EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation

OMB No 1545-0052

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.

Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2017 or tax year beginning , and ending

			_
20	31	7	
Open to Pu	iblic Ins	spectio	n_

<u>.</u>	Nam	e of	foundation		· · · · ·		A Employer identification	number
	Τ.Σ	202	ACY FOUNDATION OF TOMPK	INS COUNTY			15-6018481	
			BOX 97			, ioonio	B Telephone number (607)273-3	210
			own, state or province, country, and ZIP or foreign p	ostal code			C if exemption application is pe	
∞			ACA, NY 14851	ostar code			in exemption application is pe	ariding, check here
2018			all that apply: Initial return	Initial return of a fo	ormer public o	harity	D 1. Foreign organizations	. check here
~	_		Final return	Amended return	,			
0			Address change	Name change			Foreign organizations me check here and attach cor	eting the 85% test,
37	H Ch	neck	type of organization: X Section 501(c)(3) ex	cempt private foundation		1)4	E If private foundation star	· -
Z				Other taxable private founda	ation		under section 507(b)(1)	
7	I Fai	r ma	rket value of all assets at end of year J Account	ng method: X Cash	Accr	ual	F If the foundation is in a	• • •
	(fro	m P	art II, col. (c), line 16)	ther (specify)			under section 507(b)(1)	
12	<u></u>	\$	3,395,957. (Part I, colui	nn (d) must be on cash basi	s.)		L	· · ·
ANIN	På	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
X			necessarily equal the amounts in column (a))	expenses per books	inci	ome	income	(cash basis only)
\mathcal{O}		1	Contributions, gifts, grants, etc., received	77,390.	\$ * * * * * * *	٤٤) ﴿ ٤٠,	, * » N/A* . * *	
•	1	2	Check If the foundation is not required to attach Sch. B		, , »	* * * * * * * * * * * * * * * * * * *		20121111
	- 1	3	Interest on savings and temporary cash investments					(*) () () () () () () ()
		4	Dividends and interest from securities	75,164.	7	4,086.		STATEMENT 1
	ļ	5a	Gross rents					
	i	b	Net rental income or (loss)		1 6 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		6a	Net gain or (loss) from sale of assets not on line 10	135,023.		, * * * * *		
	ä	b	Gross sales price for all assets on line 6a 743,461.	× * * * * * * * * *	" 3 4 " Y	\		\$
	Se Se	7	Capital gain net income (from Part IV, line 2)		13	5,023.		1 4 5 7 7 7 7 7 7 7 7
	ĕ	8	Net short-term capital gain		3 " 1 1 1			
	ļ	9	Income modifications		* > > ,	K		
	ł	10a	Gross sales less returns and allowances	3 (3 3 3 8 3 4 3 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	* * * * * * *	7 7 7 7 7		
	1		Less Cost of goods sold	1 2 1 1 2 2 2 3 3 3 4 4	1	2 PC		
	- 1	C	Gross profit or (loss)			* *		10 10 10 10 10 10 10 10 10 10 10 10 10 1
	ļ	11	Other income	57.		0.		STATEMENT 2
		12	Total Add lines 1 through 11	287,634.	20	9,109.		
		13	Compensation of officers, directors, trustees, etc	0.		0.	KEUE	IVED , 0.
	- 1	14	Other employee salaries and wages				AUG 27	
	l	15	Pension plans, employee benefits				AUG Z	7 2018 公
	S	16a	Legal fees					
	sua	b	Accounting fees STMT 3	4,150.		4,150.	OGDE	N, UT O.
	Expens	C	Other professional fees STMT 4	30,728.	3	0,728.		0.
	ě	17	Interest	L				
	aţ	18	Taxes STMT 5	1,837.		275.		0.
	nstrati	19	Depreciation and depletion					
	[달	20	Occupancy					
	¥	21	Travel, conferences, and meetings					
		22	Printing and publications					
	<u> </u>	23	Other expenses STMT 6	3,850.		3,850.		0.
		24	Total operating and administrative					
	perati		expenses. Add lines 13 through 23	40,565.	3	9,003.	1	0.
		25	Contributions, gifts, grants paid	254,157.				254,157.
	į		Total expenses and disbursements.					
			Add lines 24 and 25	294,722.	3	9,003.	<u></u>	254,157.
		27	Subtract line 26 from line 12:					
	}	а	Excess of revenue over expenses and disbursements	<7,088.>				
	ļ	b	Net investment income (if negative, enter -0-)		17	0,106.		
		С	Adjusted net income (if negative, enter -0-)				N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30				П	
	(must agree with end-of-year figure reported on prior year's return)			-	1	3,218,378.
2	Enter amount from Part I, line 27a			Γ	2	<7,088.>
3	Other increases not included in line 2 (itemize)	SEE	STATEMENT	7	3	184,667.
4	Add lines 1, 2, and 3			[4	3,395,957.
5	Decreases not included in line 2 (itemize)			[5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 3	30	•		6	3,395,957.
						- 000 DE

