# EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation

Form **990-PF** or Section 4947(a)(1) Trust Treated as Private Foundation Department of the Treasury

▶ 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 calen  | dar year 2018 or tax year beginning  |                                       |  | , and ending                                 |  |  |  |  |
|--|--|---------------------------------------|--|--|--|--|--|--|
| Name of foundation   |  |                                       |  |  | A Employer identification number   |  |  |  |
| LEG  | ACY FOUNDATION OF T  | OMPK                                  | INS COUNTY   |  | 15-6018481   | /  |  |  |
|  | nd street (or P O box number if mail is not deliver  | ed to street a                        | ddress)  | Room/suite                                   | B Telephone number   |  |  |  |
|  | . BOX 97   |                                       | , 3. Ar.   |  | (607) 274-   | 2004   |  |  |
|  | own, state or province, country, and ZIP o<br>ACA, NY 14851  | r foreign p                           | ostal code   |  | C If exemption application is pe   | ending, check here   |  |  |
|  | all that apply: Initial return   |                                       | Initial return of a f  | ormer public charity                         | D 1. Foreign organizations   | , check here   |  |  |
|  | Final return   |                                       | Amended return   | ,  | '  |  |  |  |
|  | Address chang  | je                                    | Name change  |  | Foreign organizations med<br>check here and attach cor   | eting the 85% test,<br>inputation  |  |  |
|  | type of organization: X Section 5 ction 4947(a)(1) nonexempt charitable tru  | · · · · · · · · · · · · · · · · · · · | empt private foundation Other taxable private found  | ation H                                      | E If private foundation stat<br>under section 507(b)(1)  |  |  |  |
|  |  |                                       | ng method: X Cash  | Accrual                                      | F If the foundation is in a 6  |  |  |  |
|  | Part II, col. (c), line 16)  |                                       | ther (specify)   |  | under section 507(b)(1)  |  |  |  |
| ▶\$  | 3,007,130. (P  |                                       | nn (d) must be on cash basi  | s.)  |  | · · · · · · · · · · · · · · · · · · ·  |  |  |
|  | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) necessarily equal the amounts in column (a)) |                                       | (a) Revenue and<br>expenses per books  | (b) Net investment income                    | (c) Adjusted net<br>income   | , (d) Disbursements<br>for charitable purposes<br>(cash basis only)  |  |  |
| 1  | Contributions, gifts, grants, etc., received   |                                       | 69,965.  |  | ······································   |  |  |  |
|  | Check If the foundation is not required to atta  |                                       | 768000000000000000000000000000000000000  | 19.200 Sept. 10                              | 4465.11.254660.15  |  |  |  |
| / 3  | Interest on savings and temporary cash investments   | -                                     |  | ,  | ,  | ACCEPTANTED  |  |  |
| 1 4  | Dividends and interest from securities   |                                       | 79,528.  | 79,004.                                      |  | STATEMENT 1  |  |  |
| $\mathcal{M} \mid_{5a}$                                      | Gross rents  |                                       | ,  |  | ,  | 74467 <b>2</b> 4751078   |  |  |
| <b>f</b>   | Net rental income or (loss)  |                                       |  | KENKIKA KA                                   | 人。今年的公主教授教会  |  |  |  |
| 1/63   | Net gain or (loss) from sale of assets not on line   | 10                                    | 182,614.   | <b>第三字等数数据设置的</b>                            | 上公司的人的发展的複響的   | <b>公司的</b> 通過2000年   |  |  |
| // <u>300</u> 2 \  | Gross sales price for all assets on line 6a 623,   |                                       | THE THE REPORT   |  | 1. 代表的专家证明的  | FAREARINE AREA   |  |  |
| ( <del>a</del>   | Capital gain net income (from Part IV, line 2)   | $\overline{}$                         | 基础的设备数数的证明   | 182,614.                                     | CONTRACTOR AND CONTRACTOR  | SPANISH SAFE   |  |  |
| / 雪  | Net short-term-earntal gain EIVED  | 1                                     |  | <b>通过是独身"北外"型的</b>                           | ·  |  |  |  |
| \ \\$\[\]  | Income modifications   | 181                                   |  | <b>多分别于约12分别</b> 处                           |  | ALEXAGES IN  |  |  |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                        | Gross sales less returns and allowances  | 191                                   | THE STATE OF THE S | \$375.WC002.W6                               | <b>公司公司的</b>   | 25 (25 (25 (25 (25 (25 (25 (25 (25 (25 (   |  |  |
| ₩,   | Less Cost digoods sold 1 0 0 (013  | 181                                   | <b>20</b> 个数据设置  | RAPER TARKETOFF                              | <b>第129470万年的</b> 188  | ZOVIČENE WIES  |  |  |
| ~ as   | Cross and (9) (1999)   | <u> </u>                              |  | SELVENCE BANK                                |  |  |  |  |
| § <b>₫</b> 11  | Other income OGDEN, U  |                                       | •  | •  |  |  |  |  |
| © <u>₹</u> 12  | Total Add unes 1 junough 11  |                                       | 332,107.   | 261,618.                                     | l .  | E REMARKAN   |  |  |
| £ 3 13   | Compensation of officers, directors, trustees, etc.  | :                                     | 0.   | , 0.   |  | 0  |  |  |
| <del>2</del> 14  | Other_employee salaries and wages  |                                       |  |  |  |  |  |  |
| 15   | Pension plans, employee benefits   |                                       |  |  |  |  |  |  |
| တ္တို 16a  | Legal fees STM   |                                       | 150.   | 150.   |  | , 0  |  |  |
| Expense  |  | T 3                                   | 4,150.   | 4,150.                                       |  | , , 0  |  |  |
| c Exp  | Other professional fees STM  | T 4                                   | 40,199.  | 40,199.                                      |  | C  |  |  |
|  | Interest   |                                       |  |  | <u> </u>   | <u> </u>   |  |  |
| Administrative<br>12 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  | T 5                                   | 2,125.   | 275.   |  | Commence of the commence of th |  |  |
| <u>işi</u> 19  | Depreciation and depletion   |                                       |  | ,  |  |  |  |  |
| ₫ 20   | Occupancy  |                                       | 1  | -  | 1  |  |  |  |
|  | Travel, conferences, and meetings  |                                       |  |  |  |  |  |  |
| _` \   | Printing and publications  |                                       | 1 555  |  | ,  | ļ,   |  |  |
| Operating and 22 23 4 25 25 25 25 25 25 25 25 25 25 25 25 25 | · · · · · · · · · · · · · · · · · · ·  | T 6                                   | 4,662.   | 4,662.                                       | <u> </u>   | c  |  |  |
| ÷ <u>₹</u> 24  | Total operating and administrative   |                                       | [ 51 006   | 40 400                                       |  | · .  |  |  |
| , ad   | expenses. Add lines 13 through 23  |                                       | 51,286.  | 49,436.                                      | LEXESCE SELECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF | 265 573  |  |  |
| 25   | Contributions, gifts, grants paid  | }                                     | 265,573.   |  |  | 265,573  |  |  |
| 26   | Total expenses and disbursements   | )                                     | 246 252  | 40 405                                       |  | 0.05 550   |  |  |
|  | Add lines 24 and 25  |                                       | 316,859.   | 49,436.                                      | Chara Nationality Supplemental Supplemental  | 265,573  |  |  |
| 25<br>26<br>27   | Subtract line 26 from line 12:   |                                       |  |  |  |  |  |  |
| ΄ a΄   | Excess of revenue over expenses and disbursen  |                                       | 15,248.  |  | PARAMETER OF THE PROPERTY OF T |  |  |  |
| j b  | Net investment income (if negative, enter -  | 0-)                                   |  | 212,182.                                     |  | 1979 1979 1979 1979 1979 1979 1979 1979  |  |  |
| · c  | Adjusted net income (if negative, enter -0-)   |                                       | Personal Company   | \$7835Q####YY############################### | N/A  |  |  |  |

LHA For Paperwork Reduction Act Notice, see instructions.

