## SCANNED AND 1 & 2021

Form 990-PF

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. ► Go to www irs.gov/Form990PFfor instructions and the latest information

OMB No 1545-0047

Open to Public Inspection

		endar year 2019 or tax year beginning				and ending			, 20
		foundation CELIA JEWELL TT F	30 SE	VEN CHARITI	ES DTD 1	2/4/	A E	mployeridentific	
		024626	26 et (or P.O. box number if mail is not delivered to street address) Room/s					B Telephone number (see instructions)	
ıu	mber	and street (or F.O. box number it mail is not delivere	110 311 661	addressy		noom, saite	" '	elephone namoci	(see manachons)
	P∩ 1	BOX 6437							
		own, state or province, country, and ZIP or foreign po	stal code	·			-   -		
							C	exemption applicati ending, check here.	on is
٠	ITH	ACA, NY 14851-6437					"	ending, theth here.	
		ck all that apply:   Initial return		Initial return	of a former p	ublic charit	у р 1	Foreign organization	ons, check here
		Final return		Amended ret	urn		2	Foreign organization	
		Address change		Name change			_	85% test, check he computation	
_	Che	ck type of organization: X Section 50	1(c <u>)(3)</u>	exempt private fo	oundation	24	  E If	private foundation :	status was terminated
L	<u>  s</u>	ection 4947(a)(1) nonexempt charitable trust		Other taxable pri		ion C			1)(A), check here .
	Fair	market value of all assets at J Acc		g method: X Ca	ash Acc	rual	F ≀f	the foundation is in	s 60-month termination
		of year (from Part II, col (c), line		specify)			_  "	nder section 507(b)	1)(B), check here . >
				n (d), must be on ca	ish basis)				/DD 1
3	art i	Analysis of Revenue and Expenses (T)	, ,-	) Revenue and	(b) Net inve	estment	(c) Ad	justed net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		expenses per books	incou			come	purposes
_		column (a) (see instructions) )	_	DOOKS					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	٠						
	2	attach Sch B							i
	3	Interest on savings and temporary cash investments		25 226		F 336			COMO 1
	4	Dividends and interest from securities		35,326.	3	5,326.			STMT 1
l	5a	Gross rents	ا	<del></del>					
١		Net rental income or (loss)	-	27 250					1
3	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	、├──	27,259.					
וובאבווחב	_	assets on line 6a 635, 34				7,259.			
5	7	Capital gain net income (from Part IV, line 2)				1,239.			
	8	Net short-term capital gain							<u></u>
	9 10a	Income modifications	·						
		and allowances							<u> </u>
		Gross profit or (loss) (attach schedule)							1
	11	Other income (attach schedule)		2.					STMT 3
	12	Total Add lines 1 through 11 · · · · ·		62,587.	6	2,585.			1
1	13	Compensation of officers, directors, trustees, etc.		16,760.		6,760.		-	
3	14	Other employee salaries and wages							·
202	15	Pension plans, employee benefits							
		Legal fees (attach schedule)							
	b	Accounting fees (attach schedule) STMT. 4		1,500.		1,500.		NONE	NON:
Administrative	С	Other professional fees (attach schedule)							
اعِ	17	Interest RECEIVED .	.]						
୬	18	Taxes (attach schedule) (see instructions) 5	ــــــــــــــــــــــــــــــــــــــ	534.		534.			
3	19	Depreciation (Stach schedule) and depletion	ЙI—						<u> </u>
힑	20	Occupancy S MAY. Z.Z. ZUZU							
او	21 22		햌						
8	22	Printing and publications DEN: UT	·						
2	23	Other expenses (attach-schedule)							<del></del>
ā	24	Total operating and administrative expense		10 704	•	0.704		NONTE	RICATI
ĕ	23 24 25	Add lines 13 through 23		18,794.		8,794.		NONE	NON!
		Contributions, gifts, grants paid		70,000.	7	0 704		NIONIT	70,000
~1	26	Total expenses and disbursements Add lines 24 and 2	5	88,794.		.8,794.		NONE	70,000
	27	Subtract line 26 from line 12		-26 207				,	e }
·		Excess of revenue over expenses and disbursement		-26,207.		3,791.			
		Net investment income (if negative, enter -0			4	131.			<u> </u>
ᆜ		Adjusted net income (if negative, enter -0-).  Derwork Reduction Act Notice, see instruction					<del></del>		Form <b>990-PF</b> (2019)

JSA For Paperwork Reduction Act Notice, see instructions.

