

_{Eom} 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

onot enter social security numbers on this form as it may be made publication. Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

<u>A</u>	For the	2023 calend	ar year, or tax year begini	ning		, 2023, and e	enaing	_	, 20	
В	Check if a	applicable:	C Name of organization TO	MPKINS COUNTY PUBLIC	LIBRARY	FOUNDATIO	ON INC	D Employ	yer identification nu	
=	Address o	change	Doing business as						16-1422052	
=	Name cha	ange	Number and street (or P.O. box	x if mail is not delivered to street address)	Rooi	m/suite	E Telepho		
Ц	Initial retu	rn	101 East Green	Street					(607) 272-4	555
片	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal code				G Gross	•	
닏 .	Amended	return	Ithaca, NY 148	50			i	\$	30	04,013
□ .	Applicatio	n pending	F Name and address of principal	officer:			H(a) Is this a	group return fo	r subordinates? 🔲 Ye	s X No
							H(b) Are all	subordinates	included? Ye	s No
<u> </u>	Tax-exem	pt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		If "No,"	' attach a list.	See instructions	
J	Website:	WWW	.TCPLFOUNDATION.O	RG			H(c) Group	exemption no	umber	
		rganization: X		ociation Other	LY	ear of formation:	1992 м	State of legal	domicile: NY	
Pa	rt I	Summar	У							
	1	Briefly descri	be the organization's mission	on or most significant activities:	THE FO	' NOITAGNUC	S PRIMARY	PURPO	SE IS TO PE	ROVIDE
Ф		FINANCIA	L SUPPORT AND BENI	BRARY, EN	HANCING	G OPPORTUNI	TIES			
Activities & Governance		FOR THE								
Ľ										
8 8	2	Check this b	ox 🔲 if the organization d	iscontinued its operations or dis	sposed of mor	e than 25% of	its net assets.			
Ō	3	Number of ve	oting members of the gover	ning body (Part VI, line 1a)				3		11
SS	4	Number of in	dependent voting members	s of the governing body (Part VI	, line 1b)			4		10
jŧ.	5	Total number	r of individuals employed in	calendar year 2023 (Part V, line	e 2a)			5		2
냚	6	Total number	r of volunteers (estimate if n	necessary)				6		13
⋖	7a	Total unrelate	ed business revenue from F	Part VIII, column (C), line 12				7a		0
	b	Net unrelated	d business taxable income t	from Form 990-T, Part I, line 11				7b		0
							Prior Year		Current Yea	ar
	8	Contributions	s and grants (Part VIII, line	1h)			299	9,519	24	13,740
e	9		vice revenue (Part VIII, line	•				,		0
en.	10	ū	•	a), lines 3, 4, and 7d)			3.	5,822	-	60,273
Revenue	11			es 5, 6d, 8c, 9c, 10c, and 11e)				2,337		0
_	12			nust equal Part VIII, column (A)				7,678	3(04,013
-	13		similar amounts paid (Part I)					0,104		28,716
	14		I to or for members (Part IX		0,101		0			
	15	-	,	, column (A), line 4) ... e benefits (Part IX, column (A), l	15	3,237	16	55,825		
ses			fundraising fees (Part IX, o	, , ,		_		3,23,		0
Expenses			sing expenses (Part IX, colu	· /· /		40,725				
쏪	17		ses (Part IX, column (A), lin	• • • • • • • • • • • • • • • • • • • •			7,	6,166		98,378
	18	•		equal Part IX, column (A), line 2				9,507		92,919
	19		s expenses. Subtract line 1			_		1,829)		38,906)
		110101100100	o expensee. Cabacac into 1	0 11011111110 12			Beginning of Curi		End of Year	
tso	20	Total assets	(Part X, line 16)					4,941		78,481
\sse	21		s (Part X, line 26)					8,881		47,536
Net Assets or	22		r fund balances. Subtract lir	ne 21 from line 20				6,060		30,945
	rt II		re Block	10 ET HOM IMO EO			2,30	0,000	3,33	,0,,,,,
-	_			n, including accompanying schedules an	d statements, and	d to the best of my l	knowledge and bel	ief, it is		
true	correct, a	and complete. De	claration of preparer (other than office	cer) is based on all information of which	preparer has any	knowledge.		1		
		KEDD	Y BARNES							
Sig	n	Signature of office						Date		
Hei	·e	KEDD	Y BARNES, EXECUTIV	VE DIRECTOR						
		Type or print nar		VE DIRECTOR						
		Print/Type pre		Preparer's signature	In	ate	Ober		PTIN	
Pai	d	• • •					Check	_ "		5
_	u parer			Kurt Behrenfeld	μ	1-07-2024		nployed	P00963773	,
	Only	. —		renfeld, CPA, PLLC			Firm's EIN			
US	, Om	Firm's addres		=			Phone no.	607 4	02 0577	
Mari	the IDC	diagues this		NY 13045				6U / - 4	23-0577	X No
iviay	THE IKS	ว นเรยนรร เกเร	return with the preparer sno	own above? See instructions					Yes	™ NO