|                             |      | U-PF (2016) HEGACT FOUNDATION OF TO  | Page 200 ATT   |  | 0010401 Tage 2                               |
|-----------------------------|------|--|--|--|--|
| 'nP.ã                       | iřt  | Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year (a) Book Value   | (b) Book Value   | (c) Fair Market Value                        |
| $\exists$                   | _    | · · · · · · · · · · · · · · · · · · ·  | (a) DOOK Value   | (b) DOOK VAIUE   | (c) i all ividiket value                     |
|                             | 1    | Cash - non-interest-bearing  | 134,849.   | 127,488.   | 127,488.                                     |
|                             | 2    | Savings and temporary cash investments   | 134,049.   | Bath , Water Spring Strate   | 127,400.                                     |
|                             | 3    | Accounts receivable -  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   | CAN THE STATE OF T | **************************************       |
|                             |      | Less: allowance for doubtful accounts  | 2500 500 500 500 500 500 500 500 500 500   | ักนั้นสักกกับที่ ไรก พ.ชา โละสานให้ป. วัติที่มีกับ แล้วกับกับกับกับ  |  |
|                             | 4    | Pledges receivable   | warring and an analysis and a same and a sam | Soft to the state of the state  | And the control of the second                |
|                             |      | Less: allowance for doubtful accounts  |  |  |  |
|                             | 5    | Grants receivable  |  |  |  |
|                             | 6    | Receivables due from officers, directors, trustees, and other  | ,  |  |  |
| 1                           |      | disqualified persons   | 7.8 / Promotenta Nando   | to the second se | Haratesative of the beauty and attractive of |
| i                           | 7    | Other notes and foans receivable   | 発のからはいいない。   | <u> </u>   |  |
| ,                           |      | Less: allowance for doubtful accounts  |  |  |  |
| ţ                           | 8    | Inventories for sale or use  |  |  |  |
| ssets                       | 9    | Prepaid expenses and deferred charges  | 1  | •  |  |
| ۲                           | 10a  | Investments - U.S. and state government obligations STMT 8   | 281,962.   | 311,049.   | 311,049.                                     |
|                             | b    | Investments - corporate stock STMT 9   | 2,333,794.   | 2,015,481.   | 2,015,481.                                   |
|                             | C    | Investments - corporate bonds STMT 10  | 645,352.   | 553,112.   | \ 553,112.                                   |
|                             | 11   | Investments - land, buildings, and equipment basis   | SASSAN AND SASSAN S   |  |  |
| '                           |      | Less accumulated depreciation  |  |  |  |
|                             | 12   | Investments - mortgage loans   |  |  |  |
|                             | 13   | Investments - other  |  |  |  |
|                             | 14   | Land, buildings, and equipment; basis  | OTAGENESIS JOY   | REAL PROPERTY.   | 是是100mm,100mm。                               |
|                             |      | Less accumulated depreciation  |  |  |  |
|                             | 15 . | Other assets (describe ►   |  |  |  |
|                             |      | Total assets (to be completed by all filers - see the  |  | -  | ,  |
|                             | -    | instructions. Also, see page 1, item I)  | ·3,395,957.  | 3,007,130.   | 3,007,130.                                   |
| $\neg$                      | 17   | Accounts payable and accrued expenses  |  |  |  |
|                             | 18   | Grants payable   |  | ~  |  |
|                             | 19   | Deferred revenue   |  | ζ  |  |
| انة                         | 20   | Loans from officers, directors, trustees, and other disqualified persons                                       |  |  |  |
| 賣                           | 21   | Mortgages and other notes payable  |  |  |  |
|                             | 22   | Other liabilities (describe >)   |  |  | CS SEPONE A PARAMETER                        |
|                             |      | ,  |  |  |  |
|                             | 23   | Total liabilities (add lines 17 through 22)  | 0.   | 0.   |  |
| ヿ                           |      | Foundations that follow SFAS 117, check here   |  |  |  |
|                             |      | and complete lines 24 through 26, and lines 30 and 31.   |  |  |  |
| ွမ                          | 24   | Unrestricted   | 3,395,957.   | 3,007,130.   |  |
| Ě                           | 25   | Temporarily restricted   |  | ,  |  |
| ag<br>gal                   |      | Permanently restricted   |  | ·  |  |
| Net Assets or Fund Balances |      | Foundations that do not follow SFAS 117, check here  |  | ·· ··· -   | COMMENT STANDARD                             |
| 희                           |      | and complete lines 27 through 31   |  |  |  |
| ö                           | 27   | Capital stock, trust principal, or current funds   |  |  |  |
| ets                         | 28   | Paid-in or capital surplus, or land, bldg., and equipment fund   |  |  |  |
| SS                          | 29   | Retained earnings, accumulated income, endowment, or other funds   |  |  |  |
| t l                         | 30   | Total net assets or fund balances  | 3,395,957.   | 3,007,130.   | TRANSPORT TO THE PROPERTY OF                 |
| Ž                           | 50   | Total lict assets of fund balances   |  |  |  |
|                             | 31   | Total liabilities and net assets/fund balances   | 3,395,957.   | 3,007,130.   | 4  |
| =                           |      |  |  |  | Automorphic St. Automorphic School Control   |
| Pa                          | art. | Analysis of Changes in Net Assets or Fund Ba   | alances  | _  |  |
| 1                           | otai | net assets or fund balances at beginning of year - Part II, column (a), line                                   | 30   |  |  |
|                             |      | st agree with end-of-year figure reported on prior year's return)  |  | 1  | 3,395,957.                                   |
|                             |      | amount from Part I, line 27a   | •  | 2  | 15,248.                                      |
|                             |      | r increases not included in line 2 (itemize)   |  | 3  | 0.   |
|                             |      | lines 1, 2, and 3  |  | 4  | 3,411,205.                                   |
|                             |      | eases not included in line 2 (itemize)   | SEE ST   | ATEMENT 7 5  | 404,075.                                     |
|                             |      | net assets or fund balances at end of year (line 4 minus line 5) - Part II, c                                  |  | 6  | 3,007,130.                                   |
| <u>~</u>                    | old  | The assets of Torre parametes at end of year (fine 4 minus fine 3) -1 art it, o                                |  |  | Form <b>990-PF</b> (2018)                    |

| Part IV Capital Gains a  | and Losses for Tax on In  | vestment                                | Income                               | <u> </u>     |                           | <del></del>              |                     | <u> </u>                     |                                  |
|--|---|---|--------------------------------------|--------------|---------------------------|--------------------------|---------------------|------------------------------|----------------------------------|
|  | the kind(s) of property sold (for exar<br>rehouse; or common stock, 200 shs |   | te,                                  | IΡ           | How ac<br>- Purc<br>- Don | cquired<br>hase<br>ation | (c) Date<br>(mo., d |                              | (d) Date sold<br>(mo., day, yr.) |
| 1a PUBLICLY TRADE  | SECURITIES  |   |                                      |              |                           | P                        | VARI                | OUS                          | VARIOUS                          |
| b PUBLICLY TRADE   |   |   |                                      |              |                           | P                        | VARI                | OUS                          | VARIOUS                          |
| c CAPITAL GAINS I  | DIVIDENDS   |   |                                      |              |                           |                          |                     |                              |                                  |
| d  | <del></del>   |   |                                      | ļ            |                           |                          |                     |                              |                                  |
| <u>e</u>   |   | T                                       | <del></del>                          | Щ,           |                           |                          |                     | <del> </del>                 |                                  |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)                                     |   | st or other basis<br>expense of sale |              |                           | ·                        |                     | ain or (loss<br>s (f) minus  | (g))                             |
| a 33,041.  |   |   | 21,77                                |              |                           |                          |                     |                              | 11,268.                          |
| ь 590,870.   |   |   | 419,54                               | 8.           |                           | <del>, , </del>          |                     |                              | 171,322.                         |
| c 24.  |   |   |                                      |              |                           | <u> </u>                 |                     |                              | 24.                              |
| d  |   | ļ                                       |                                      | _            |                           |                          |                     |                              |                                  |
| <u>e</u>   |   | <u> </u>                                | 10101100                             |              |                           |                          | <del></del>         |                              |                                  |
| Complete only for assets showin  | g gain in column (h) and owned by t   | T                                       |                                      |              |                           |                          |                     | ol. (h) gaın<br>ıot less tha |                                  |
| (i) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69  |   | cess of col. (1)<br>col. (j), if any |              |                           | coi.                     |                     | (from col. (                 |                                  |
| a  |   |   |                                      |              |                           |                          |                     |                              | 11,268.                          |
| b  |   |   |                                      |              |                           | <del> </del>             |                     |                              | 171,322.                         |
| C  |   | ļ                                       |                                      |              |                           |                          |                     |                              | 24.                              |
| d  |   |   |                                      |              |                           |                          |                     |                              |                                  |
| e  |   |   |                                      |              |                           | <del>,</del>             |                     |                              |                                  |
| 2 Capital gain net income or (net ca                                   | pital loss) { If gain, also enter   If (loss), enter -0                     |   |                                      | }            | 2                         |                          |                     |                              | 182,614.                         |
| 3 Net short-term capital gain or (los                                  | • • •   |   |                                      | <i>_</i> [   |                           |                          |                     |                              |                                  |
| If gain, also enter in Part I, line 8,                                 |   | iu (0).                                 |                                      | ال           |                           |                          |                     |                              |                                  |
| If (loss), enter -0- in Part I, line 8                                 | • •   | <b></b>                                 |                                      | J            | 3                         |                          |                     | N/A                          |                                  |
| Part V   Qualification U   | nder Section 4940(e) for  | Reduced                                 | Tax on Net                           | Inve         | stm                       | ent Inco                 | me                  |                              |                                  |
| (For optional use by domestic private                                  | foundations subject to the section 4  | 1940(a) tax on                          | net investment in                    | come.        | .)                        |                          |                     |                              |                                  |
| If section 4940(d)(2) applies, leave th                                | ne nart hlank   |   |                                      |              |                           |                          |                     |                              |                                  |
|  | ·   |   |                                      |              |                           |                          |                     |                              | L                                |
| Was the foundation liable for the sect                                 |   |   | •                                    | iod?         |                           |                          |                     |                              | Yes X No                         |
| If "Yes," the foundation doesn't qualif                                |   | · ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` |                                      |              |                           |                          |                     |                              |                                  |
| 1 Enter the appropriate amount in 6                                    | each column for each year; see the in                                       | istructions bei                         | ore making any er                    |              | •                         |                          | 1                   |                              | (4)                              |
| Base period years  | (b) Adjusted qualifying dis   | tributions                              | Net value of no                      | (c)<br>nchar | ritable-                  | use assets               |                     | Distril                      | (d)<br>bution ratio              |
| Calendar year (or tax year beginnii                                    | 'g'''/  | 2,456.                                  | 1101 14100 01 110                    |              |                           | 0,426                    |                     | (col. (b) all                | nded by col. (c))<br>• 077430    |
| 2017<br>2016   |   | 0,470.                                  | <del></del>                          |              |                           | 8,380                    |                     |                              | .081896                          |
| 2015   |   | $\frac{6,1754}{6,754}$                  |                                      |              | -                         | $\frac{3,333}{7,341}$    |                     |                              | .069101                          |
| 2014   |   | 3,399.                                  |                                      |              | -                         | 0,321                    |                     |                              | .065963                          |
| 2013   |   | 3,169.                                  |                                      |              |                           | 1,881                    |                     |                              | .069674                          |
| 2010   |   | <u> </u>                                |                                      |              | ,                         |                          |                     |                              | 1002072                          |
| 2 Total of line 1, column (d)  |   |   |                                      |              |                           |                          | 2                   |                              | .364064                          |
| 3 Average distribution ratio for the                                   | 5-year hase period - divide the total o                                     | on line 2 by 5.0                        | ), or by the number                  | er of v      | /ears                     |                          |                     |                              |                                  |
| the foundation has been in exister                                     |   |   | .,,                                  | <b>,</b>     | ,                         |                          | 3                   |                              | .072813                          |
|  |   |   |                                      |              |                           |                          |                     |                              |                                  |
| 4 Enter the net value of noncharitab                                   | le-use assets for 2018 from Part X. I                                       | line 5                                  |                                      |              |                           |                          | 4                   |                              | 3,266,479.                       |
|  | ,   |   |                                      |              |                           |                          |                     |                              |                                  |
| 5 Multiply line 4 by line 3  |   |   |                                      |              |                           |                          | 5                   |                              | 237,842.                         |
| ,  |   |   |                                      |              |                           |                          |                     |                              |                                  |
| 6 Enter 1% of net investment incom                                     | ne (1% of Part I. line 27b)   |   |                                      |              |                           |                          | 6                   |                              | 2,122.                           |
|  | , ,   |   |                                      |              |                           |                          |                     |                              |                                  |
| 7 Add lines 5 and 6  |   |   |                                      |              |                           |                          | 7                   |                              | 239,964.                         |
| <del></del>  |   |   |                                      |              |                           |                          |                     |                              |                                  |
| 8 Enter qualifying distributions from                                  | n Part XII, line 4  |   |                                      |              |                           |                          | 8                   |                              | 265,573.                         |
| If line 8 is equal to or greater than<br>See the Part VI instructions. | n line 7, check the box in Part VI, line                                    | th, and comp                            | lete that part usin                  | g a 19       | % tax r                   | rate.                    |                     |                              |                                  |