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P	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End	of year
			description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng		,	
	2		cash investments	21,716.	32,329	32,329
	3					
			otful accounts			
	4	Pledges receivable ▶				
	•	-	otful accounts >			
	5					
	6	= :	officers, directors, trustees, and other			
	•		ach schedule) (see instructions)			
	7		eceivable (attach schedule)			
	•		otful accounts ►			
S	8		se			
Assets	9		eferred charges			
As	10a	·	government obligations (attach schedule)			
			stock (attach schedule)			
	c	•	bonds (attach schedule)			
	11	Investments - land, building and equipment basis	s .			
		Less accumulated deprecia				
	12	(attach schedule)	loans			
	13		ch schedule)			
	14	Land, buildings, and equipment basis	<b>&gt;</b>			
		Less accumulated deprecia	ation			
	15	(attach schedule) Other assets (describe	> <u> </u>	1,252,012.	1,215,540	5. 1,395,033
	16		completed by all filers - see the			
			age 1, item I)		1,247,87	5. 1,427,362
	17	Accounts payable and a	ccrued expenses			
	18					1
Sa	19					
Liabilities	20		rs, trustees, and other disqualified persons.			
abi	21		otes payable (attach schedule)			
Ë	22	Other liabilities (describe	• ▶)			!
						'
	23	Total liabilities (add line	es 17 through 22)		NO	NB '
S			v FASB ASC 958, check here			1
Balances		and complete lines 24,	25, 29, and 30			
ılar	24	Net assets without dono	or restrictions			•
	25	Net assets with donor re	estrictions			
Fund		Foundations that do not f	ollow FASB ASC 958, check here 🕨 🗓			
교		and complete lines 26 thr	ough 30			_
ō	26	Capital stock, trust princ	apal, or current funds	1,273,728.	1,247,87	5.
ts	27	Paid-in or capital surplus, o	r land, bldg, and equipment fund			
SSe	28	- ·	lated income, endowment, or other funds		1 045 05	i
Ä	29	Total net assets or fund	d balances (see instructions)	1,273,728.	1,247,87	<u> </u>
Net Assets	30		net assets/fund balances (see			_
_				1,273,728.	1,247,87	b.  ·
			nges in Net Assets or Fund Bala			
1			balances at beginning of year - Part			1 000 000
			d on prior year's return)			
2			line 27a			
3			ded in line 2 (itemize) ►MISC ADJ		3	
4						
5	Dec	reases not included in	n line 2 (itemize)		5	
6	Tota	al net assets or fund b	alances at end of year (line 4 minus l	line 5) - Part II, column (1	b), line 29 <u>6</u>	1,247,875.