Turtiv Cupital Gallio	311G EO	SOCO TOT TUX OTT III	TOOLINGIIC	miconic						
		of property sold (for exar or common stock, 200 shs		e,	ΓP	How ac - Purcl - Dona	hase ['	c) Date a	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
					ARI	OIIS	VARIOUS			
					ARI		VARIOUS			
c CAPITAL GAINS I			VG ILIUM	'	+-	<u>'</u>	<u>- </u>	ALL	703	VARIOUS
	TATE	SUNDS			├					
_d					-					
<u>e</u>					┸~					!
(e) Gross sales price	(f) l	Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Ga (e) plus	ain or (loss (f) minus	s) (g))
a 121,434.				118,93						2,504
b 621,512.				489,50	8.					132,004
c 515.										515
d			1		$\neg \neg$					
e			t		$\neg \neg$					
Complete only for assets showin	תו מוצח חו	column (h) and owned by t	the foundation	on 12/31/69				Coupe IC	ol (b) gav	3 minus
Complete only for assets showing					$-\!-\!$				ol. (h) gaır ıot less tha	
(i) FMV as of 12/31/69	•	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any					(from col.	
			 	(),,,	-					2,504
<u>a</u>			 							
<u>b</u>			 							132,004
<u>.</u>			 							515
_d			 -							
<u>e</u>		_ 	l							
2 Capital gain net income or (net ca	ıpıtal loss)	If gain, also enter of the lift (loss), ente	r ın Part I, line I- ın Part I, line	7 7	}	2	 			135,023
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,			nd (6):		٦					
If (loss), enter -0- in Part I, line 8	ooiaiiii (٥٫٠			P	3			N/A	
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stm	ent Incor	ne		
(For optional use by domestic private	foundate	and outlined to the contion (10.40(a) tay an							
			.o /o(u) tax o.i	not invocations in	001110	•,				
If section 4940(d)(2) applies, leave th	nis part bla	ank.								
Man the foundation liable for the east	4040	tav an the distributable are		4b- b						Yes X N
Was the foundation liable for the sect				•	lou?					L Yes [A] N
If "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in e					ntrino					
	each colui		istructions ber	ore making any e						(d)
(a) Base period years	Ì	(b)	b		(c)]	Distri	(d) bution ratio
Calendar year (or tax year beginning	ng in)	Adjusted qualifying dis		Net value of no				<u> </u>	(col. (b) dr	vided by col. (c))
2016			0,470.				8,380.			.08189
2015			6,754.				7,341.	L		.06910
2014		18	3,399.		2	,78	0,321.			.06596
2013		16	3,169.		2	,34	1,881.			.06967
2012			6,407.				5,765.			.07058
2 Total of line 1, column (d)								2		.35722
	E voor bo	an narrad - duuda tha tatal	on line 2 hy E () or butto sumb	ar af .			 		. 33722
3 Average distribution ratio for the			on line z by 5.0), or by the numb	er or y	years		1 . 1		07144
the foundation has been in exister	nce it less	than 5 years						3		.07144
								1 1		
4 Enter the net value of noncharitab	le-use as:	sets for 2017 from Part X,	line 5					4		3,260,426
								1 1		
5 Multiply line 4 by line 3								5		232,938
6 Enter 1% of net investment incom	ne (1% of	Part I line 27h)						6	i	1,701
5 Sitter 175 of flot investment intent	.5 (170 01	, with 19 miles for the 1						 		-,,,
7 Add boss Food C								1 _ 1	i	224 620
7 Add lines 5 and 6								-7		234,639
	_								ı	A=4 -==
8 Enter qualifying distributions from	n Part XII,	, line 4						8		254,157
If line 8 is equal to or greater than	n line 7, cl	neck the box in Part VI, line	e 1b, and comp	lete that part usir	ng a 1	% tax r	ate.			
See the Part VI instructions.			<u> </u>							
723521 01-03-18		 -								Form 990-PF (20



Form 9		15-601	.8481 Page 4
	exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	10 000	mod dottorio,
		`	,
	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, check here X and enter 1%		1,701.
			
	of Part I, line 27b NI other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		* ,
	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
	ax under section 311 (domestic section 4947(a)(1) trasts and taxable roundations only, others, enter -0-)	3	1,701.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
	fax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,701.
	Credits/Payments:	3 / ·	7 4 3 3 3
	2017 estimated tax payments and 2016 overpayment credited to 2017	. Say () 3	
	exempt foreign organizations - tax withheld at source 6b 0.		
	Fax paid with application for extension of time to file (Form 8868) 6c 1,850.	* *	
	· · · · · · · · · · · · · · · · · · ·		
	Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d	7	3,711.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	1.
	Fax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
_	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,009.
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11	0.
	t VII-A Statements Regarding Activities	_ <u>!</u>	
1a [During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	* , Yes No
ä	any political campaign?		1a X
b i	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defini	tion	1b X
ı	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		
(distributed by the foundation in connection with the activities.		
c i	Oid the foundation file Form 1120-POL for this year?		1c X
d l	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year;		
((1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .		
e l	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		
ī	managers. ► \$0.		
2 1	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2 X
1	if "Yes," attach a detailed description of the activities.		
3 i	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ı	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a X
b	if "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5 X
- 1	If "Yes," attach the statement required by General Instruction T.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
•	● By language in the governing instrument, or		
•	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law	
1	remain in the governing instrument?		6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7 X
			*
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. 🕨		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	NY		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		
	of each state as required by General Instruction G? If "No," attach explanation		8b X
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		9 X
10	Did any persons become substantial contributors during the tax year? II "Yes," attach a schedule listing their names and addresses		10 X