| Form 990-PF (2018) LEGACY FOUNDATION OF TOMPKINS COUNTY 15-6  [Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s   | 018481<br>see instructio | Page 4        |
|--|--------------------------|---------------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.  | ,                        |               |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  |                          |               |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%   | 2,                       | 122.          |
| of Part I, line 27b  |                          |               |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)   |                          |               |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |                          | 0.            |
| 3 Add lines 1 and 2  | 2,                       | 122.          |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |                          | 0.            |
| 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-   | 2,                       | 122.          |
| 6 Credits/Payments:  |                          |               |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 2,009.  |                          |               |
| b Exempt foreign organizations - tax withheld at source 6b 0.  |                          |               |
| c Tax paid with application for extension of time to file (Form 8868) 6c 653.  | •                        |               |
| d Backup withholding erroneously withheld 6d 0.  |                          |               |
| 7 Total credits and payments. Add lines 6a through 6d  | 2,                       | 662.          |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8   |                          | 0.            |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |                          |               |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.   |                          | 540.          |
| 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax > 540 - Refunded > 11   |                          | 0.            |
| Part VII-A   Statements Regarding Activities   |                          |               |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in  | Ye                       | s No          |
| any political campaign?  | 1a                       | X             |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition   | 1b                       | X             |
| If 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.   | .                        | 1             |
| c Did the foundation file Form 1120-POL for this year?   | 1c                       | X             |
| d 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 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  | [ ]                      |               |
| managers. > \$ 0.  | [ ]                      |               |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2                        | X             |
| If "Yes," attach a detailed description of the activities.   |                          |               |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or  | [                        | ,             |
| 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?   |                          | <del></del>   |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5                        | X             |
| 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  | 1 1                      |               |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law   |                          |               |
| 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                      |               |
| bid the foundation have at least possess in according to your in roof complete variety con (o), and variety  |                          |               |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions.  | 1 1                      |               |
| NY   | <del></del>   •          |               |
| 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)  | — ľ , l                  |               |
| 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 calendar  | 100 11                   | 1 1           |
| year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV  | . 9                      | <u> </u>      |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  | 10                       | $\frac{1}{x}$ |
| TO DID GITT POLOGINA DOCUME SUBSEQUENCIAL CONTRIBUTION OF THE CALL TOWN IN THE STATE OF THE STAT | Form <b>990-P</b>        |               |
|  |                          | (/            |

| Pa  | rt VII-A Statements Regarding Activities (continued)   |  | _        |
|-----|--|--|----------|
|     |  | Yes No   | )        |
| 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 X   |          |
| 40  | •  |  | _        |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?   | 12 X   |          |
|     | If "Yes," attach statement. See instructions   |  | _        |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                          | 13 X   | _        |
|     | Website address ► WWW.TCLEGACY.ORG   | T.4. 000.4   | _        |
| 14  | The books are in care of ► JANET HEWITT Telephone no. ► 607-2  |  | _        |
| -   | Located at ► C/O TOMPKINS TRUST COMPANY, PO BOX 460, ITHACA, N ZIP+4 ►1  | 4851   | _        |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here  |  | ]        |
|     | and enter the amount of tax-exempt interest received or accrued during the year  | N/A  | _        |
| 16  | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,                 | Yes No   | <u> </u> |
|     | securities, or other financial account in a foreign country?   | 16 X   | _        |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                             |  | ŝ        |
|     | foreign country  | 1.27 K. 1.38 K. 1.3. K | ¥.       |
| ,Pa | rt 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):   |  | Ž,       |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   |  | , F.     |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |  | 3.5      |
| •   | a disqualified person?   |  | 3        |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No   |  | 3        |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No   |  |          |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available  |  | 5        |
|     | for the benefit or use of a disqualified person)?  Yes X No  |  | 3        |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"  |  | è.       |
|     | If the foundation agreed to make a grant to or to employ the official for a period after   |  | 5        |
|     | termination of government service, if terminating within 90 days.)  Yes X No   |  | ASS.     |
|     | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                       |  | Š        |
| . " | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A   | 1b   | 27.      |
|     |  | 100 pt 100 at 10 | Ę.       |
|     | Organizations relying on a current notice regarding disaster assistance, check here  | - PARTIES  | Š        |
| С   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected              | 1c X   | ģš.      |
| _   | before the first day of the tax year beginning in 2018?  | 1c A   | ă        |
| 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)):  |  | X.       |
| а   | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning         |  |          |
|     | before 2018?   |  |          |
|     | If "Yes," list the years $\blacktriangleright$   |  | 3        |
| b   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect |  | 8        |
|     | 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.) N/A   | 2b   | <b>a</b> |
| - С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                             |  |          |
|     | <b>)</b>   |  |          |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                    |  |          |
| -   | during the year?   |  | 8        |
| b   | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after       |  | <b>3</b> |
|     | 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         |  | 3        |
|     | 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,           | 566 568 33   | 1        |
|     | Form 4720, to determine if the foundation had excess business holdings in 2018.)   | 3b   |          |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                              | 4a X   | _        |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that       |  | 簽        |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2018?   | 4b X   | _        |
|     |  | orm <b>990-PF</b> (2018  | B)       |

| orm 990-PF (2018) LEGACY FOUNDATION OF TOMPKIN  | IS COUNTY 15  | - <b>6018481</b> Pa                              | ge 7   |
|---|---|--|--------|
| Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued)  | oundation Managers, Highly                                    |  |        |
| 3 Five highest-paid independent contractors for professional services. If no  | ne, enter "NONE."   |  |        |
| <ul> <li>(a) Name and address of each person paid more than \$50,000</li> </ul>   | (b) Type of service   | (c) Compens                                      | ation  |
| NONE  |   |  |        |
|   |   |  |        |
|   |   | )  |        |
| ,   |   |  |        |
|   |   |  |        |
| Part IX-A   Summary of Direct Charitable Activities   |   | <b>&gt;</b> .                                    | 0      |
|   |   | 1  |        |
| List the foundation's four largest direct charitable activities during the tax year. Include rele number of organizations and other beneficiaries served, conferences convened, research particles. | vant statistical information such as the apers produced, etc. | Expenses   |        |
| ( N/A   |   |  |        |
|   |   | -  |        |
|   |   | <del>                                     </del> |        |
|   |   | -  |        |
|   |   |  |        |
|   |   |  |        |
|   |   |  |        |
|   |   |  |        |
|   |   | -  |        |
|   |   | -  |        |
| Part IX-B   Summary of Program-Related Investments  |   |  |        |
| Describe the two largest program-related investments made by the foundation during the to   | ax year on lines 1 and 2.                                     | Amount   |        |
| N/A   |   |  |        |
|   |   |  |        |
|   |   |  |        |
| 2   |   | -  |        |
|   |   | $\dashv$   |        |
| All other program-related investments. See instructions.  |   |  |        |
| An other program-related investments. See instructions.   |   |  |        |
|   |   |  |        |
|   |   |  |        |
|   |   | _  |        |
|   |   | _  |        |
|   |   |  | ^      |
| Total. Add lines 1 through 3  |   | Form <b>990-PF</b> (                             | 0.     |
|   | •   | FORM 330-FF ()                                   | ∠∪ IØ) |

| F        | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four                 | ndations   | s, see instructions ) |
|----------|---|------------|-----------------------|
| 1        | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:     | \ \ \      |                       |
| '<br>a   | Average monthly fair market value of securities   | 1a         | 3.195.626.            |
|          | Average of monthly cash balances  | 1b         | 3,195,626.            |
| C        |   | 1c         |                       |
| d        |   | 1d         | 3,316,222.            |
|          | Reduction claimed for blockage or other factors reported on lines 1a and  | <u> </u>   | -,,                   |
| -        | 1c (attach detailed explanation)   1e   0.  |            |                       |
| 2        | Acquisition indebtedness applicable to line 1 assets  | 2          | 0.                    |
| 3        | Subtract line 2 from line 1d  | 3          | 3,316,222.            |
| -        | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)       | 4          | 49,743.               |
| 4<br>5   | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4             | 5          | 3,266,479.            |
| 6        | Minimum investment return. Enter 5% of line 5   | 6          | 163,324.              |
| ****     | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are |            |                       |
| L.       | foreign organizations, check here and do not complete this part.)   | ia contain | •                     |
| 1        | Minimum investment return from Part X, line 6   | 1          | 163,324.              |
| 2 a      | Tax on investment income for 2018 from Part VI, line 5  |            |                       |
| b        | Income tax for 2018. (This does not include the tax from Part VI.)  | 1          |                       |
| c        | Add lines 2a and 2b   | 2c         | 2,122.                |
| 3        | Distributable amount before adjustments. Subtract line 2c from line 1   | 3          | 161,202.              |
| 4        | Recoveries of amounts treated as qualifying distributions   | 4          | ,0.                   |
| 5        | Add lines 3 and 4   | 5          | 161,202.              |
| 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          | 161,202.              |
| F        | art XII Qualifying Distributions (see instructions)   |            |                       |
| <u> </u> |   | 12         |                       |
| 1        | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.                      | 1a         | 265,573.              |
| a        |   |            | 0.                    |
| ь        | Program-related investments - total from Part IX-B  | 1b<br>2    |                       |
| 2        | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       |            |                       |
| 3        | Amounts set aside for specific charitable projects that satisfy the:  | 3a         |                       |
| _        | Suitability test (prior IRS approval required)  Soah distribution test (attach the required schedule)           | 3b         |                       |
| b        | Cash distribution test (attach the required schedule)   | 4          | 265,573.              |
| 4        | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4       | + +        | 203,313.              |
| 5        |   |            | •                     |
|          | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment                    | _          | 2 122                 |
| _        | income. Enter 1% of Part I, line 27b  | 5          | 2,122.<br>263 451     |
| 6        |   | 6          | 263,451.              |