Form 990-PF (2019)					Page 3
	Gains and Losses for Tax on Inv				
	and describe the kind(s) of property sold (for		(b) How acquired	(c) Date acquired	(d) Date sold (mo , day, yr )
<del> </del>	story brick warehouse, or common stock, 20	0 shs MLC Co )	P - Purchase D - Donation	(mo , day, yr )	(mo , day, yr )
1 a PUBLICLY TRA	DED SECURITIES				
b					
<u>d</u>					
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	•
a 635,54	9.	608,290.			<u> 27,259.</u>
b					
С					
d					
е			_		
Complete only for a	sets showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) ga	
(i) FMV as of 12/31/	9 (j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less to Losses (from col	
a					27,259.
b				_	
C				_	
d				• =	
e					
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If (	gain, also enter in Part I, line 7			
2 Capital gain net in	come or (net capital loss)	(loss), enter -0- in Part I, line 7	2		27,259.
3 Net short-term ca	pital gain or (loss) as defined in sections	s 1222(5) and (6):			
lf gain, also ente	r in Part I, line 8, column (c). See in	nstructions. If (loss), enter -0- in			
	<u> </u>		3		
Part V Qualifica	ion Under Section 4940(e) for Re	<u>duced Tax on Net Investment Ir</u>	icome		
Was the foundation liab	plies, leave this part blank ale for the section 4942 tax on the distr doesn't qualify under section 4940(e)		ase perio	d?	Yes X No
	ate amount in each column for each ye		anv en	tries	
(a)	(b)	(c)	.g u, u	(d)	
Base period years Calendar year (or tax year begin	Advisted avalifier a distributions	Net value of noncharitable-use assets		Distribution ra- (col (b) divided by	
2018	71,816.	1,391,498.			0.051611
2017	79,410.				0.054520
2016	69,650.				0.050473
2015					
2014					
2 Total of line 1, co	umn (d)	· · · · · · · · · · · · · · · · · · ·	2		0.156604
	on ratio for the 5-year base period - div				-
	ars the foundation has been in existence		3		
•		·			0.039151
					0.039151
4 Enter the net valu	e of noncharitable-use assets for 2019	from Part X, line 5	4	1,	0.039151 406,289.
4 Enter the net value	e of noncharitable-use assets for 2019	from Part X, line 5	4	_1,	
			5		
	e of noncharitable-use assets for 2019			1,	<u>406,289.</u> <u>55,058.</u>
5 Multiply line 4 by				1,	406,289.
<ul><li>5 Multiply line 4 by</li><li>6 Enter 1% of net in</li></ul>	line 3		5	1,	<u>406,289.</u> <u>55,058.</u>
<ul><li>Multiply line 4 by</li><li>Enter 1% of net in</li><li>Add lines 5 and 6</li></ul>	line 3	)	5 6 7	1,	406,289. 55,058. 438. 55,496.
<ul> <li>Multiply line 4 by</li> <li>Enter 1% of net in</li> <li>Add lines 5 and 6</li> <li>Enter qualifying d</li> </ul>	vestment income (1% of Part I, line 27b		5 6 7 8		406,289. 55,058. 438. 55,496. 70,000.

Form !	990-PF (2019) 16- <u>6382890</u>			age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			ł
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4	<u> 38.</u>
	here X and enter 1% 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-)		N	IONE
3	Add lines 1 and 2			<u> 38.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		_	<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		4	<u>.38.</u>
6	Credits/Payments			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 188.			1
b	Exempt foreign organizations - tax withheld at source			ĺ
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		1	<u>.88.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2	50.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ► NONE Refunded ► 11			
	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		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1
	published or distributed by the foundation in connection with the activities	~		ابي ــــا
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			' '
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1
	on foundation managers    \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	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		<i>-</i>	, X
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-		^
_	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		<u> </u>
_	If "Yes," attach the statement required by General Instruction T.			i
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			l j
	By language in the governing instrument, or  By language in t			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	X	
_	conflict with the state law remain in the governing instrument?	7	X	
7		<u> </u>		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			i
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	$-\tilde{x}$	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		<del></del> -	
9	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			7
		9		X
	complete Part XIV			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		X
	names and addresses	orm 99	0 DE	