Checklist of Required Schedules

Part IV

16-1422052

TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC

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

Part IV

3) TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC Checklist of Required Schedules (continued) 16-1422052

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	056		
00	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		х
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			^
_0	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			oxdot
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		
А	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
		15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

3) TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC 16-1422052 Page Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>	Ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
_			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-		
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	420		
•	Did the organization have a written whistleblower policy?	12c	X	
3		13	Х	
4	Did the organization have a written document retention and destruction policy?	14		X
5	Did the process for determining compensation of the following persons include a review and approval by			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	150	v	
a h	Other officers or key employees of the organization	15a 15b	Х	v
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		X
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
oa	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		X
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed New York			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	MEDDY DADWER (607) 272 AFFF 101 Floor Character Theory NV 140F0			

orm	aan	(2023)
-01111	990	(ZUZS

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate	ed organization	on com	npen	sate	d ar	y curre	ent d	officer, director, or t	rustee.	
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	(do not check m			eck more than one ss person is both an			Reportable	Reportable	Estimated amount
	hours		officer and a director/trustee)				compensation	compensation	of other	
	per week		or		from the organization (W-2/	from related organizations (W-2/	compensation from the			
	(list any hours for	Indi or d	Inst	Officer	Key	Hig! emp	Former	1099-MISC/	1099-MISC/	organization and
	related	vidua lirect	itutic	cer	emp	hest oloye	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	nal t		Key employee	com				
	below dotted line)	stee	Institutional trustee		Ф	Highest compensated employee				
	dotted line)		Ф			ated				
(1)KERRY BARNES										
EXECUTIVE DIRECTOR				х		x		78,678	0	o
(2)						Х.		/8,6/8	U	<u> </u>
(2) BARBARA PAGE BOARD MEMBER		x						o	0	o
(3)MICHELLE MILLET		_ A						0	0	<u> </u>
BOARD MEMBER		x						o	0	o
								0	0	<u> </u>
(4)DOMINICK RECCKIO BOARD MEMBER		x						o	0	0
(E)\m1.1003_113\m20000								0	0	<u> </u>
BOARD MEMBER		x						o	0	0
(6) STEVBEN STREETMAN								0	-	<u> </u>
BOARD MEMBER		x						0	o	0
(7) DEDEK BUDDOMC									•	•
BOARD MEMBER		x						o	0	0
(9) 123 ME CONTROL									•	
BOARD MEMBER		x						o	o	o
(9)MELISA CRUMRINE									Ŭ	
BOARD MEMBER		x						0	o	0
(10)LAURA LARSON								·		•
PRESIDENT				х				0	o	0
(11)STEVE HEADRICK									-	-
VICE PRESIDENT				х				0	o	0
(12)DALE JOHNSON									_	-
SECRETARY/TREASURER				х				О	0	0
(13)									_	-
(14)										
	Γ									

EEA Form **990** (2023)