Part XIII Undistributed Income (see instructions)

| ,  | (a)<br>Corpus                                 | (b)<br>Years prior to 2017 | (c)<br>2017                             | ( <b>d)</b><br>2018 |
|--|---|----------------------------|---|---------------------|
| 1 Distributable amount for 2018 from Part XI,  |   | -                          |   | 161,202.            |
| line 7   |   |                            |   | 101,202.            |
| 2 Undistributed income, if any, as of the end of 2018  | +   |                            | 0.                                      |                     |
| a Enter amount for 2017 only b Total for prior years:  |   |                            |   |                     |
| g rotal for prior years.   |   | 0.                         |   |                     |
| 3 Excess distributions carryover, if any, to 2018:   |   |                            |   |                     |
| a From 2013 49,463.  |   |                            |   |                     |
| b From 2014 46,813.  |   |                            |   |                     |
| c From 2015 55,740.  |   |                            |   |                     |
| d From 2016 99,673.  |   |                            |   |                     |
| e From 2017 92,837.  |   |                            |   |                     |
| f Total of lines 3a through e  | 344,526.                                      |                            |   |                     |
| 4 Qualifying distributions for 2018 from   |   |                            |   |                     |
| Part XII, line 4: ►\$ 265,573.   |   |                            |   |                     |
| a Applied to 2017, but not more than line 2a   |   |                            | 0.                                      |                     |
| <b>b</b> Applied to undistributed income of prior  |   | _                          |   |                     |
| years (Election required - see instructions)   |   | 0.                         |   |                     |
| c Treated as distributions out of corpus   |   |                            |   |                     |
| (Election required - see instructions)   | 0.  |                            |   | 161 000             |
| d Applied to 2018 distributable amount   |   |                            |   | 161,202.            |
| e Remaining amount distributed out of corpus   | 104,371.                                      |                            |   |                     |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0.  |                            | , | 0.                  |
| 6 Enter the net total of each column as indicated below:   |   |                            |   |                     |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 448,897.                                      |                            |   |                     |
| b Prior years' undistributed income. Subtract  |   |                            |   |                     |
| line 4b from line 2b   | <u>,,, , , , , , , , , , , , , , , , , , </u> | 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  |   | 0.                         |   |                     |
| e Undistributed income for 2017. Subtract line   |   |                            | 0.                                      |                     |
| 4a from line 2a. Taxable amount - see instr.   |   |                            | 0.                                      |                     |
| f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must   |   |                            |   |                     |
| be distributed in 2019   |   |                            |   | 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 2013   |   |                            |   |                     |
| not applied on line 5 or line 7  | 49,463.                                       |                            |   |                     |
| 9 Excess distributions carryover to 2019   |   |                            |   |                     |
| Subtract lines 7 and 8 from line 6a  | 399,434.                                      |                            |   |                     |
| 10 Analysis of line 9:   |   |                            |   |                     |
| a Excess from 2014 46,813.   | •   |                            | 11 1 1                                  | . "                 |
| b Excess from 2015 55,740.   |   |                            |   |                     |
| c Excess from 2016 99,673.   |   |                            |   |                     |
| d Excess from 2017 92,837.   |   |                            |   |                     |
| e Excess from 2018 104,371.  |   |                            |   |                     |

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|   |                              | OF TOMPKINS                  |                            | 15-60                       | 18481 Page 10                         |
|---|------------------------------|------------------------------|----------------------------|-----------------------------|---------------------------------------|
| Part XIV   Private Operating F  |                              |                              | A, question 9)             | N/A                         |                                       |
| 1 a If the foundation has received a ruling o   | r determination letter that  | it is a private operating    |                            |                             |                                       |
| foundation, and the ruling is effective fo  | r 2018, enter the date of t  | he ruling                    | ▶ ∟                        |                             |                                       |
| <b>b</b> Check box to indicate whether the found                                      | dation is a private operatir | ig foundation described it   |                            | 4942(j)(3) or49             | 42( <sub>J</sub> )(5)                 |
| 2 a Enter the lesser of the adjusted net  | Tax year                     |                              | Prior 3 years              |                             |                                       |
| income from Part I or the minimum   | (a) 2018                     | <b>(b)</b> 2017              | (c) 2016                   | (d) 2015                    | (e) Total                             |
| investment return from Part X for   |                              |                              |                            |                             |                                       |
| each year listed  | <b>\</b>                     |                              |                            |                             |                                       |
| b 85% of line 2a  |                              |                              |                            |                             |                                       |
| c Qualifying distributions from Part XII,   |                              |                              |                            |                             |                                       |
| line 4 for each year listed   |                              |                              | 1                          |                             |                                       |
| d Amounts included in line 2c not   |                              |                              |                            |                             |                                       |
| used directly for active conduct of   |                              |                              |                            |                             |                                       |
| exempt activities   | 1                            |                              |                            |                             |                                       |
| 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:   |                              |                              |                            |                             |                                       |
| a "Assets" alternative test - enter: (1) Value of all assets                          |                              |                              |                            |                             |                                       |
| , ,   |                              | `                            |                            |                             |                                       |
| (2) Value of assets qualifying under section 4942(i)(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:  |                              |                              |                            |                             |                                       |
| • •   |                              |                              |                            |                             |                                       |
| <ol> <li>Total support other than gross<br/>investment income (interest,</li> </ol>   |                              |                              |                            |                             |                                       |
| dividends, rents, payments on   |                              | 1                            |                            | `                           |                                       |
| securities loans (section   |                              |                              |                            |                             |                                       |
| 512(a)(5)), or royalties)   |                              |                              |                            |                             | <del>\ \</del>                        |
| (2) Support from general public<br>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 Part XV   Supplementary Info                              | rmation (Comple              | te this part only i          | f the foundation           | had \$5,000 or mo           | e in assets                           |
| at any time during t  |                              |                              | i tile roundation          | παα φο,σσο στ πτο           | C 111 035015                          |
|   |                              |                              |                            | <del></del>                 |                                       |
| 1 Information Regarding Foundation  | •                            | 4b 00/ -f the total cont.    | ubususus vaasuusid bus tha | foundation before the close | a of any tay                          |
| a List any managers of the foundation wh<br>year (but only if they have contributed r |                              |                              | ibutions received by the   | toundation before the clos  | e or any tax                          |
|   | nore than wo,000). (Occ. s   | (L)(L)(L)                    |                            |                             |                                       |
| NONE  | 400/                         |                              |                            |                             | -tassahin or                          |
| b List any managers of the foundation who other entity) of which the foundation ha    |                              |                              | or an equally large porti  | on of the ownership of a pa | rulership or                          |
| • •   | is a 1070 or greater intere- | Ji.                          |                            |                             |                                       |
| NONE  |                              |                              |                            |                             |                                       |
| 2 Information Regarding Contribut   |                              |                              |                            |                             | outo too too do lt                    |
| Check here I if the foundation of   |                              |                              |                            |                             | ests for funds. If                    |
| the foundation makes gifts, grants, etc.,   |                              |                              |                            |                             |                                       |
| a The name, address, and telephone num  | ber or email address of the  | ne person to whom applic     | ations should be addres    | sed:                        |                                       |
| GDD GDD DDD GDVD 10   |                              |                              |                            |                             |                                       |
| SEE STATEMENT 12  |                              |                              |                            |                             |                                       |
| <b>b</b> The form in which applications should be                                     | be submitted and informa     | tion and materials they st   | nonia iucinae:             |                             |                                       |
| c Any submission deadlines:   |                              |                              |                            |                             |                                       |
| d Any restrictions or limitations on award  | ls, such as by geographic    | al areas, charitable fields, | kınds of institutions, or  | other factors:              | · · · · · · · · · · · · · · · · · · · |
|   |                              |                              |                            |                             |                                       |
| 823601 12-11-18   |                              |                              |                            |                             | Form <b>990-PF</b> (2018)             |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Young | ear or Approved for Future   | Payment                               |                                       |                      |
|--|--|---------------------------------------|---------------------------------------|----------------------|
| Recipient  | If recipient is an individual, show any relationship to  | Foundation                            | Purpose of grant or contribution      |                      |
| Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | status of recipient                   | contribution                          | Amount               |
| a Paid during the year   |  |                                       |                                       |                      |
|  |  |                                       |                                       |                      |
| 1-H URBAN OUTREACH PROGRAM OF<br>COMPKINS COUNTY                                   | NONE   | PUBLIC CHARITY                        | AWARDS, CONTRIBUTIONS & OPERATIONS    | 5,000                |
|  |  |                                       |                                       |                      |
| ALTERNATIVES IMPACT  | NONE   | PUBLIC CHARITY                        | AWARDS, CONTRIBUTIONS                 |                      |
|  |  |                                       | & OPERATIONS                          | 5,500                |
|  |  |                                       |                                       |                      |
| BOYCE THOMPSON INSTITUTE FOR PLANT<br>RESEARCH                                     | NONE   | PUBLIC CHARITY                        | AWARDS, CONTRIBUTIONS  © OPERATIONS   | 5,829                |
|  |  |                                       |                                       |                      |
| CANCER RESOURCE CENTER OF THE FINGER   | NONE   | PUBLIC CHARITY                        | awards, contributions                 | 4,000                |
| LAKES  |  |                                       | & OPERATIONS                          | 4,000                |
| ,  |  |                                       |                                       |                      |
| CATHOLIC CHARITIES   | NONE   | PUBLIC CHARITY                        | AWARDS, CONTRIBUTIONS<br>& OPERATIONS | 7,000                |
| Total SEE COI  | NTINUATION SHEE  | T(S)                                  | <b>▶</b> 3a                           | 265,573              |
| <b>b</b> Approved for future payment   | •  |                                       |                                       |                      |
| NONE   |  |                                       |                                       |                      |
|  |  |                                       |                                       |                      |
|  |  |                                       |                                       |                      |
|  | ,  |                                       |                                       |                      |
|  |  |                                       |                                       | <u> </u>             |
|  |  |                                       |                                       |                      |
| Total  |  |                                       | <b>▶</b> 3b                           |                      |
| 1.4.41   |  | · · · · · · · · · · · · · · · · · · · | Fo                                    | m <b>990-PF</b> (201 |

|             | 7                            |             |
|-------------|------------------------------|-------------|
| Dort VI/I A | Analysis of Income Bradusing | A ativitian |
| Part XVI-A  | Analysis of Income-Producing | ACHVILLES   |
|             |                              |             |

| iter gross amounts unless otherwise indicated.              | Unrelated t             | ousiness income      |                       | section 512, 513, or 514  | (e)                               |
|---|-------------------------|----------------------|-----------------------|---------------------------|-----------------------------------|
| •   | (a)<br>Business         | (b)<br>Amount        | (C)<br>Exclu-<br>sion | (d)<br>Amount             | Related or exempt function income |
| Program service revenue                                     | code                    | 741100111            | code                  | Amount                    | Tunction income                   |
| a   |                         | ,                    |                       |                           |                                   |
| b   | _                       |                      |                       |                           |                                   |
| C   | _                       |                      |                       |                           |                                   |
| d   | _                       |                      |                       |                           | <del></del>                       |
| e   |                         |                      |                       |                           |                                   |
| f   |                         |                      |                       |                           | <del></del>                       |
| g Fees and contracts from government agencies               |                         |                      |                       |                           |                                   |
| Membership dues and assessments                             |                         |                      | $\bot$                |                           |                                   |
| Interest on savings and temporary cash                      |                         |                      |                       |                           |                                   |
| investments   |                         | ,                    |                       |                           |                                   |
| Dividends and interest from securities                      |                         |                      | 14                    | 79,528.                   |                                   |
| Net rental income or (loss) from real estate:               |                         |                      |                       | * *                       | •                                 |
| a Debt-financed property                                    |                         |                      |                       |                           |                                   |
| b Not debt-financed property                                |                         |                      |                       |                           |                                   |
| Net rental income or (loss) from personal                   |                         |                      |                       |                           |                                   |
| property  |                         |                      |                       |                           |                                   |
| Other investment income                                     | `                       |                      |                       |                           |                                   |
| Gain or (loss) from sales of assets other                   | 1 1                     |                      | 1 1                   |                           |                                   |
| than inventory  |                         |                      | 18                    | 182,614.                  |                                   |
| Net income or (loss) from special events                    |                         |                      |                       |                           |                                   |
| Gross profit or (loss) from sales of inventory              |                         |                      |                       |                           |                                   |
| Other revenue:  |                         |                      |                       |                           |                                   |
| a   |                         |                      |                       |                           |                                   |
| b   |                         |                      |                       |                           |                                   |
| c   |                         |                      |                       |                           |                                   |
| d   | 1                       |                      |                       |                           |                                   |
| e   |                         |                      |                       |                           |                                   |
| Subtotal. Add columns (b), (d), and (e)                     |                         | · C                  | ).                    | 262,142.                  |                                   |
| Total. Add line 12, columns (b), (d), and (e)               |                         |                      |                       | 13                        | 262,14                            |
| ee worksheet in line 13 instructions to verify calculations | 5.)                     |                      |                       |                           |                                   |
| Part XVI-B Relationship of Activitie                        | s to the Accom          | nlishment of F       | xempt Pu              | rooses                    |                                   |
| , Heladonomp of Addivide                                    |                         | <b>P</b>             | .xopr · u.            |                           | •                                 |
| ine No Explain below how each activity for which            | income is reported in o | olumn (e) of Part XV | I-A contributed       | importantly to the accomp | lishment of                       |
| ▼ the foundation's exempt purposes (other t                 |                         |                      |                       |                           |                                   |
| PROVIDES FUNDS TO VAR                                       | IOUS VOLUN              | TARY COMM            | UNITY S               | ERVICE AGENO              | IES LOCATE                        |
| IN THE TOMPKINS COUNT                                       | Y AREA. T               | HE FUNDS             | ALLOW T               | HE AGENCIES               | TO PROVIDE                        |
| SERVICES TO RESIDENTS                                       | OF TOMPKI               | NS COUNTY            | •                     |                           | -                                 |
|   |                         |                      |                       |                           |                                   |
|   |                         |                      |                       |                           |                                   |
|   |                         |                      |                       |                           |                                   |