Par	rt VII-A Statements Regarding Activities (continued)				
U GI	Otatements hagaraning violentias positionassay		Γ	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity	within the			
• • •			11		x
40	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		<b>├</b> -		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a		4.0	İ	١.,
	person had advisory privileges? If "Yes," attach statement See instructions		12	77	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	application?	13	X	
	Website address ► N/A	<u> </u>			
14	The books are in care of ► TOMPKINS TRUST CO Telephone no ■		-003	7	
	Located at ▶ 118 E SENECA ST 6TH FL, ITHACA, NY ZIP+4 ▶	· <u>14851</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			▶	ـــا٠
	and enter the amount of tax-exempt interest received or accrued during the year	. ▶ 15			1
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or of	other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?		16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter	the name of			
	the foreign country		<u> </u>		
Par	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	a During the year, did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Ye	s X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person? Ye	s X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	s X No			ļ ,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	7.7			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			<b>'</b>	
	the benefit or use of a disqualified person)?	s X No	1		
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the	,			
	foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days)	s X No	İ		
<b>.</b>	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions				
U	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		'
	Organizations relying on a current notice regarding disaster assistance, check here	_			
_	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepte				
C			1c		X
2	were not corrected before the first day of the tax year beginning in 2019?		···		
2		is a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	s X No			
		S A NO			
	If "Yes," list the years	- 4040/-)/0)	ļ		
b	b Are there any years listed in 2a for which the foundation is not applying the provisions of section				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4		26		1~
	all years listed, answer "No" and attach statement - see instructions)		2b	-	<del> </del>
С	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	here		ļ	<b>l</b> ,
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	(v)			;
	at any time during the year?				
b	b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the f				'
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appr			1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)				
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to deter				
	foundation had excess business holdings in 2019 )		3b		<del> </del>
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitab	le purposes?	4a		X
b	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could j			.	- '
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginn	ng in 2019?_	4b		X

Part	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Rec	<b>uired</b> (continued)			
5a	During the year, did the foundation pay or incur any amo	unt to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
	directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or or	ther similar purposes	?	. Yes X No	<b>&gt;</b>		
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described				· }
	section 4945(d)(4)(A)? See instructions			. Yes X No	•		1
	(5) Provide for any purpose other than religious, ch	arıtable, scientific,	literary, or education				1
	purposes, or for the prevention of cruelty to children or animals? Yes X No						
b	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regard	-			· 5b	<del>  ,                                   </del>	<del>,</del>
	Organizations relying on a current notice regarding disas						1
С	If the answer is "Yes" to question 5a(4), does the		•				- {
	because it maintained expenditure responsibility for the		<i></i>	. Yes No	°		}
	If "Yes," attach the statement required by Regulations ser						
6a	Did the foundation, during the year, receive any fun			ms Yes X No	.		1
L	on a personal benefit contract?			•	6b		- <del>X</del>
b	If "Yes" to 6b, file Form 8870	ny or manechy, on a	personal benefit contri	actr	. 00_		- 1
7a	At any time during the tax year, was the foundation a pai	ty to a prohibited tay	shelter transaction?	Yes X No	,		. {
b	If "Yes," did the foundation receive any proceeds or have			•			
8	Is the foundation subject to the section 4960 tax on pays	•			·		
Ū	remuneration or excess parachute payment(s) during the			. Yes X No			
Part	Information About Officers, Director						· · · · · · · · · · · · · · · · · · ·
	and Contractors  List all officers, directors, trustees, and foundation	n managers and th	neir compensation	See instructions			
<u> </u>	List dir childers, directors, tractices, dire redirectors						
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen		
	(a) Name and address	hours per week devoted to position			(e) Expension		
	INS TRUST COMPANY	hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
		hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
	INS TRUST COMPANY	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	INS TRUST COMPANY	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	INS TRUST COMPANY	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	INS TRUST COMPANY	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	INS TRUST COMPANY	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
PO BO	INS TRUST COMPANY X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees	hours per week devoted to position TRUSTEE	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  - () -	other all	lowance	-0-
PO BO	INS TRUST COMPANY X 6437, ITHACA, NY 14851	hours per week devoted to position TRUSTEE	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  - () -	other all	lowance	-0-
PO BO 2	INS TRUST COMPANY X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  - () -  e 1 - see instruction (d) Contributions to employee benefit	ons). If n	one,	-0- enter
PO BO 2	INS TRUST COMPANY X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."	hours per week devoted to position TRUSTEE  (other than thos	(c) Compensation (if not paid, enter -0-)  16, 760.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -	other all	one,	-0- enter
2 (a)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16,760.  16 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred compensation	ons). If n  (e) Expenother all	one,	-0- enter
2 (a)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16, 760.	(d) Contributions to employee benefit plans and deferred compensation  - () -  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred	ons). If n  (e) Expenother all	one,	-0- enter
2 (a)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16,760.  16 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred compensation	ons). If n  (e) Expenother all	one,	-0- enter
2 (a)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16,760.  16 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred compensation	ons). If n  (e) Expenother all	one,	-0- enter
PO BO 2	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16,760.  16 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred compensation	ons). If n  (e) Expenother all	one,	-0- enter
2 (a)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16,760.  16 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred compensation	ons). If n  (e) Expenother all	one,	-0- enter
2 (a)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16,760.  16 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred compensation	ons). If n  (e) Expenother all	one,	-0- enter
2 (a)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16,760.  16 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred compensation	ons). If n  (e) Expenother all	one,	-0- enter
2 (a)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than those)  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  16,760.  16 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred compensation	ons). If n  (e) Expenother all	one,	-0- enter
2 (a) NON)	INS TRUST COMPANY  X 6437, ITHACA, NY 14851  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  (other than thos)  (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  16,760.  16 (c) Compensation  NONE	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation  NONE	ons). If n  (e) Expenother all	one,	-0- enter