16-1422052 Page 8

(A) Name and title	(B) Average hours per week	box	unles	Pos eck m ss per	son is	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/		cor	(F) ated am of other npensati	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	orgai	oill the nization I organiz	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b Subtotal													
d Total (add lines 1b and 1c)								78,678 received more that	an \$100,0	0 000 of			0
reportable compensation from the organiza	tion											Yes	0 No
3 Did the organization list any former officer, director			-		_								
employee on line 1a? <i>If "Yes," complete Schedule</i>For any individual listed on line 1a, is the sum of re											3		Х
organization and related organizations greater tha				mple	ete S	Schedu	ıle J	for such					
individual				unre	· · elate	· · · d orga	· · ıniza	ation or individual			4		Х
for services rendered to the organization? <i>If "Yes,"</i>	" complete So	chedule	J fo	or su	ch p	erson			<u></u>		5		x
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated	indep	end	ent	con	tracto	ors t	hat received mo	re than \$	100,000	of		
compensation from the organization. Repor	t compens	ation f	or th	ne c	aler	ndar y	/ear	-	vithin the	organiz I		tax ye	ear.
(A) Name and business addres	ss							(B) Description of servic	es		(C) Compens	ation	
		_											
2 Total number of independent contractors (in received more than \$100,000 of compensar	-					se lis	sted	above) who					

Form 990 (2023) TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse	e or note to anv li	ne in this Part V	III		Г
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
σ ₁₀	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
ָּהַ פַּ	d	Related organizations	1d					
iifts ar A	e	Government grants (contributions)	1e					
S, E	f	All other contributions, gifts, grants,						
r Si		and similar amounts not included above	1f	243,740				
ibe the	g	Noncash contributions included in						
d d		lines 1a-1f	1g	\$ 7,325				
ğδ	h	Total. Add lines 1a-1f			243,740			
				Business Code				
Φ	2a							
Š	b							
Ser	С							
E S	d							
Program Service Revenue	е							
Pro	f	All other program service revenue	_					
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, intere	est, a	and				
		other similar amounts)			60,273	60,273		
	4	Income from investment of tax-exempt bond p	roce	eds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ine		and sales expenses 7b						
venue	С	Gain or (loss) 7c						
æ	d	Net gain or (loss)	<u></u>					
Other Re	8a	Gross income from fundraising						
ŏ		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising events	<u>.</u>					
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	<u> </u>					
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
	I	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory	٠.					
				Business Code				
ous e	11a							
Miscellanous Revenue	b							
cell	С	-						
Mis R		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			304 013	60 273	n	l o

Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or n	ote to any line in this	s Part IX		
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	'	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	128,716	128,716		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	78,750	55,480	7,570	15,700
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,750	46,150		11,600
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20,073	5,203	13,466	1,404
10	Payroll taxes	9,252	2,407	6,199	646
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	43,205	126	41,119	1,960
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 • •				
f	Investment management fees	23,621		23,621	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,116	2,274	142	4,700
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,395		1,395	
23	Insurance	1,969		1,969	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	IN-KIND (RENT & OTHER)	7,325		7,325	
b	PRINTING & DESIGN	6,053	1,093	495	4,465
С	BANK FEES	2,993		2,993	
d	STAFF DEVELOPMENT	1,736		1,736	
е	All other expenses	2,965	431	2,284	250
25	Total functional expenses. Add lines 1 through 24e	392,919	241,880	110,314	40,725
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	I			

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 681,185 171,884 2 2 24,835 41,600 3 Pledges and grants receivable, net 20,000 3 4 Accounts receivable, net 12,275 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9,763 b 10b 8,602 2,556 10c 1,161 11 2,254,090 11 3,163,836 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,994,941 3,378,481 17 17 8,881 47,536 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, iabilities. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 **Total liabilities.** Add lines 17 through 25 8,881 26 47,536 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 2,045,142 2,282,710 28 Net assets with donor restrictions 940,918 28 1,048,235 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 2,986,060 32 3,330,945 33 Total liabilities and net assets/fund balances 2,994,941 3,378,481

Form 990 (2023)

Form	990 (2023) TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC	16-1422	052	D	age 1 :
	rt XI Reconciliation of Net Assets	10-1422	J3Z	1 (age 1
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)			304,	013
2	Total expenses (must equal Part IX, column (A), line 25)			392,	
3	Revenue less expenses. Subtract line 2 from line 1				906
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	2	, 986 ,	
5	Net unrealized gains (losses) on investments	. 5		433,	
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	3	, 330 ,	945
Pa	rt XII Financial Statements and Reporting	'		,	
	Check if Schedule O contains a response or note to any line in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				

3a

Х

Form 990 (2023)

the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Schedule O.