| Part XVI           | Information Regarding Transfers to<br>Exempt Organizations   | and Transactions an               | d Relationships With Nonch                  | aritable  |         |             |
|--------------------|--|-----------------------------------|---|---|---------|-------------|
| 1 Did the          | organization directly or indirectly engage in any of the follo   | wing with any other organization  | n described in section 501(c)               |   | Yes     | No          |
|                    | nan section 501(c)(3) organizations) or in section 527, rela   |                                   | n described in section of i(e)              |   |         |             |
|                    | rs from the reporting foundation to a noncharitable exempt   |                                   |   |   |         |             |
| (1) Cas            |  | <b>3</b>                          |   | 1a(1)   |         | X           |
| <del>-</del>       | er assets  |                                   |   | 1a(2)   |         | X           |
| <b>b</b> Other tra |  |                                   |   |   |         |             |
| (1) Sal            | es of assets to a noncharitable exempt organization  |                                   |   | 1b(1)   |         | X           |
| (2) Pur            | chases of assets from a noncharitable exempt organization  | 1                                 |   | 1b(2)   |         | Х           |
| (3) Rer            | ntal of facilities, equipment, or other assets   |                                   |   | 1b(3)   |         | X           |
| (4) Rei            | mbursement arrangements  |                                   |   | 1b(4)   |         | Х           |
| (5) Loa            | ins or loan guarantees   |                                   |   | 1b(5)   | ]       | X           |
| (6) Per            | formance of services or membership or fundraising solicit  | ations                            |   | 1b(6)   |         | X           |
| c Sharing          | of facilities, equipment, mailing lists, other assets, or paid   | employees                         |   | 1c  |         | X           |
| d If the an        | swer to any of the above is "Yes," complete the following s  | chedule. Column (b) should alw    | ays show the fair market value of the goo   | ods, other asse                                     | ts,     |             |
| or servi           | ces given by the reporting foundation. If the foundation rec   | eived less than fair market value | e in any transaction or sharing arrangeme   | nt, show in   |         |             |
|                    | (d) the value of the goods, other assets, or services receiv   |                                   |   |   |         |             |
| (a) Line no        |  | able exempt organization          | (d) Description of transfers, transactions, | and sharing arrar                                   | ngemen  | ts          |
|                    | N/I  | <del>}</del>                      |   |   |         |             |
|                    |  | ·                                 |   |   |         |             |
|                    |  |                                   |   |   |         |             |
|                    |  |                                   |   |   |         |             |
|                    |  |                                   |   |   |         |             |
|                    |  |                                   |   |   |         |             |
|                    |  |                                   | <del></del>                                 |   |         |             |
|                    |  |                                   | <del></del>                                 | <del></del>   |         |             |
|                    |  | <del></del> -                     | <del> </del>                                |   |         |             |
| <del></del>        |  |                                   |   |   |         |             |
| <del></del>        |  |                                   |   |   |         |             |
|                    |  |                                   |   |   |         |             |
|                    |  |                                   |   |   |         |             |
|                    |  |                                   | <u> </u>                                    |   |         |             |
|                    |  | ···                               |   | <del>-</del> ,                                      |         |             |
| in sectio          | oundation directly or indirectly affiliated with, or related to, on 501(c) (other than section 501(c)(3)) or in section 527?   |                                   | ations described                            | Yes   | X       | No          |
| D II Yes,          | complete the following schedule.  (a) Name of organization   | (b) Type of organization          | (c) Description of rela                     | tionship  |         |             |
|                    | N/A  | (b) Type of organization          | (c) Description of rela                     | попопир   |         |             |
|                    | N/ R   |                                   |   |   |         |             |
|                    |  |                                   |   |   |         |             |
|                    |  |                                   |   |   |         |             |
|                    | <del></del>  |                                   |   |   |         |             |
| Sign Here          | er penalties of perjury, I declare that I have examined this return, inclubelief, it's que, correct, and complete Declaration of preparer (other to the perfect of the perf |                                   |   | May the IRS dis return with the shown below?  X Yes | prepare | er .        |
|                    |  | 's signature                      |   | TIN   |         |             |
|                    |  |                                   | , 1 <u> </u>                                |   |         |             |
| Paid               | PATRICK JORDAN   | m All                             | / //7//4                                    | P008545   | 521     |             |
| Preparer           | Firm's name INSERO & CO. CPAS  | , LLP                             | Firm's EIN ▶ 47                             |   |         |             |
| Use Only           |  | ,                                 | Timis Cin P 47                              | JJ-10'  | -       |             |
| ··· <b>,</b>       |  | REET, SUITE 500                   | <del></del>                                 |   |         | <del></del> |
|                    | ITHACA, NY 14850   |                                   | j.  | 7) 272-   | -44     | 44          |
|                    |  |                                   | Trione in 700                               | Form 990  |         |             |

#### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

2018

| LEGACY | FOUNDATION | OF | TOMPKINS | COUNTY |
|--------|------------|----|----------|--------|

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

Employer identification number

15-6018481

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| Organiz   | ation type (check or  | ne)   |
|-----------|---|---|
| Filers of | f:  | Section:  |
| Form 99   | 0 or 990-EZ   | 501(c)( ) (enter number) organization   |
|           |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |
| ,         |   | 527 political organization  |
| Form 99   | 0-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  |
|           |   | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions  |
| General   | Rule  |   |
| X         | •   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |
| Special   | Rules   |   |
|           | sections 509(a)(1) a any one contributor                        | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II.   |
|           | year, total contribut   | described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),   |
|           | year, contributions<br>is checked, enter h<br>purpose Don't con | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, chantable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, chantable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively except the contributions totaling \$5,000 or more during the year |
| but it mi | ust answer "No" on  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),<br>Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to<br>be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)   |

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 additional space is needed. |                            |   |  |  |
|------------|---|----------------------------|---|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |  |  |
| 1          | GEORGE V. & JEAN A. SMITH CHARITABLE TRUST  | \$                         | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |  |  |
| 2          | JEWELL ESTATE   | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| 3          | ESTATE OF DORIS S. STRONG   | \$                         | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
|            |   | \$                         | Person Payroll Onncash Complete Part II for noncash contributions )     |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
|            |   | \$                         | Person Payroll Oncash Complete Part II for noncash contributions )      |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
|            |   | \$                         | Person Payroll Noncash Complete Part II for noncash contributions )     |  |  |

Employer identification number

## LEGACY FOITHDATTON OF TOMPKING COINTY

15-6018481

| Part II                      | Noncash Property (see instructions) Use duplicate copies of Part I | I if additional space is needed          | 0010401              |
|------------------------------|--|--|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                         | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | <br><br>\$                               |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                         | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | <br><br>\$                               |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                         | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  |  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                         | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  |  | <del></del>          |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                         | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | s  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                         | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | s  |                      |

| Name of or                | ganization   | Employer identification number  |   |
|---------------------------|--|---|---|
| TECACS                    | Y FOUNDATION OF TOMPKIN  | IC COINTY   | 15-6018481  |
| Part III                  | Exclusively religious, charitable, etc., contribi  | itions to organizations described in section  | n 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
|                           | from any one contributor. Complete columns completing Part III, enter the total of exclusively religious | <ul><li>(a) through (e) and the following line entry f<br/>charitable, etc., contributions of \$1,000 or less</li></ul> | For organizations  for the year (Enter this info once )  \$         |
|                           | Use duplicate copies of Part III if additional   | ıl space is needed.   |   |
| (a) No.<br>from<br>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 ZID ± 4   | Relationship of transferor to transferee                            |
| F                         | Transferee's flame, address,   | and zir + 4   | Tretationship of pansacrot to pansacree                             |
|                           |  |   |   |
|                           |  |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held                                 |
| Parti                     |  |   |   |
|                           |  |   | _   |
|                           |  |   | _   |
|                           |  | (e) Transfer of gift  |   |
|                           | T  |   | Delationabia of humafanan to transfer                               |
|                           | Transferee's name, address,  | and ZIP + 4   | Relationship of transferor to transferee                            |
|                           |  |   |   |
|                           |  |   |   |
| (a) No.                   |  | 111   |   |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held                                 |
|                           |  |   | _   |
|                           |  |   |   |
|                           |  |   | _1  |
|                           |  | (e) Transfer of gift  |   |
|                           | Transferee's name, address,  | and ZIP + 4   | Relationship of transferor to transferee                            |
|                           |  |   |   |
|                           |  |   |   |
|                           |  |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held                                 |
| _ Fail i                  |  |   |   |
|                           |  |   |   |
|                           |  |   |   |
| F                         |  | (e) Transfer of gift  |   |
|                           |  |   |   |
|                           | Transferee's name, address,  | and ZIP + 4   | Relationship of transferor to transferee                            |
|                           |  |   |   |
|                           |  |   |   |
|                           |  |   |   |

