	Noncash
			Noncasii
	Liverpool, NY 13090		(Complete Dayt II for
			(Complete Part II for noncash contribution)
			Person 🔽
4			<u> </u>
	Merle McKown		Payroll
	27 Ellwood Avenue	\$ 5,000	Noncash
	Cortland, NY 13045		
			(Complete Part II for
			noncash contribution)
5			Person 🔽
5	James Price		Payroll
	7 Morgan Drive	\$ 5,000	-
			Noncash
	Homer, NY 13045		(Complete Dest. II 5
			(Complete Part II for noncash contribution)
			Person 🔽
5			<u> </u>
	<u>Victor Siegle</u>		Payroll
	72 South Main Street	<u> </u>	Noncash
	Homer, NY 1 3 0 7 7		
	,		(Complete Part II for
		<u> </u>	noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,	Joe Governalı 3316 Fairway Heights	\$ 5,000	Person F Payroll F Noncash
	Cortland, NY 13045		(Complete Part II for noncash contribution)
,	Donald Reed 3334 NYS Route 215	\$ 10,000	Person F Payroll F Noncash
	Cortland, NY 13045		(Complete Part II for noncash contribution)