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employed and Contractors (continued)				
3 Five highest-paid independent contractors for professional services. See in	structions. If none, enter "NONE	11		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation		
NONE	•	NONE		
		-		
Total number of others receiving over \$50,000 for professional services		NONE		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tical information such as the number of	Expenses		
1 NONE				
2	,			
3				
4				
Part IX-B Summary of Program-Related Investments (see instructions)				
Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines		Amount		
1NONE				
2				
All other program-related investments See instructions				
3 <u>NONE</u>				
Total. Add lines 1 through 3				

Form **990-PF** (2019)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,374,236.
	Average of monthly cash balances	1b	53,469.
	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,427,705.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,427,705.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions),	4	21,416.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,406,289.
6	Minimum investment return. Enter 5% of line 5	6	70,314.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part )	dations	
1	Minimum investment return from Part X, line 6	1	70,314.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 438.		•
b	Income tax for 2019. (This does not include the tax from Part VI.)	]	
c	Add lines 2a and 2b	2c	438.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	69,876.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	69,876.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	69,876.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	70,000.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	70,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b See instructions	-	438.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		69,56 <u>2.</u>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating	whether the foundation

Form **990-PF** (2019)

Page 9

Pa	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				69,876.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only			NONE	<u> </u>
b	Total for prior years 20,20,20		NONE		
3	Excess distributions carryover, if any, to 2019				l
а	From 2014				1
b	From 2015 NONE				
¢	From 2016				
d	From 2017				I
	From 2018	11 000			<u>-</u>
	Total of lines 3a through e	11,875.			
4	Qualifying distributions for 2019 from Part XII,				1
	line 4 ▶ \$ 70,000.			MONTE	
	Applied to 2018, but not more than line 2a			NONE	
Ь	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)		NONE		<u>-</u> <u>-</u>
C	Treated as distributions out of corpus (Election	NONE			ì
_	required - see instructions)	NOME			69,876.
	Applied to 2019 distributable amount  Remaining amount distributed out of corpus	124.			05,070.
	Excess distributions carryover applied to 2019	121.			'
	(If an amount appears in column (d), the same amount must be shown in column (a) )	NONB			NONE
6	Enter the net total of each column as indicated below:				ı
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,999.			
	Prior years' undistributed income Subtract			·	- 1
_	line 4b from line 2b		NONE		
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		NONE		<u>.</u>
d	Subtract line 6c from line 6b Taxable				i i
	amount - see instructions		NONE		
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see			момп	
	instructions			NONE	<u> </u>
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be				NONE
	distributed in 2020				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				i
	170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	NONE			,
	Excess distributions carryover from 2014 not				
0	applied on line 5 or line 7 (see instructions)	NONE			
q	Excess distributions carryover to 2020.				)
-	Subtract lines 7 and 8 from line 6a	11,999.			<u> </u>
10	Analysis of line 9				
	Excess from 2015 NONE				'
b	Excess from 2016 1,493.				•
С	Excess from 2017				ļ
d	Excess from 2018 2,613.				
е	Excess from 2019 124.				