3b

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

	990-PF (2017) LEGACY FOUNDATION OF TOM			<u>15-60184</u>	81 Page 6
Pár	t VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired _{(contini}	ued)	
5a l	Ouring the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	\$ \$ ·
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ctly,		7 -
	any voter registration drive?	•	Ye	s X No	· , ,
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
	4) Provide a grant to an organization other than a charitable, etc., organization				
`	4945(d)(4)(A)? See instructions		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo			
`	the prevention of cruelty to children or animals?	or observational purposes, or it		s X No	
h i	f any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the excentions described i			
	section 53.4945 or in a current notice regarding disaster assistance? See instru	•	ii riogulations	N/A	5b
	Organizations relying on a current notice regarding disaster assistance, check h				5 3 2 35
	f the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		nad		
	• • • • • • • • • • • • • • • • • • • •				
	expenditure responsibility for the grant?	1/	I/A Y6	s L_ No	
	f "Yes," attach the statement required by Regulations section 53.4945-5(d).				
	Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
	personal benefit contract?	11	Ye	s 🗓 No	
	Old the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
	f "Yes" to 6b, file Form 8870.			(Tab	
	At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
	f 'Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
<u> Par</u>	Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly		
	والمروا والمراوي والمروا والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمر				
LIS	st all officers, directors, trustees, and foundation managers and the		(a) Companyation	(d) Contributions to	() [
	(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
	(a) Namo ana addi oos	to position	enter -0-)	compensation	allowances
			1		
]			1
SEI	E STATEMENT 11		0.	0.	0.
					Į
			l I		
		[Į į		Į.
		[[İ
			ļ		
		į		1	l
		1			•
2 C	ompensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		'
		(b) Title, and average		(d) Contributions to employee benefit plans and deterred	(e) Expense
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
	NONE	devoted to position	 	compensation	allowalices
	NONE		,		t
		 	 	<u> </u>	
		1			{
			 		
		1			1
		 		L	
		ł	1	ı	1
		 			
			}		1
		<u> </u>	<u></u>	L	<u> </u>
<u> Total</u>	number of other employees paid over \$50,000		_	▶	0
				Form	990-PF (2017)

Form 990-PF (2017) LEGACY FOUNDATION OF TOMPKINS COUNTY	15-6018	481 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)	agers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		L
		
		
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat	tion such as the	<u> </u>
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
		
2		
3		
<u> </u>		
4		
		-
IS 11V 81		
Part X-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
		
2		
		
All other program-related investments. See instructions.		
3		
		
		
Total. Add lines 1 through 3		0.
		m 990-PF (2017)

Part X Minimum Investment Return (All domestic foundations must comp	elete this part. Foreign foundations, see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purp	ooses:
a Average monthly fair market value of securities	$\frac{1}{1}$ 3,246,170.
b Average of monthly cash balances	1a 3,246,170. 1b 63,907.
c Fair market value of all other assets	10
d Total (add lines 1a, b, and c)	1d 3,310,077.
e Reduction claimed for blockage or other factors reported on lines 1a and	3 4
1c (attach detailed explanation)	0.
2 Acquisition indebtedness applicable to line 1 assets	2 0.
3 Subtract line 2 from line 1d	3 3,310,077.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruc	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, lin	e 4 5 3,260,426.
6 Minimum investment return. Enter 5% of line 5	6 163,021.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) pri	vate operating foundations and certain
foreign organizations, check here and do not complete this part.)	
1 Minimum investment return from Part X, line 6	1 163,021.
2a Tax on investment income for 2017 from Part VI, line 5	1,701.
b Income tax for 2017. (This does not include the tax from Part VI.)	* *
c Add lines 2a and 2b	2c 1,701.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3 161,320.
4 Recoveries of amounts treated as qualifying distributions	4 0.
5 Add lines 3 and 4	5 161,320.
6 Deduction from distributable amount (see instructions)	6 0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 161,320.
Part XII Qualifying Distributions (see instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	$\frac{1}{1a}$ 254,157.
b Program-related investments - total from Part IX-B	1a 254,157. 1b 0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., pui	
3 Amounts set aside for specific charitable projects that satisfy the:	
a Suitability test (prior IRS approval required)	3a
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 4 254,157.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	
income. Enter 1% of Part I, line 27b	5 1,701.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 252,456.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calcula	ating whether the foundation qualifies for the section
4940(e) reduction of tax in those years.	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				161,320.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	ľ
b Total for prior years:				, , , , , , , , , , , , , , , , , , ,
g rotal for prior years.		0.	, ,	、
3 Excess distributions carryover, if any, to 2017:				
a From 2012 43,638.		,		, ,
b From 2013 49, 463.		4		Ý 🔭 🚶
c From 2014 46,813.	>	*	4	
d From 2015 55, 740.	د ،			
e From 2016 99,673.	* *	· * * * * *		
f Total of lines 3a through e	295,327.			
4 Qualifying distributions for 2017 from	* * *			
Part XII, line 4: ►\$ 254, 157.				
a Applied to 2016, but not more than line 2a			0.	
		<u>, , , , , , , , , , , , , , , , , , , </u>		
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	<u> </u>	<u> </u>		
c Treated as distributions out of corpus	0.		* * * * * * * * * * * * * * * * * * * *	
(Election required - see instructions)	2. 7 . W 7. N			161,320.
d Applied to 2017 distributable amount	92,837.			* * * * * 101,320.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2017 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	388,164.			
b Prior years' undistributed income. Subtract		_	* * . * . * . * *	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	* '			
amount - see instructions	<u> </u>	0.	* * *	<u> </u>
e Undistributed income for 2016. Subtract line			1	·^_
4a from line 2a. Taxable amount - see instr.			0.	<u> </u> _
f Undistributed income for 2017. Subtract				1
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of			,	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	43,638.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	344,526.			
10 Analysis of line 9:	į			<u> </u>
a Excess from 2013 49,463.	Į			Į l
b Excess from 2014 46,813.				
c Excess from 2015 55,740.				
d Excess from 2016 99,673.				[
e Excess from 2017 92,837.	L		L	000 55