823454 11-08-18

| Part XV Supplementary Information                             | OUNDATION OF I  | 0.1111111111111111111111111111111111111 | UNII 15-001                           | <u> </u> |
|---|---|---|---------------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye                 | ear (Continuation)                                      |   |                                       |          |
| Recipient   | If recipient is an individual, show any relationship to | Foundation                              | Purpose of grant or                   | Amount   |
| Name and address (home or business)                           | any foundation manager<br>or substantial contributor    | status of recipient                     | contribution                          | Amount   |
| CENTER FOR THE ARTS AT ITHACA                                 | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS                 | 3,000.   |
|   | 3   |   |                                       |          |
| CENTER FOR TRANSFORMATIVE ACTION                              | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS  • OPERATIONS   | 10,295.  |
| CHALLENGE INDUSTRIES  | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS                 |          |
|   | , ,   |   | & OPERATIONS                          | 10,000.  |
| CHILD DEVELOPMENT COUNCIL                                     | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS • OPERATIONS    | 4,000.   |
| COOPERATIVE EXTENSION ASSOCIATION OF TOMPKINS COUNTY          | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS • OPERATIONS    | 9,000.   |
| CORNELL COOPERATIVE EXTENSION- FAMILY & COMMUNITY DEVELOPMENT | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS                 | 5,000.   |
| DOROTHY COTTON JUBILEE SINGERS                                | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS<br>& OPERATIONS | 1,000.   |
| FAMILY & CHILDREN'S SERVICE OF ITHACA                         | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS                 | 5,000.   |
| FAMILY READING PARTNERSHIP                                    | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS                 | 2,500.   |
| FOOD BANK OF THE SOUTHERN TIER                                | NONE  | PUBLIC CHARITY                          | AWARDS, CONTRIBUTIONS                 | 5,700.   |
| Total from continuation sheets                                | <u> </u>  |   | r                                     | 238,244. |

| Part XV Supplementary Information                         | TOUNDATION OF T  | OHI KIND CO.                         | JNT1 13-601                           | 0401    |
|---|--|--------------------------------------|---------------------------------------|---------|
| 3 Grants and Contributions Paid During the Y              |  |                                      |                                       | ·       |
| Recipient   | If recipient is an individual,   | Coundation                           | Purpose of grant or                   |         |
| Name and address (home or business)                       | show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution      | Amount  |
|   | S. SSSCAMA COMMISSION  |                                      |                                       |         |
| FOODNET MEALS ON WHEELS                                   | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS                 | 8,408.  |
|   |  |                                      | ,                                     | 0,200.  |
| FRANZISKA RACKER CENTER                                   | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS<br>& OPERATIONS | 4,100.  |
|   |  |                                      |                                       |         |
| FRIENDS OF THE ITHACA YOUTH BUREAU                        | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS & OPERATIONS    | 10,000. |
|   |  |                                      |                                       |         |
| HABITAT FOR HUMANITY OF TOMPKINS & CORTLAND COUNTIES      | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS & OPERATIONS    | 9,000.  |
| ITHACA CHILDREN'S GARDEN                                  | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS                 | 11,700. |
|   |  |                                      |                                       |         |
| ITHACA NEIGHBORHOOD HOUSING SERVICES, INC.                | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS                 | 10,000. |
| •   |  |                                      |                                       |         |
| LIFELONG RSVP   | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS  © OPERATIONS   | 1,500.  |
| LOAVES AND FISHES OF TOMPKINS COUNTY                      | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS                 |         |
|   |  |                                      | & OPERATIONS                          | 4,750.  |
| LOVE LIVING AT HOME, INC.                                 | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS & OPERATIONS    | 500.    |
| OPPORTUNITIES ALTERNATIVES & RESOURCES OF TOMPKINS COUNTY | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS<br>& OPERATIONS | 7,200.  |
| Total from continuation sheets                            |  |                                      | 1                                     |         |

| 3 Grants and Contributions Paid During the | Year (Continuation)                                     | <del> </del>        |                                       |        |
|--|---|---------------------|---------------------------------------|--------|
| , Recipient                                | If recipient is an individual, show any relationship to | Foundation          | Purpose of grant or                   |        |
| Name and address (home or business)        | any foundation manager<br>or substantial contributor    | status of recipient | contribution                          | Amount |
| PALEONTOLOGICAL RESEARCH INSTITUTE         | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS & OPERATIONS    | 15,00  |
| SALVATION ARMY                             | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS                 | , 75(  |
| SCIENCENTER OF ITHACA                      | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS                 | 14,200 |
| SPCA OF TOMPKINS COUNTY                    | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS                 | 10,000 |
| SPECIAL OLYMPICS, AREA 17                  | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS<br>& OPERATIONS | 1,500  |
| STATE THEATRE OF ITHACA, INC.              | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS<br>& OPERATIONS | 4,600  |
| THE HISTORY CENTER IN TOMPKINS             | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS & OPERATIONS    | 17,000 |
| THE LEARNING WEB                           | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS<br>& OPERATIONS | 2,500  |
| THE WOMEN'S OPPORTUNITY CENTER             | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS                 | 1,000  |
| TOMPKINS <sup>(</sup> COMMUNITY ACTION     | NONE  | PUBLIC CHARITY      | AWARDS, CONTRIBUTIONS                 | 10,000 |

| Part XV   Supplementary Information          | FOUNDATION OF T  | OMPRING CO.                          | UNTY 15-601                             |          |
|--|--|--------------------------------------|---|----------|
| 3 Grants and Contributions Paid During the Y |  |                                      |   | <u> </u> |
| Recipient                                    | If recipient is an individual,   | <u> </u>                             |   |          |
| Name and address (home or business)          | show any relationship to any foundation manager or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution        | Amount   |
| TOMPKINS LEARNING PARTNERS, INC.             | NONE   |                                      | AWARDS, CONTRIBUTIONS                   |          |
|  |  |                                      | & OPERATIONS                            | 1,499.   |
| UNITED WAY OF TOMPKINS COUNTY                | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS & OPERATIONS      | 800.     |
| UNITY HOUSE OF CAYUGA COUNTY, INC.           | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS<br>& OPERATIONS   | 1,995.   |
| VARNA COMMUNITY ASSOCIATION                  | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS & OPERATIONS      | 1,175.   |
| FINGER LAKES INDEPENDENCE CENTER             | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS & OPERATIONS      | 2,510.   |
| GROTON PUBLIC LIBRARY                        | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS .<br>& OPERATIONS | 20,000.  |
| ITHACA WELCOMES REFUGEES                     | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS                   | 6,562.   |
| KITCHEN THEATRE COMPANY                      | NONE   | PUBLIC CHARITY                       | AWARDS, CONTRIBUTIONS<br>& OPERATIONS   | 2,500.   |
| LEHMAN ALTERNATIVE COMMUNITY SCHOOL          | NONE   | N/A                                  | . AWARDS, CONTRIBUTIONS & OPERATIONS    | 200.     |
| AMY DRUMLUK                                  | NONE   | N/A                                  | AWARDS, CONTRIBUTIONS<br>& OPERATIONS   | , 360.   |
| Total from continuation sheets               |  |                                      |   |          |

| Part XV   Supplementary Information          |  |                      |                                       |        |
|--|--|----------------------|---------------------------------------|--------|
| 3 Grants and Contributions Paid During the Y | lf recipient is an individual  |                      |                                       |        |
| Name and address (home or business)          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of | Purpose of grant or contribution      | Amount |
| Marile and address (none or obstices)        | or substantial contributor   | recipient            |                                       |        |
| SHERI MEMINGER                               | NONE   | N/A                  | AWARDS, CONTRIBUTIONS                 | 360.   |
| SHANE TAYLOR ,                               | NONE   | N/A                  | AWARDS, CONTRIBUTIONS                 |        |
|  |  |                      | & OPERATIONS                          | 360.   |
| JANE BRYAN                                   | NONE   | N/A                  | AWARDS, CONTRIBUTIONS                 | 360.   |
| TRACY ARMSTEAD                               | NONE   | N/A                  | AWARDS, CONTRIBUTIONS<br>& OPERATIONS | 360.   |
| •  |  |                      |                                       |        |
|  |  |                      |                                       |        |
|  |  |                      |                                       |        |
|  |  |                      |                                       |        |
|  | ;  |                      |                                       |        |
|  |  |                      |                                       |        |
|  |  | -                    |                                       |        |
|  |  |                      | ,                                     |        |
|  |  |                      |                                       |        |
| . Total from continuation sheets             |  |                      | <u> </u>                              |        |

| FORM .990-PF DIVID                                      | ENDS | AND INTER                     | ESI      | FROM SECUR                      | ITIES ST                          | PATEMENT 1                    |
|---|------|-------------------------------|----------|---------------------------------|-----------------------------------|-------------------------------|
| . GROS<br>SOURCE AMOU                                   |      | CAPITAL<br>GAINS<br>DIVIDENDS |          | (A)<br>REVENUE<br>PER BOOKS     | (B)<br>NET INVEST-<br>MENT INCOME |                               |
| DIVIDENDS 79,   | 552. | 2                             | 4.       | 79,528.                         | 79,004.                           |                               |
| TO PART I, LINE 4 79,                                   | 552. | 2                             | 4.       | 79,528.                         | 79,004.                           |                               |
| FORM 990-PF   |      | LEGAL                         | FE       | ŒS                              | Si                                | PATEMENT 2                    |
| DESCRIPTION   |      | (A)<br>EXPENSES<br>PER BOOKS  |          | (B)<br>ET INVEST-<br>ENT INCOME | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITABLE<br>PURPOSES |
| LEGAL FEES  |      | 150.                          |          | 150.                            |                                   | 0.                            |
| TO FM 990-PF, PG 1, LN 16A                              |      | 150.                          |          | 150.                            |                                   | 0.                            |
| DESCRIPTION   |      | (A)<br>EXPENSES<br>PER BOOKS  |          | (B)<br>ET INVEST-<br>ENT INCOME | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITABLE<br>PURPOSES |
| ACCOUNTING FEES (AUDIT & TAX)                           |      | 4,150.                        |          | 4,150.                          |                                   | 0.                            |
| TO FORM 990-PF, PG 1, LN 1                              | 6B   | 4,150.                        | _        | 4,150.                          |                                   | 0.                            |
| FORM 990-PF   | ОТ   | HER PROFES                    | SIC      | ONAL FEES                       | S                                 | FATEMENT 4                    |
| DESCRIPTION   |      | (A)<br>EXPENSES<br>PER BOOKS  | NE<br>ME | (B)<br>ET INVEST-<br>ENT INCOME | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITABLE<br>PURPOSES |
| CUSTODIAL FEES SECRETARIAL FEES DIRECTOR OF DEVELOPMENT |      | 22,481.<br>3,500.             |          | 22,481.<br>3,500.               |                                   | 0.                            |
| SERVICES  |      | 14,218.                       |          | 14,218.                         |                                   | 0.                            |
| TO FORM 990-PF, PG 1, LN 1                              | .6C  | 40,199.                       |          | 40,199.                         |                                   | 0.                            |