Page **11** 

<b>Grants and Contributions Paid Duri</b>	ng the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
ton Free Library Assoc				
5A MAIN STREET Afton NY 13730	NONE	PUBLIC CHA	CHARITABLE	10,000
nes Brown, President United Way Of Tompkins 3 N AURORA STREET Ithaca NY 14850	NONE	PUBLIC CHA	CHARITABLE	10,000
felong 9 W COURT ST Ithaca NY 14850-4144	NONE	PUBLIC CHA	CHARITABLE	10,000
mpkins County Spca Attn: Jim Bouderau 40 HANSHAW ROAD Ithaca NY 14850	NONE	PUBLIC CHA	CHARITABLE	10,000
GACY FOUNDATION TOMPKINS TRUST COMPANY TN: JANET HEWITT ITHACA NY 14851	NONE	FOUNDATION	CHARITABLE	10,000
ngview BBLLA VISTA DR Ithaca NY 14850	NONE	PUBLIC CHA	CHARITABLE	10,000
dabout Transportation Services Attn: Cynthi 7 WILLOW AVENUE Ithaca NY 14850	NONE	PUBLIC CHA	CHARITABLE	10,00
-				
Total		<u> </u>	▶ 3a	70,00
<b>b</b> Approved for future payment				
				•
•				
			1	

Part XVI-A Analysis of Income-Prod	ucing Acti	vities			
Enter gross amounts unless otherwise indicated	(a)	ted business income (b)	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
c					
d		<u></u> .		-	
e			<del> </del>		
	-		-		
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>			<del> </del>		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	35,326.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property · · · · · ·	1				
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	27,259.	
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory	1				
11 Other revenue a					
b BLACKROCK FDS			0	2.	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				62,587.	
13 Total. Add line 12, columns (b), (d), and (e)				13	62,587.
(See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses	
Explain below how each activity accomplishment of the foundation					
		NOT APPLICABL	ıΕ		
			···		
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				<del></del>	

Part	XVII	Information Roorganizations	egarding	Transfers	to and	Transaction	s and	Relationship	os With	Nonchari	table	Exe	empt
ı	n sect	organization direct tion 501(c) (other ations?					_			I		Yes	No ,
1	(1) Cas	rs from the reportin h		. <b></b>								-	X
		er assets				• • • • • • •		• • • • • • • •			1a(2)		X
(	(1) Sale	es of assets to a nor	ncharitable	exempt or	ganization						16(1)		X
		chases of assets fro											X
		tal of facilities, equi	•									X	
		mbursement arrang ns or loan guarante											X
		formance of service								ſ			X
		of facilities, equipn											X
		enswer to any of the											
		of the goods, other or any transaction o											
(a) Lin		(b) Amount involved	т -	me of nonchar				escription of transf					
(4) [11	-	(b) Amount money	(0) 110	THE OTHER	tubio exemp	. Organization	(0,0		0,0,1,0,000				_
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	describ	foundation directly ed in section 501(c complete the follo	) (other tha	an section 5							Ye	es 🔯	No
	1 103,	(a) Name of organization		3410.	(b) Typ	e of organization			(c) Descript	ion of relations	nıp		
												_	
									_				
		penalties of perjury, I decl							to the best	of my knowledge	and b	elief, it	ıs true,
Sign		, and complete Declaration of	of preparer (other	er than taxpayer) •		<b>1</b>	preparer ha	is any knowledge		May the IRS	dicent	e this	return
Here		amara A.	Unio	<u> </u>	05/04	/2020	VP	AND TRUST	TA		arer_s		below?
11616	Sign	ature of officer or trustee			Date		Title			See instructions		Yes	No
	<u> </u> TA	MARA S AMICI Print/Type preparer's na	ame	Dr	eparer's sigr	nature		Date		eck of P	TIN		
Paid		Think Type preparer site	5111G	["	chaici a aidi			50.6		eck ıf   <sup>P</sup> f-employed			
Prep	arer	Firm's name		I					Firm's EIN				
Use	Only	Firm's address			-			·					
									Phone no				