723581 01-03-18

Form 990-PF (2017) LEGACY	FOUNDATION	OF TOMPKINS	COUNTY	15-60	18481 Page 10
Part XIV Private Operating	Foundations (see in	structions and Part VII	A, question 9)	N/A	<u> </u>
1 a If the foundation has received a ruling	or determination letter that	t it is a private operating			
foundation, and the ruling is effective	for 2017, enter the date of	the ruling	>		
b Check box to indicate whether the four	nd <u>ation is a private operati</u> i	ng foundation described i		4942(j)(3) or 4	942(1)(5)//
2 a Enter the lesser of the adjusted net	Tax year	ļ	Prior 3 years	·-	
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for		1	}		1
each year listed		 			
b 85% of line 2a		↓			
c Qualifying distributions from Part XII,		1	1		}
line 4 for each year listed				4	
d Amounts included in line 2c not					1
used directly for active conduct of					
exempt activities	 		7		
e Qualifying distributions made directly	1				1
for active conduct of exempt activities	•				
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		/	1		
alternative test relied upon:	1				
a "Assets" alternative test - enter:(1) Value of all assets					
` '		 			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		1			
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		 	 		
(1) Total support other than gross	1				
investment income (interest.					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)]		
(2) Support from general public		 	 		1
and 5 or more exempt			į.		
organizations as provided in section 4942(j)(3)(B)(iii)			į		
(3) Largest amount of support from		<u> </u>	 	 	
an exempt organization					
(4) Gross investment income		<u> </u>			
Part XV Supplementary Inf	ormation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during	the year-see instr	uctions.)			
1 Information Regarding Foundat	ion Managers:				
a List any managers of the foundation v	vho have contributed more	than 2% of the total conti	ributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed	l more than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation v	vho own 10% or more of th	e stock of a corporation (or an equally large port	ion of the ownership of a pa	artnership or
other entity) of which the foundation I	nas a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribu			•		
Check here 🕨 🛄 if the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, et	c., to individuals or organiz	ations under other condit	ions, complete items 2a	, b, c, and d.	
a The name, address, and telephone nu	mber or email address of th	he person to whom applic	ations should be addres	ssed:	
SEE STATEMENT 12					
b The form in which applications should	be submitted and informa	tion and materials they sl	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awa	rds, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
723601 01-03-18					Form 990-PF (2017)

2 Court and Complete that is a Boild Build that is				
3 Grants and Contributions Paid During the Y Recipient	If recipient is an individual,	Payment		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ALTERNATIVES IMPACT	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	5,000.
BOYCE THOMPSON INSTITUTE FOR PLANT RESEARCH	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	5,829.
CANCER RESOURCE CENTER OF THE FINGER	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	
LAKES			• OPERATIONS	2,500.
CATHOLIC CHARITIES	none	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	6,000.
· CAYUGA MEDICAL CENTER FOUNDATION	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	10,000.
Total SEE CO	NTINUATION SHEE	T(S)	▶ 3a	254,157.
b Approved for future payment				
NONE				
	-	 		
	<u> </u>	<u> </u>	<u> </u>	
Total			▶ 3b	0.
				orm 990-PF (2017)

Part XVI-A	Analysis	of Incor	ne-Producing	Activities
Part AVI-A	Allalysis	s or micor	ne-Producing	ACUVILIES