| FORM .990-PF   | TAX                          | ES   | STATEMENT 5 |                               |  |
|--|------------------------------|--|-------------|-------------------------------|--|
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME              |             | (D)<br>CHARITABLE<br>PURPOSES |  |
| NYS FILING FEES EXCISE TAX                                     | 275.<br>1,850.               | 275.   |             | 0.                            |  |
| TO FORM 990-PF, PG 1, LN 18                                    | 2,125.                       | 275.   |             | 0.                            |  |
| FORM 990-PF  | OTHER E                      | XPENSES  | STATEMENT 6 |                               |  |
|  |                              |  |             |                               |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME              |             | (D)<br>CHARITABLE<br>PURPOSES |  |
| DESCRIPTION  OFFICE EXPENSE INSURANCE PROFESSIONAL MEMBERSHIPS | EXPENSES                     | NET INVEST-<br>MENT INCOME<br>/ 1,182.<br>880. | ADJUSTED    | CHARITABLE                    |  |

| FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES | STATEMENT 7 |
|--|-------------|
| DESCRIPTION  | AMOUNT      |
| UNREALIZÉD DEPRECIATION OF INVESTMENTS                     | 404,075.    |
| TOTAL TO FORM 990-PF, PART III, LINE 5                     | 404,075.    |

| COV T   GOV T   GOV T   GOV T   BOOK VALUE   VALUE   | FORM '990-PF U.S. AND STATE        | /CITY GOVERNMENT | OBLIGATIONS                           | STATEMENT 8          |
|--|------------------------------------|------------------|---------------------------------------|----------------------|
| FHLMC 2% DUE 2/21/2020 X 14,898. 14,8 FHLMC 1.125% DUE 11/23/20 X 14,918. 14,9 FHLMC 1.125% DUE 11/23/20 X 29,622. 29,6 FHLMC 1.25% DUE 2/26/21 X 24,770. 24,7 FHLMC 1.25% DUE 2/24/25 X 38,540. 38,5 FFCB 1.7% 12/27/19 X 24,761. 24,7 FFCB 1.73% DUE 10/12/22 X 28,978. 28,978. 28,97 FFCB 1.73% DUE 10/12/22 X 28,978. 28,978. 28,97 FFDERAL NATIONAL MORTGAGE ASSN X 30,005. 30,0 FEDERAL NATIONAL MORTGAGE ASSN 1.5% X 29,766. 29,7 FHLMC 3.84% DUE 7/16/27 X 45,020. 45,0 FOTAL U.S. GOVERNMENT OBLIGATIONS 311,049. 311,0 FOTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0 FOTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0 FOTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0 FOTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0 FORM 990-PF CORPORATE STOCK FAIR MARKE VALUE FILITATED MANAGERS GR 10,718. 10,7 ALLERGAN PLC 14,034. 14,0 ALLPHABET INC CAP STK CL A 10,356. 10,3   | DESCRIPTION                        |                  | BOOK VALUE                            | FAIR MARKET<br>VALUE |
| FHLMC 2% DUE 2/21/2020 X 14,898. 14,8 FHLMC 1.125% DUE 11/23/20 X 14,918. 14,9 FHLMC 1.125% DUE 11/23/20 X 29,622. 29,6 FHLMC 1.25% DUE 2/26/21 X 24,770. 24,7 FHLMC 1.25% DUE 2/24/25 X 38,540. 38,5 FFCB 1.7% 12/27/19 X 24,761. 24,7 FFCB 1.73% DUE 10/12/22 X 28,978. 28,978. 28,97 FFCB 1.73% DUE 10/12/22 X 28,978. 28,978. 28,97 FFDERAL NATIONAL MORTGAGE ASSN X 30,005. 30,0 FEDERAL NATIONAL MORTGAGE ASSN 1.5% X 29,766. 29,7 FHLMC 3.84% DUE 7/16/27 X 45,020. 45,0 FOTAL U.S. GOVERNMENT OBLIGATIONS 311,049. 311,0 FOTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0 FOTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0 FOTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0 FOTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0 FORM 990-PF CORPORATE STOCK FAIR MARKE VALUE FILITATED MANAGERS GR 10,718. 10,7 ALLERGAN PLC 14,034. 14,0 ALLPHABET INC CAP STK CL A 10,356. 10,3   | FHIMC 1.5% 8/30/19                 | x                | 29.771.                               | 29,771               |
| THIMC 1.125% DUE 11/23/20 X 14,918. 14,9  PHIMC 1.25% DUE 6/30/21 X 29,622. 29,6  PHIMC 1.25% DUE 2/26/21 X 24,770. 24,77  PHIMC 1.25% DUE 2/26/21 X 38,540. 38,5  PFCB 1.7% 12/27/19 X 24,761. 24,7  PFCB 1.73% DUE 10/12/22 X 28,978. 28,978  PEDERAL NATIONAL MORTGAGE ASSN X  PEDERAL NATIONAL MORTGAGE ASSN X  PEDERAL NATIONAL MORTGAGE ASSN X  PEDERAL NATIONAL MORTGAGE ASSN 1.5% X  PEDERAL NATIONAL MORTGAGE A |                                    |                  | · · · · · · · · · · · · · · · · · · · | / 14,898             |
| FHLMC 1.25% DUE 6/30/21  |                                    |                  |                                       | 14,918               |
| #HLMC 1.25% DUE 2/26/21 X 38,540. 38,5 PHLMC 1.25% DUE 2/24/25 X 38,540. 38,5 PFCB 1.7% 12/27/19 X 24,761. 24,7 PFCB 1.73% DUE 10/12/22 X 28,978. 28,9 PFCB 1.73% DUE 10/12/22 X 28,978. 28,9 PFCB 1.73% DUE 5/25/23 30,005. 30,0 PFCDERAL NATIONAL MORTGAGE ASSN X 30,005. 30,0 PFCDERAL NATIONAL MORTGAGE ASSN 1.5% X 30,005. 30,0 PFCDERAL NATIONAL MORTGAGE ASSN X 30,005. 30,005 PFCDERAL NATIONAL MORTGAGE ASSN X 30,005. 30,005 PFCDERAL NATIONAL MORTGAGE ASSN X 30,005. 30,005 PFCDERAL NATIONAL MORTGAGE ASSN X 30,005 PFCDERAL NATIONAL MORTGAGE ASSN X 30,005 PFCDERAL NATIONAL |                                    |                  |                                       | 29,622               |
| ### PRILING 1.25% DUE 2/24/25  |                                    |                  |                                       | 24,770               |
| ### APPLICATION  #### APPLICATION  #### APPLICATION  #### APPLICATION  ##### APPLICATION  ##### APPLICATION  ##### APPLICATION  ###################################  |                                    | X                | 38,540.                               | 38,540               |
| TEDERAL NATIONAL MORTGAGE ASSN   X   | FFCB 1.7% 12/27/19                 | X                | 24,761.                               | 24,761               |
| 1.25% DUE 5/25/23   30,005.   30,005    | FFCB 1.73% DUE 10/12/22            | X                | 28,978.                               | 28,978               |
| ### PEDERAL NATIONAL MORTGAGE ASSN 1.5% X ### PUE 2/24/26 FHLMC 3.84% DUE 7/16/27 X 45,020. 45,0  ### POTAL U.S. GOVERNMENT OBLIGATIONS ### POTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0  ### POTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0  ### POTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0  ### POTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0  ### POTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0  ### POTAL TO, FORM 990-PF, PART II, LINE 10A 311,049. 311,0  ### POTAL TO, FORM 990-PF, PART II, LINE 10A 11,049. 311,0  ### POTAL TO, FORM 990-PF CORPORATE STOCK STATEMENT  ### POTAL TO, FORM 990-PF CORPORATE STOCK STO | FEDERAL NATIONAL MORTGAGE ASSN     | X                |                                       |                      |
| ### 2005 274/26  | 1.25% DUE 5/25/23                  |                  | 30,005.                               | 30,005               |
| TOTAL U.S. GOVERNMENT OBLIGATIONS  TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS  TOTAL TO FORM 990-PF, PART II, LINE 10A  TOTAL TO FORM 990-PF  CORPORATE STOCK  STATEMENT  DESCRIPTION  BOOK VALUE  AFFILIATED MANAGERS GR  ALLERGAN PLC  ALPHABET INC CAP STK CL A  45,020.  45,0  45,0  45,0  45,0  45,0  45,0  41,049.  311,04 | FEDERAL NATIONAL MORTGAGE ASSN 1.  | 5% X             |                                       |                      |
| FOTAL U.S. GOVERNMENT OBLIGATIONS  TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS  FOTAL TO, FORM 990-PF, PART II, LINE 10A  STATEMENT  OESCRIPTION  BOOK VALUE  FAIR MARKE VALUE  AFFILIATED MANAGERS GR ALLERGAN PLC ALPHABET INC CAP STK CL A  10,356.  311,049.  311 | DUE 2/24/26                        |                  |                                       | 29,766               |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS  TOTAL TO FORM 990-PF, PART II, LINE 10A 311,049. 311,0  FORM 990-PF CORPORATE STOCK STATEMENT  DESCRIPTION BOOK VALUE VALUE  AFFILIATED MANAGERS GR ALLERGAN PLC ALLPHABET INC CAP STK CL A 10,356. 10,3   | FHLMC 3.84% DUE 7/16/27            | X                | 45,020.                               | 45,020               |
| FORM 990-PF, PART II, LINE 10A  STATEMENT  CORPORATE STOCK  STATEMENT  DESCRIPTION  AFFILIATED MANAGERS GR ALLERGAN PLC ALPHABET INC CAP STK CL A  STATEMENT  10,7 14,034. 14,0 10,356.  | TOTAL U.S. GOVERNMENT OBLIGATIONS  | 311,049.         | 311,049                               |                      |
| FORM 990-PF CORPORATE STOCK STATEMENT  DESCRIPTION  AFFILIATED MANAGERS GR ALLERGAN PLC ALPHABET INC CAP STK CL A  CORPORATE STOCK  BOOK VALUE  FAIR MARKE VALUE  10,718. 10,7 14,034. 14,0 10,356. 10,3   | TOTAL STATE AND MUNICIPAL GOVERNM  | ENT OBLIGATIONS  |                                       |                      |
| FAIR MARKE DESCRIPTION  BOOK VALUE  AFFILIATED MANAGERS GR  ALLERGAN PLC ALPHABET INC CAP STK CL A  FAIR MARKE VALUE  10,718. 11,718. 12,718. 14,034. 14,034. 14,034. 10,356.  | TOTAL TO FORM 990-PF, PART II, LII | NE 10A           | 311,049.                              | 311,049              |
| DESCRIPTION  AFFILIATED MANAGERS GR ALLERGAN PLC ALPHABET INC CAP STK CL A  BOOK VALUE  VALUE  10,718. 10,7  14,034. 14,0  10,356. 10,3  | FORM 990-PF CO                     | ORPORATE STOCK   |                                       | STATEMENT 9          |
| AFFILIATED MANAGERS GR 10,718. 10,7 ALLERGAN PLC 14,034. 14,0 ALPHABET INC CAP STK CL A 10,356. 10,3   |                                    |                  | DOOK WALLE                            | FAIR MARKET          |
| ALLERGAN PLC 14,034. 14,0<br>ALPHABET INC CAP STK CL A 10,356. 10,3  | DESCRIPTION                        |                  | POOK ANDE                             | VALUE                |
| ALLERGAN PLC 14,034. 14,0<br>ALPHABET INC CAP STK CL A 10,356. 10,3  | AFFILIATED MANAGERS CR             |                  | 10.718.                               | 10,718               |
| ALPHABET INC CAP STK CL A 10,356. 10,3   |                                    |                  |                                       | 14,034               |
|  |                                    |                  |                                       | 10,356               |
|  | ALPHABET INC CAP, STK CL C         |                  | 31,349.                               | 31,349               |

9,384.