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

pen to Publi

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC 16-1422052 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 1 Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) TOMPKINS CTY PUBLIC 16-1098211 6 0 128,716 (B) (C) (D) (E) 0 128,716

16-1422052 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	(4) = 3 + 3	(2) ====	(0) = 0 = 1	(4) = = = =	(0) = 0 = 0	(1)
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fiftl	h tax year as a	section 501(c)	(3)
	organization, check this box and stop her	e					
	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line 6	, column (f), di	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2022 Sch	edule A, Part II	I, line 14			15	%
16a	33 1/3% support test - 2023. If the organi	zation did not	check the box	on line 13, and	line 14 is 33 1	/3% or more, c	heck this
	box and stop here . The organization qual						
b	33 1/3% support test - 2022. If the organi						·
	this box and stop here. The organization			-			_
17a	10%-facts-and-circumstances test - 202	•					
	10% or more, and if the organization mee					•	
	Part VI how the organization meets the fa-			•	•		
	organization						_
b	10%-facts-and-circumstances test - 202	2. If the organ	ization did not	check a box or	line 13, 16a, 1	16b, or 17a, an	d line
	15 is 10% or more, and if the organization	meets the fact	ts-and-circums	tances test, ch	eck this box ar	nd stop here . E	Explain
	in Part VI how the organization meets the	facts-and-circu	umstances test	. The organiza	tion qualifies a	s a publicly suր	oported
	organization						
18	Private foundation. If the organization did	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	ee
	instructions						

TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	İ					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	İ					
	organization's benefit and either paid	İ					
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	İ					
	organization without charge						
6	Total . Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	İ					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	l I					
	persons that exceed the greater of \$5,000	İ					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	İ					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	İ					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on	İ					
12	Other income. Do not include gain or						
	loss from the sale of capital assets	İ					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the org	ganization's fir	rst, second, thir	d, fourth, or fif	th tax year as a	section 501	(c)(3)
	organization, check this box and stop her						<u> </u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	. , ,	•	3, column (f))		15	%
16	Public support percentage from 2022 Scho					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (li					17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this bo	-	-	=	•		_
b	33 1/3% support tests - 2022. If the organization						_
	line 18 is not more than 33 1/3%, check this box		-			-	📙
20	Private foundation. If the organization did	ı not check a l	box on line 14,	19a, or 19b, cl	heck this box ar	nd see instru	ctions

Schedule A (Form 990) 2023 EEA

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
 - **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI**.
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," provide detail in **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
			.40
	1	х	
	2		х
	20		
	3a		X
	3b		
)			
	3с		
	4a		x
	4b		
	4c		
	70		
	5a		v
	Ja		Х
	5b		
	5c		
	6		x
	7		x
	8		х
	9a		х
	<u> </u>		
	9b		Х
	9с		х
	10a		v
	134		X
	10b		
du	le A (Fo	orm 99	0) 2023

EEA Schedule A (Form 990) 2023

Part I	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		х
b	A family member of a person described on line 11a above?	11b		х
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		х
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		х
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	х	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		х
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instrı	ıction	ıs).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	s).		
2	Activities Test. Answer lines 2a and 2b below.	, I	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 54		
	= a a a a a garanzaron exercice a eaperantar aegree of anomon ever the penetee, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedu	te A (Form 990) 2023 TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION			052 Page
Part	7			
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying			•
	instructions. All other Type III non-functionally integrated supporting organic	zatio	ns must complete Sectior	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	<u> </u>			(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(7 t) Their Tean	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

Schedule A (Form 990) 2023 EEA

Income tax imposed in prior year

7

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

e Excess from 2023

ı art	Type in Non-i unctionally integrated 303(a)(3) Supporting Organi	Zations (continue)	u)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
_	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023 EEA

EEA Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC 16-1422052 Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization Employer identification number

TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC

16-1422052

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION OF TOMPKINS CO 200 E BUFFALO STREET, SUITE 202 Ithaca NY 14850	\$25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LAURA LARSON 1149 TAUGHANNOCK BOULEVARD Ithaca NY 14850	\$12,000	Person K Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FOUNDATION OF JEWISH PHILANTHROPIES 2640 N FOREST ROAD, SUITE 200 Getzville NY 14068	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Lindsay Yuan N/A Ithaca NY 14850	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Bernard Carl&Shirley Rosen Library Ithaca Ithaca NY 14850	\$11,75 <u>4</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC 16-1422052 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c. acquired after July 25. 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	t III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or	Other Similar	Assets (cont	inued)				
3	Using the organization's acquisition, accessi	on, and other records	, check any of the fo	llowing that make	significant use of its	3					
	collection items (check all that apply):										
а	Public exhibition		d ☐ Loan o	r exchange progr	am						
b	Scholarly research		e Other	0.0							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they further the	organization's ex	empt purpose in Par	rt					
-	XIII.	moonono ana ompiami		o.gaa							
5											
•	assets to be sold to raise funds rather than to					Tyes	□No				
Par			it of the organization	15 concodon: -		103					
	Complete if the organization		on Form 990. Pa	art IV. line 9.	or reported an a	mount on Fo	rm				
	990, Part X, line 21.			, 2,							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions	or other assets no	nt .						
·u			•			∏ Yes	□No				
b	If "Yes," explain the arrangement in Part XIII					103					
D	ii res, explain the arrangement iii i art XIII	and complete the lone	owing table.			Amount					
С	Beginning balance				1c	Amount					
d	Additions during the year				1d						
e	Distributions during the year				1e						
f	Ending balance				1f						
2a	Did the organization include an amount on F					· · Yes	No				
2a b	If "Yes," explain the arrangement in Part XIII.				-		H				
Par		Check here it the exp	Dianation has been p	novided offi art /	XIII						
	Complete if the organization	answered "Yes"	on Form 990 P	art IV line 10							
	Complete ii are organization					- (a) Faurusa	un hank				
10	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years bac							
1a h	Contributions	922,918	1,257,539	1,166,07			L,108				
b		3,351	3,076	3,12	27 14,9	76 10	0,101				
С	Net investment earnings, gains, and	4.60 -0.6	/00F 640\	105.1							
	losses	162,536	(225,649)	127,10	124,5	34 135	5,714				
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs	40,570	53,572	38,76	55 16,0	10 44	1,347				
f	Administrative expenses										
g	End of year balance	1,048,235	981,394	1,257,53	39 1,166,0	76 1,042	2,576				
2	Provide the estimated percentage of the curr	-	(line 1g, column (a))) neid as:							
a	Board designated or quasi-endowment	5.00_%									
b	Permanent endowment 95.00 %										
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held and	administered for	the						
	organization by:					Ye					
	(i) Unrelated organizations?					3a(i)	X				
_	(ii) Related organizations?					3a(ii)	X				
b	If "Yes" on line 3a(ii), are the related organiza	•				3b					
4 Dow	Describe in Part XIII the intended uses of the		vment funds.								
Par			on Form OOO D	ort I\/ Iinn 44	. Coo Farm 000	n Dort V lin-	10				
	Complete if the organization										
	Description of property	(a) Cost or othe	' '	r other basis	(c) Accumulated	(d) Book val	lue				
		(investmer	nt) ((other)	depreciation	-					
1a	Land	• •				-					
b	Buildings	• •									
С	Leasehold improvements	• •									
d	Equipment										
е	Other STMD1			9,763	8,602	1	1,161				
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part X.	line 10c, column (B)			1 1	1,161				

Part X, line 12.
Part X, line 13.
valuation: market value
Part X, line 15.
(b) Book value
n 990, Part X,

Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 280,392 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 433,791 2b 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 433,791 3 (153,399)Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 23,621 Other (Describe in Part XIII.) 4c 23,621 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) (129,778) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 369,298 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2b 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 369,298 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 369,298 Supplemental Information Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. 01. General Explanation Attachment PART V, Line 1: MANAGEMENT DETERMINED BOARD DESIGNATED FUNDS SHOULD NOT BE INCLUDED AS ENDOWMENT FUNDS AND THEREFORE IN THE BEGINNING 2023 ENDOWMENT FUND BALANCE \$40,476 OF BOARD DESIGNATED NET ASSETS WERE NOT INCLUDED. ALSO, MANAGEMENT DETERMINED \$18,000 WERE ALSO NOT ENDOWMENT FUNDS DESIGNATED AS SUCH AT THE END OF 2022 AND ACCORDINGLY THIS AMOUNT WAS ALSO NOT INCLUDED IN THE BEGINNING 2023 ENDOWMENT FUND BALANCE.