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		section 512, 513, or 514	(e)
g	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion code	Amount	function income
a	<u> </u>	· · · · · · · · ·			
b	-				
c	_		 		
d	-		 		
e	_				
f	_		1		· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies	-		11-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1	-2	
investments			1		
4 Dividends and interest from securities			14	75,164.	
5 Net rental income or (loss) from real estate:	· ·				
a Debt-financed property				· ,	<u> </u>
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	135,023.	
9 Net income or (loss) from special events				, , , , , ,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a REFUND OF PRIOR YEAR					
b GRANTS	_ _		· · · · ·		57.
C	_				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	₩ *4/*	0		210,187.	57.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u> </u>	13	040 044
(See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activities		plichment of Ex	compt Du	rnococ	· ·
Relationship of Activities	s to the Accom	pushinent of E	kempi Pui	poses	
Line No. Explain below how each activity for which i	ncome is reported in o	column (e) of Part XVI-	A contributed	importantly to the accom	nplishment of
▼ the foundation's exempt purposes (other th					•
8 PROVIDES FUNDS TO VAR	IOUS VOLUN	TARY COMMU	NITY S	ERVICE AGEN	CIES LOCATED
IN THE TOMPKINS COUNT				HE AGENCIES	
SERVICES TO RESIDENTS	OF TOMPKI	NS COUNTY.			

	the foundation's exempt purposes (other than by providing funds for such purposes).					
8	PROVIDES FUNDS TO VARIOUS VOLUNTARY COMMUNITY SERVICE AGENCIES LOCATED					
	IN THE TOMPKINS COUNTY AREA. THE FUNDS ALLOW THE AGENCIES TO PROVIDE					
	SERVICES TO RESIDENTS OF TOMPKINS COUNTY.					
		_				

723621 01-03-18

Pa	rt XVII	Information Re Exempt Organi		fers to a	nd Transactions ar	nd Relationshi	ps With Noncha	ritable		
1	Did the or			f the followin	g with any other organization	on described in section	on 501(c)	1 to	Yes	No
•					to political organizations?	0000.1200 000	S. 00 .(0)	\$ ³ .*		
а		from the reporting founda		_				1. 1 ·		
	(1) Cash	, -						1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other tran	sactions:						Ž.		,
	(1) Sales	of assets to a noncharitat	ole exempt organizatio	on				1b(1)		X
	(2) Purch	nases of assets from a nor	ncharitable exempt org	ganization				1b(2)		X
		il of facilities, equipment,	or other assets					1 <u>b(3)</u>		<u>X</u>
		bursement arrangements				,		1b(4)		X
		s or loan guarantees						1b(5)		X
_		rmance of services or me						1b(6)		X
		f facilities, equipment, mai	-		pioyees dule. Column (b) should alv	wave chow the fair m	narket value of the good		L	
u					ed less than fair market valu				cio,	
		I) the value of the goods, of				,		,		
(a) L		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, a	nd sharing arr	angemer	nts
				N/A						
						 				
						_{			<u> </u>	
								 _		
										
						 		···		
					· · · · · · · · · · · · · · · · · · ·					
						<u> </u>				
_			<u></u>							
2a		•	•	•	or more tax-exempt organi	izations described			TV	7 M-
		501(c) (other than section complete the following school	, , , , , ,	tion 52/	,			Yes	LA	. No
	11 165, 6	(a) Name of org			(b) Type of organization		(c) Description of relation	onship		
		N/A			,		(0)			
		<u> </u>								
_										
					<u> </u>	<u> </u>				
e:					accompanying schedules and staxpayer) is başed on all informa			May the IRS return with th	discuss (this or
Sig He	gn 🛌	\mathcal{A} .	-	+	Shula	Presio	1 1 1 1	shown below	? See in:	str
	L .,	nature of officer or trustee	J/ Vac	\rightarrow	Data	Title		X Yes	· L_	_l No
	Loigi	Print/Type preparer s na		Preparens &	Date /	Date	Check If PT	IN		
		J , po proparor o no				1	self- employed			
Pa	iid	PATRICK JO	RDAN	100	111/1	8/13/18		00854	521	
	eparer	Firm's name ► INS		CPAS,	LLP	·	Firm's EIN ► 47-			
Us	e Only									
		Firm's address ► 40		E STRE	ET					
		IT	HACA, NY	14850			Phone no. (607		-44	
								Form 99	0-PF	(2017)

3 Grants and Contributions Paid During the Y		· · · · · · · · · · · · · · · · · · ·		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
HILD DEVELOPMENT COUNCIL	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	5,500
COMMUNITY SCHOOL OF MUSIC & ARTS	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	10,500
DRYDEN YOUTH OPPORTUNITY FUND	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	1,500
FINGER LAKES LAND TRUST	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	5,000
FINGER LAKES REUSE, INC.	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	10,000
FOOD BANK OF THE SOUTHERN TIER	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	4,000
FOODNET MEALS ON WHEELS	none	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	6,000
FRANZISKA RACKER CENTER	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	1,300
FRIENDS OF STEWART PARK	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	15,000
FRIENDS OF THE ITHACA YOUTH BUREAU	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	10,000
Total from continuation sheets			·	224,828

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
	or substantial contributor			
THACA CHILDREN'S GARDEN	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	3,656
ITHACA DOWNTOWN BUSINESS IMPROVEMENT	NONE	PIIRI.TC CHARTTY	AWARDS, CONTRIBUTIONS	
DISTRICT	NONE		& OPERATIONS	5,000
ITHACA HEALTH ALLIANCE	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	
		 	© OPERATIONS	4,712
LOVE LIVING AT HOME, INC.	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	
			& OPERATIONS	3,000
MUSICIANS FOR WORLD HARMONY	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS © OPERATIONS	2,600
OPPORTUNITIES ALTERNATIVES &	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	
RESOURCES OF TOMPKINS COUNTY		 	& OPERATIONS	9,000
PALEONTOLOGICAL RESEARCH INSTITUTE	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	
			& OPERATIONS	17,500
RELAY FOR LIFE OF TOMPKINS COUNTY	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	1,500
RUNNING TO PLACES THEATRE COMPANY	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	
		+	& OPERATIONS	2,000
OGETHARINATION OF TAXABLE	TONE.	DVIDY 7.3 STEELS	AVADDO CONTRATA	
SCIENCENTER OF ITHACA	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	11,70
Total from continuation sheets				11,70