36,047.

13,446.

14,090.

49,688.

10,845. 19,397. 9,384.

36,047.

13,446.

14,090.

49,688.

10,845.

19,397.

ALTRIA GROUP INC

AMERICAN TOWER REIT

BERKSHIRE HATHAWAY

AMERIPRISE FINL INC COM

AMAZON COM INC

APPLE INC

AT&T INC

| LEGACY FOUNDATION OF TOMPKINS COUNTY  |                  | 15-6018481       |
|---------------------------------------|------------------|------------------|
| BOOKING HLDGS INC                     | 15,502.          | 15,502.          |
| BROADCOM LTD                          | 22,885.          | 22,885.          |
| CAMPBELL SOUP CO                      | 11,876.          | 11,876.          |
| CATERPILLAR INC DEL                   | 20,331.          | 20,331.          |
| CELGENE CORP                          | 12,498.          | 12,498.          |
| CHUBB CORP                            | 8,526.           | 8,526.           |
| CONOCOPHILLIPS                        | 17,458.          | 17,458.          |
| COSTCO WHOLESALE CORP                 | 16,297.          | 16,297.          |
| DANAHER CORP                          | 23,718.          | 23,718.          |
| DIGITAL RLTY                          | 13,852.          | 13,852.          |
| DOMINION ENERGY INC                   | 13,577.          | 13,577.          |
| EATON CORP PLC                        | 10,986.          | 10,986.          |
| ECOLAB INC                            | 19,892.          | 19,892.          |
| EXXON MOBIL CORP                      | 22,162.          | 22,162.          |
| FACEBOOK                              | 16,386.          | 16,386.          |
| FORD MOTOR CO                         | 10,251.          | 10,251.          |
| FORTIVE CORP                          | 10,149.          | 10,149.          |
| GENERAL ELECTRIC CO                   | 5,678.           | 5,678.           |
| HALLIBURTON CO                        | 11,828.          | 11,828.          |
| HESS CORP COM                         | 11,948.          | 11,948.          |
| HOME DEPOT INC                        | 20,618.          | 20,618.          |
| ISHARES CORE S&P MCP ETF              | 72,236.          | 72,236.          |
| ISHARES INC CORE MSCI EMKT            | 116,932.         | 116,932.         |
| ISHARES TR CORE MSCI EAFE             | 180,400.         | 180,400.         |
| INVESCO ESCHNG TRADED FD TR SR LN ETF | 54,123.          | 54,123.          |
| J.P. MORGAN CHASE & CO                | 10,250.          | 10,250.          |
| KEYCORP NEW                           | 16,701.          | 16,701.          |
| KRAFT HEINZ CO                        | 12,051.          | 12,051.          |
| MCDONALDS CORP                        | 9,766.           | 9,766.           |
| MEDTRONIC PLC SHS                     | 21,467.          | 21,467.          |
| MERCK & CO INC.                       | 27,126.          | 27,126.          |
| MICROSOFT CORP                        | 31,487.          | 31,487.          |
| NETFLIX INC                           | 5,353.           | 5,353.           |
| NORTHROP GRUMMAN CORP COM             | 15,919.          | 15,919.          |
| PEPSICO                               | 25,410.          | 25,410.          |
| PNC FINL SVCS GROUP                   | 23,382.          | 23,382.          |
| PROCTER AND GAMBLE CO                 | 15,167.          | 15,167.          |
| RAYTHEON CO CLASS B                   | 15,335.          | 15,335.          |
| SALESFORCE.COM                        | 16,436.          | 16,436.          |
| SPDR SERIES TRUST S&P 600 SMCP VAL    | 66,737.          | 66,737.          |
| SPDR SERIES TRUST BLOOMBERG BRCLYS    | 49,881.          | 49,881.          |
| STARBUCKS CORP                        | 11,270.          | 11,270.          |
| TE CONNECTIVITY LTD                   | 18,529.          | 18,529.          |
| THERMO FISHER SCIENTIFIC INC          | 21,260.          | 21,260.          |
| TOMPKINS FINANCIAL CORP               | 148,070.         | 148,070.         |
| UNION PAC CORP                        | 23,499.          | 23,499.          |
| UNITED TECHNOLOGIES CORP              | 7,986.           | 7,986.           |
| UNITEDHEALTH GROUP INC                | 23,667.          | 23,667.          |
| VANGAURD INDEX REIT-ETF               | 78,671.          | 78,671.          |
| VANGUARD MID CAP ETF                  | 57,3 <b>4</b> 5. | 57,3 <b>4</b> 5. |
| VANGUARD SMALL CAP VAL                | 37,070.          | 37,070.          |
| VANGUARD TAX MANAGED INTL FD          | 210,542.         | 210,542.         |
| VERIZON COMMUNICATIONS                | 21,645.          | 21,645.          |
| VISA INC                              | 23,749.          | 23,749.          |
| WALMART INC                           | 10,247.          | 10,247.          |

TOTAL TO FORM 990-PF, PART II, LINE 10B

2,015,481. 2,015,481.

| FORM 990-PF CORPORATE BONDS                   |            | STATEMENT 10         |
|---|------------|----------------------|
| DESCRIPTION                                   | BOOK VALUE | FAIR MARKET<br>VALUE |
| APPLE INC NOTE 3.25% 2/23/26                  | 48,807.    | 48,807.              |
| AT&T INC 3.00% DUE 2/15/2022                  | 19,655.    | 19,655.              |
| BB&T CORPORATION ST MEDIUM TERM NTS 2.25% DUE | ·          | •                    |
| 2/01/2019                                     | 24,985.    | 24,985.              |
| BB&T CORPORATION ST MEDIUM TERM NTS 2.45%     |            |                      |
| 1/15/20                                       | 24,826.    | 24,826.              |
| BERKSHIRE HATHAWAY 3.0% DUE 5/15/2022         | 39,908.    | 39,908.              |
| GENERAL ELECTRIC 3.1% DUE 1/09/2023           | 46,656.    | 46,656.              |
| GOLDMAN SACHS GROUP 5.375% DUE 3/15/2020      | 15,335.    | 15,335.              |
| INTEL CORP 2.7% DUE 12/15/2022                | 39,399.    | 39,399.              |
| JP MORGAN CHASE 3.25% DUE 9/23/2022           | 34,722.    | 34,722.              |
| MERCK & CO INC. 2.8% DUE 5/18/23              | 39,462.    | 39,462.              |
| MORGAN STANLEY 5.75% DUE 1/25/2021            | 26,066.    | 26,066.              |
| ORACLE CORP 2.375% DUE 1/15/2019              | 24,994.    | 24,994.              |
| ORACLE CORP 2.65% 7/15/26                     | 13,901.    | 13,901.              |
| PEPSICO INC 3.00% DUE 8/25/2021               | 40,097.    | 40,097.              |
| SIMON PPTY GROUP LP NOTE 2.5% DUE 9/1/20      |            | 24,730.              |
| TARGET CORP 2.3% DUE 6/26/2019                | 24,919.    | 24,919.              |
| VERIZON COMMUNICATIONS INC 3.5% DUE 11/1/2021 | 40,428.    | 40,428.              |
| WELLS FARGO & CO MTN 3.55% DUE 9/29/25        | 24,222.    | 24,222.              |
| TOTAL TO FORM 990-PF, PART II, LINE 10C       | 553,112.   | 553,112.             |

| FORM .990-PF                                      | r of Officers, D<br>FOUNDATION MANA |                   | STAT                            | EMENT 11           |
|---|-------------------------------------|-------------------|---------------------------------|--------------------|
| NAME AND ADDRESS                                  | TITLE AND<br>AVRG HRS/WK            | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
| LARRY BAUM<br>PO BOX 97<br>ITHACA, NY 14851       | DIRECTOR (PART                      | YEAR)             | 0.                              | 0.                 |
| JAMES BROWN PO BOX 97 ITHACA, NY 14851            | PRESIDENT (PAR'<br>1.00             | T YEAR)           | 0.                              | 0.                 |
| GREGORY J. HARTZ<br>PO BOX 97<br>ITHACA, NY 14851 | DIRECTOR/PRESI                      | DENT 0.           | 0.                              | 0.                 |
| MARY KANE<br>PO BOX 97<br>ITHACA, NY 14851        | SECRETARY/TREAS                     | SURER (PART<br>0. |                                 | 0.                 |
| SEAN WHITTAKER<br>PO BOX 97<br>ITHACA, NY 14851   | DIRECTOR (PART 1.00                 | YEAR)             | 0.                              | 0.                 |
| MARY OPPERMAN<br>PO BOX 97<br>ITHACA, NY 14851    | VICE PRESIDENT<br>1.00              | 0.                | 0.                              | 0.                 |
| GREGORY GALVIN<br>PO BOX 97<br>ITHACA, NY 14851   | DIRECTOR<br>1.00                    | 0.                | 0.                              | 0.                 |
| PETER GROSSMAN<br>PO BOX 97<br>ITHACA, NY 14851   | DIRECTOR/SECRE                      | TARY/TREASU<br>0. |                                 | 0.                 |
| PETER SALMON<br>PO BOX 97<br>ITHACA, NY 14851     | DIRECTOR<br>1.00                    | 0.                | 0.                              | 0.                 |
| JOANNE FLORINO<br>PO BOX 97<br>ITHACA, NY 14851   | DIRECTOR<br>1.00                    | 0.                | 0.                              | 0.                 |

| LEGACY FOUNDATION OF TOMPKINS COUNTY                    | 15-60184 | <u> </u> |
|---|----------|----------|
| TOM LAVIGNE DIRECTOR PO BOX 97 1.00 0. ITHACA, NY 14851 | 0.       | 0.       |

TOTALS INCLUDED 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

GREGORY HARTZ, PRESIDENT P.O. BOX 97 ITHACA, NY 14851

TELEPHONE NUMBER

607-274-2004

#### 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.