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATIO 16-1422052 General Information on Grants and Assistance | Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1) Tompkins County Public Libr 101 E Green Street To support Ithaca NY 14850 16-1098211 501 (c) 3 128,716 Cost library (2) (3) (4) (5) (6) (7) (8) (9) (10)

V Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
	/ Supplemental Information, Pr	ovide the information re	equired in Part I. li	ne 2: Part III. colum	n (b): and any other addit	tional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC 16-1422052 01. Form 990 governing body review (Part VI, line 11) THE ORGANIZATION PROVIDES A COMPLETE COPY OF THE FORM 990 TO MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM. 02. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM EACH YEAR. 03. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION PROCESS FOR THE EXECUTIVE DIRECTOR REVIEWED AND APPROVED BY THE BOARD ANNUALLY. 04. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION CREATES, INCLUDING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE OUR WEBSITE AND TO THE PUBLIC UPON REQUEST. 05. Part XII, Response or note to any line in Part XII Line 2C: THE FINANCE AND INVESTMENT COMMITTEE REVIEW AND RESPOND TO THE DRAFT FINANCIAL STATEMENTS. THE BOARD OF DIRECTORS VOTES TO ACCEPT THE FINAL VERSION OF THE FINANCIAL STATEMENT. THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R (Form 990)

Part I

(1)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

Open to Public Inspection

> (f) Direct controlling entity

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

(a)
Name, address, and EIN (if applicable) of disregarded entity

Employer identification number TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC 16-1422052

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Total income

(e) End-of-year assets

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(2)												
(3)												
(4)												
(5)												
Part II	Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.											
	(a) Name, address, and EIN of related organization		(b) ary activity	(c) Legal domicile (state or foreign country)	(d)	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controlle	(g) 512(b)(13) ed entity?			
(1)								- 100				
(2)												
(3)												
(4)												
(5)												

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disprope alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		Country)		sections 512-514)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	 i)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Type of entity	Share of total	Share of	Percentage	Section 5	
		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership		olled
								enti	ity?
									
								Yes	No
(1) TOMPKINS COUNTY PUBLIC, 16-1098211									
110 GREEN STREET									
Ithaca NY 14850	PUBLIC LIBRARY	NY	N/A						x
(2)									
(3)									
(4)									
(5)									

Part V	Transactions with Related Organizations.	Complete if the	organization answered "	'Yes"	on Form 990,	Part IV,	line 34,	35b,	or 36.

No	tte: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
	Gift, grant, or capital contribution to related organization(s)	1b	х	
С	Gift, grant, or capital contribution from related organization(s)	1c		х
d	Loans or loan guarantees to or for related organization(s)	1d		x
е	Loans or loan guarantees by related organization(s)	1e		x
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		х
h	Purchase of assets from related organization(s)	1h		x
i	Exchange of assets with related organization(s)	1i		x
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		x
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		x
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		х
0	Sharing of paid employees with related organization(s)	10		х
	Reimbursement paid to related organization(s) for expenses	1р		x
q	Reimbursement paid by related organization(s) for expenses	1q		х
r	Other transfer of cash or property to related organization(s)	1r		х
	Other transfer of cash or property from related organization(s)	1s		х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)			
	Name of related organization Transaction Amount involved Method of determining	amount	involved	
	type (a-s)			
(1)				
رم،				
(2)				
/3\				
(3)				
(4)				
. ,				
(5)				
/۵۰				
(6)				

EEA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501(partners tion (c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropo alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or iging	(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
		I		I.		1		I.			I.		. 5/5	000) 0000

FOR YOUR RECORDS ONLY Federal Supporting Statements	2023 PG01
Name(s) as shown on return	Tax ID Number
TOMPKINS COUNTY PUBLIC LIBRARY FOUNDATION INC	16-1422052

Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Furniture & Fixtures	0	9,763	8,602	1,161
Total	0	9,763	8,602	1,161