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)			
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	Contribution	
SPECIAL OLYMPICS, AREA 17	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS • OPERATIONS	1,500.
STATE THEATRE OF ITHACA, INC.	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	4,500.
THE HISTORY CENTER IN TOMPKINS COUNTY, INC.	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	15,989.
THE LEARNING WEB	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	2,000.
THE MENTAL HEALTH ASSOC. IN TOMPKINS COUNTY	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	5,000.
THE MULTICULTURAL RESOURCE CENTER	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	3,500.
TOMPKINS COMMUNITY ACTION	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	4,895.
TOMPKINS CORTLAND COMMUNITY COLLEGE FOUNDATION	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS © OPERATIONS	25,000.
TOMPKINS COUNTY CHAMBER OF COMMERCE FOUNDATION	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS © OPERATIONS	10,000.
TOMPKINS LEARNING PARTNERS, INC.	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	2,505.
Total from continuation sheets				

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION	
UNITED WAY OF TOMPKINS COUNTY	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	800
UNITY HOUSE OF CAYUGA COUNTY, INC.	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	
			& OPERATIONS	1,671
VARNA COMMUNITY ASSOCIATION	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	
			& OPERATIONS	1,300
WHARTON STUDIO MUSEUM	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS & OPERATIONS	10,000
ITHACA ROTARY CLUB CHARITABLE TRUST	NONE	PUBLIC CHARITY	AWARDS, CONTRIBUTIONS	5,000
LORI YARBROUGH	NONE	N/A	AWARDS, CONTRIBUTIONS & OPERATIONS	340
AMANDA BIRCH	NONE	N/A	AWARDS, CONTRIBUTIONS	340
JESSICA STRATTON	NONE	N/A	AWARDS, CONTRIBUTIONS & OPERATIONS	34(
ELLEN PENNOCK	NONE	N/A	AWARDS, CONTRIBUTIONS & OPERATIONS	34
JILL GREEN	NONE	N/A	AWARDS, CONTRIBUTIONS	34
Total from continuation sheets		<u> </u>	- or and re-	

723631 04-01-17

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

	LEGACY FOUNDATION OF TOMPKINS COUNTY	15-6018481					
Organization ty	pe (check one):						
Filers of:	Section:						
Form 990 or 990	0-EZ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	ganization is covered by the General Rule or a Special Rule . ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
General Rule							
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ty) from any one contributor. Complete Parts I and II See instructions for determining a contributor						
Special Rules							
section any on	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ins 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, see contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amoreorm 990-EZ, line 1 Complete Parts I and II	or 16b, and that received from					
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, or for the prevention of cruelty to children or animals Complete Parts I, II, and III.							
year, c is chec purpos	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. Don't 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.						
but it must ans	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File wer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its File besn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

LEGACY	FOUNDATION	OF	TOMPKINS	COUNTY

15-6018481

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEORGE V. & JEAN A. SMITH CHARITABLE TRUST	\$ 49,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JEWELL ESTATE	\$\$11,429.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ESTATE OF DORIS S. STRONG	\$\$4,161.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Onnicash Onnicash I for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

LEGACY FOUNDATION OF TOMPKINS COUNTY

15-6018481

irt II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed					
	(see instructions) Use auplicate copies of Pa	art in in 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) (c) Description of noncash property given (See instruc		(d) Date received			
		\ \ \ \$				
(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			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
						
		\$				
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
Part I						
<u> </u>						
1		_{\$}				

Name of orga	nization	Employer identification number					
LEGACY	FOUNDATION OF TOMPKINS	COUNTY		15-6018481			
Part III	Exclusively religious, charitable, etc., contr. the year from any one contributor. Complete c	ibutions to organizations describ	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for rorganizations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,00	O or less for the year (En	er this info once) > \$			
(a) Ño.							
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, ar	od 71D + 4	Polotiono	hip of transferor to transferee			
<u>-</u>	fransieree's name, address, ar	IU ZIP + 4	neiations	mp of transieror to transferee			
(a) No.			1				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		-					
į	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transfer of Training address and En T T						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(b) i dipose oi giit	(c) 03c of gift		(a) Description of now girl is field			
-				· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer o	rgift				
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I				.			
							