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

DESCRIPTION 	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
ARBOTT LARORATORIES COM	891	168
AN WIR WKS CO	o o	9
INC		302.
APPLE INC COM	0	
	ω	ω
BAILLIE GIFFORD FDS INTL EQT INSTL		
BLACKBOCK, INC. BLACKBOCK FIRS IT STRE ODD INSTI.	ν L	ተ ነ
o or in	2,722.	
TCS PROMONTORY	15	15
CALAMOS INV TR NEW STRAT INC INST	1,250.	1,250.
CISCO SYS INC COM	453.	453.
CORNING INC COM	170.	170.
COM DI	. 79	. 67.
CORP NEW COM NEW	614.	
EUROPACIFIC GROWTH FD AMERICAN FD F 3	1,590.	1,590.
	ထ	486.
GALLAGHER ARTHUR J & CO COM	7	279.
S	13	
SACHS TR CORE FX INST	۲,	•
	1,784.	1,784.
HOME DEFOI INC COM	305.	305.
TRAD	652.	652
CORE S&P MCP ETF	7	279.
ISHARES INC CORE MSCI EMKT	1,165.	1,165.
JPMORGAN CHASE & CO COM	2	323.
JPMORGAN CORE BOND SELECT	7	4,521.
LARK CORP COM	352.	352.
~	1,733.	1,733.
LILLY ELI & CO COM	312.	312.
CORF COM		_
0/04/2020 13:01:40	07977	

2

CELIA JEWELL TT FBO SEVEN CHARITIES DTD 12/4/

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

REVENUE AND	NSES IN	PER BOOKS INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	07.	20. 2,62	55. 35	1 231. 23	594.		4	28. 32	30	11. 51	20.	27.	249. 249.	34.	9		28.	. 18	32.	1,139. 1,139.	748.	L 35,326. 35,326.	
		DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MERCK & CO. INC COM	METROPOLITAN WEST	MICROSOFT CORP COM	NT OBLIGATIONS FU	OBLIGATI	NEUBERGER BERMAN ALTRNTIVE F ABSOL RINMI	OCCIDENTAL PETE CORP DEL COM	PEPSICO INC COM	PFIZER INC COM	PUBLIC SVC ENTERPRISE GRP IN COM	TJX COS INC NEW COM	3M CO COM	TRAVELERS COMPANIES INC COM	UNITED PARCEL SERVICE INC CL B	VANGUARD BD IND FD ETF	ERM INFT	VERIZON COMMUNICATIONS INC COM	WALMART INC COM	WASTE MGMT INC DEL COM	WESTERN ASSET FDS INC CORE BD FD CL I	WISDOMTREE TR EM EX ST-OWNED	TOTAL	

FORM 990PF, PART I - OTHER INCOME 

> REVENUE AND EXPENSES PER BOOKS

DESCRIPTION -----

BLACKROCK FDS

2.

TOTALS

FEES	       
ACCOUNTING	
1	11
н	II II
ART	
PAF	11
990PF, PAF	

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,500.
REVENUE AND EXPENSES PER BOOKS	1,500.
DESCRIPTION	AUDIT & ACCOUNTING FEES (ALLOC TOTALS

TAXES	H H H H H
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NET INVESTMENT INCOME	1 1 1 1 1	503.	534.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	503.	534.
DESCRIPTION		FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

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