-		(e) Transfer o	l f gift				
			J.: •				
 	Transferee's name, address, ar	nd ZIP + 4	Relations	Relationship of transferor to transferee			

723454 11-01-17

FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SECU	JRITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL (A) GAINS REVENUE DIVIDENDS PER BOOK		(B) NET INVEST MENT INCOM		
DIVIDENDS	75,679.		515.	75,164	74,086	5.
TO PART I, LINE 4	75,679.	:====	515.	75,164	74,086	5.
FORM 990-PF		OTHER	INCO)ME		STATEMENT 2
DESCRIPTION				(A) EVENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REFUND OF PRIOR YEAR	GRANTS	-		57.	0.	
TOTAL TO FORM 990-PF	, PART I,	LINE 11		57.	0.	
FORM 990-PF		ACCOUN	TING	FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOK		(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES (AUD	 PIT &	4,15	0.	4,150		0.
TO FORM 990-PF, PG 1, LN 16B		4,150.		4,150	•	0.
FORM 990-PF	OT	HER PROF	ESSIC	ONAL FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CUSTODIAL FEES SECRETARIAL FEES DIRECTOR OF DEVELOPM	ENT	18,75		18,753 3,500		0.
SERVICES		8,47	5 .	8,475	•	0.
TO FORM 990-PF, PG 1	., LN 16C	30,72	8.	30,728	•	0.

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
NYS FILING FEES EXCISE TAX	275. 1,562.	275. 0.		0.	
TO FORM 990-PF, PG 1, LN 18	1,837.	275.		0.	
FORM 990-PF	OTHER E	XPENSES	S'	FATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE EXPENSE INSURANCE PROFESSIONAL MEMBERSHIPS	1,032. 872. 1,946.	872.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	3,850.	3,850.		0.	

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 7
DESCRIPTION	AMOUNT
UNREALIZED APPRECIATION OF INVESTMENTS	184,667.
TOTAL TO FORM 990-PF, PART III, LINE 3	184,667.

FORM 990-PF U.S. AND STATE	/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 8
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
FHLMC 1.5% 8/30/19	X		29,738.	29,738.
FHLMC 2% DUE 2/21/2020	X		15,005.	15,005.
FHLMC 2% DUE 11/23/20	X		14,898.	14,898
FHLMC 1.25% DUE 6/30/21	X		29,615.	29,615
FHLMC 1.25% DUE 2/26/21	X		24,724.	24,724
FHLMC 1.05% DUE 11/28/18	X		14,889.	14,889
FHLMC 1% DUE 2/24/25	X		39,320.	39,320
FFCB 1.7% 12/27/19	X		24,775.	24,775
FFCB 1.73% DUE 10/12/22	X		29,141.	29,141
FEDERAL NATIONAL MORTGAGE ASSN	X			
1.25% DUE 5/25/23			29,962.	29,962
FEDERAL NATIONAL MORTGAGE ASSN 1. DUE 2/24/26	5% X		29,895.	29,895
TOTAL U.S. GOVERNMENT OBLIGATIONS	;	-	281,962.	281,962
TOTAL STATE AND MUNICIPAL GOVERNM	ENT OBLIG	ATIONS		
TOTAL TO FORM 990-PF, PART II, LI	NE 10A	•	281,962.	281,962

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
POWERSHARES SENIOR LOAN ETF	88,704.	88,704.
PRICELINE GRP INC	17,377.	17,377.
AMERICAN TOWER REIT	12,127.	12,127.
ALLERGAN PLC	17,176.	17,176.
STARBUCKS CORP	17,516.	17,516.
SPDR SERIES TRUST	58,464.	58,464.
SALESFORCE.COM	23,002.	23,002.
RAYTHEON CO CLASS B	27,238.	27,238.
PNC FINL SVCS GROUP	28,858.	28,858.
PEPSICO	27,582.	27,582.
PENTAIR PLC	22,598.	22,598.

CORPORATE STOCK

STATEMENT 9

FORM 990-PF

LEGACY FOUNDATION OF TOMPKINS COUNTY		15-6018481
	27,622.	27,622.
NORTHROP GRUMMAN CORP COM MICROSOFT CORP	37,210.	37,210.
MERCK & CO INC.	27,010.	27,010.
MEDTRONIC PLC SHS	23,498.	23,498.
ISHARES INC CORE MSCI EMKT	131,155.	131,155.
	13,568.	13,568.
ALTRIA GROUP INC	21,747.	21,747.
HALLIBURTON CO	14,807.	14,807.
DIGITAL RLTY	25,084.	25,084.
VISA INC	33,081.	33,081.
VERIZON COMMUNICATIONS	228,113.	228,113.
VANGUARD TAX MANAGED INTL FD	66,390.	66,390.
VANGUARD SMALL CAP VAL		
VANGUARD MID CAP ETF	64,234.	64,234.
VANGAURD INDEX REIT-ETF	87,544.	87,544.
UNITED HEALTH GROUP	33,069.	33,069.
UNION PAC CORP	38,889.	38,889.
TOMPKINS FINANCIAL CORP	184,990.	184,990.
TJX	24,085.	24,085.
THERMO FISHER SCIENTIFIC INC	21,836.	21,836.
AMAZON COM INC	40,931.	40,931.
KRAFT HEINZ CO	21,773.	21,773.
TE CONNECTIVITY LTD	30,888.	30,888.
CONOCOPHILLIPS	24,152.	24,152.
CATERPILLAR INC DEL	40,183.	40,183.
DOMINION ENERGY INC	15,401.	15,401.
KEYCORP NEW	22,792.	22,792.
AFFILIATED MANAGERS GR	22,578.	22,578.
J.P. MORGAN CHASE & CO	11,229.	11,229.
EXXON MOBIL CORP	30,110.	30,110.
EATON CORP PLC	12,642.	12,642.
DANAHER CORP	27,846.	27,846.
COSTCO WHOLESALE CORP	30,710.	30,710.
CHUBB CORP	9,645.	9,645.
CELGENE CORP	15,654.	15,654.
BROADCOM LTD	23,121.	23,121.
BERKSHIRE HATHAWAY	27,751.	27,751.
APPLE INC	60,923.	60,923.
AMERIPRISE FINL INC COM	22,878.	22,878.
ALPHABET INC CAP STK CL C	31,392.	31,392.
ALPHABET INC CAP STK CL A	31,602.	31,602.
FACEBOOK	31,763.	31,763.
ECOLAB INC	18,114.	18,114.
FORTIVE CORP	10,853.	10,853.
HESS CORP COM	14,004.	14,004.
HOME DEPOT INC	29,377.	29,377.
ISHARES MSCI EAFE ETF	148,354.	148,354.
ISHARES CORE S&P MCP ETF	82,554.	82,554.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,333,794.	2,333,794.
	=======================================	

FORM 990-PF	CORPORATE BONDS		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MERCK & CO INC. 2.8% DUE 5/18/	23	40,333.	40,333.
BERKSHIRE HATHAWAY 3.0% DUE 5/		40,922.	40,922.
APPLE INC NOTE 3.25% 2/23/26	23, 2022	51,028.	51,028.
AT&T INC 3.00% DUE 2/15/2022		20,041.	
BB&T CORPORATION 2.25% DUE 2/0	1/2019	25,043.	
BB&T CORPORATION ST MEDIUM TER		,	,
1/15/20		25,083.	25,083.
MORGAN STANLEY 5.75% DUE 1/25	2021	27,243.	27,243.
CATERPILLAR FINCL SVCS 1.8% DU		34,956.	34,956.
TARGET CORP 2.3% DUE 6/26/2019		25,120.	25,120.
WELLS FARGO & CO MTN 3.55% DUI	9/29/25	25,662.	25,662.
ORACLE CORP 2.375% DUE 1/15/20	19	25,104.	25,104.
VERIZON COMMUNICATIONS INC 3.5	% DUE 11/1/2021	41,190.	41,190.
ORACLE CORP 2.65% 7/15/26		14,624.	14,624.
HOME DEPOT INC. NOTE 2.25% 9	10/18	25,071.	25,071.
PEPSICO INC 3.00% DUE 8/25/202	21	40,870.	40,870.
GOLDMAN SACHS GROUP 5.375% DUI	3/15/2020	15,905.	15,905.
GOLDMAN SACHS GROUP 2.375% DUI	1/22/2018	15,003.	15,003.
GENERAL ELECTRIC 3.1% DUE 1/09	/2023	50,784.	50,784.
SIMON PPTY GROUP LP NOTE 2.5%	DUE 9/1/20	25,090.	25,090.
JP MORGAN CHASE 3.25% DUE 9/23		35,835.	
INTEL CORP 2.7% DUE 12/15/2023	2	40,445.	40,445.
TOTAL TO FORM 990-PF, PART II	LINE 10C	645,352.	645,352.

FORM 990-PF		T OF OFFICERS, DI FOUNDATION MANAG		STAT:	EMENT 11
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
LARRY BAUM PO BOX 97 ITHACA, NY 14851		DIRECTOR 1.00	0.	0.	0.
JAMES BROWN PO BOX 97 ITHACA, NY 14851		PRESIDENT 1.00	0.	0.	0.
GREGORY J. HARTZ PO BOX 97 ITHACA, NY 14851		DIRECTOR 1.00	0.	0.	0.
MARY KANE PO BOX 97 ITHACA, NY 14851		SECRETARY/TREAS	SURER 0.	0.	0.
SEAN WHITTAKER PO BOX 97 ITHACA, NY 14851		DIRECTOR 1.00	0.	0.	0.
MARY OPPERMAN PO BOX 97 ITHACA, NY 14851		VICE PRESIDENT 1.00	0.	0.	0.
GREGORY GALVIN PO BOX 97 ITHACA, NY 14851		DIRECTOR 1.00	0.	0.	0.
PETER GROSSMAN PO BOX 97 ITHACA, NY 14851		DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED O	ON 990-PF, PAGE 6	, PART VIII =	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

/

JAMES BROWN, PRESIDENT P.O. BOX 97 ITHACA, NY 14851

TELEPHONE NUMBER

607-255-3759

FORM AND CONTENT OF APPLICATIONS

ALL REQUESTS SHOULD BE IN WRITING. REQUESTS SHOULD INDICATE A BRIEF DESCRIPTION OF THE ORGANIZATION REQUESTING THE FUNDS AND THE PURPOSE OF THE REQUEST AND A BUDGET.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION'S POLICY IS TO MAKE THE FUNDS AVAILABLE TO VOLUNTARY AGENCIES SERVING THE TOMPKINS COUNTY AREA.