PUBLIC INSPECTION COPY

Cayuga County Community College Foundation, Inc.

Year Ended August 31, 2024

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

| <u>A F</u> | or the | \pm 2023 calendar year, or tax year beginning $SEP~1$, $~2023$ and \pm | ending A | <u>UG 31, 2024</u> | |
|--------------|----------------------------|--|--------------|------------------------------|-----------------------------------|
| B (| Check if pplicable | C Name of organization THE CAYUGA COUNTY COMMUNITY | | D Employer identific | cation number |
| | Addre | COLLEGE FOUNDATION, INC. | | | |
| F | Name chang | | | 22-24138 | 04 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe 315.294. | |
| | ⊥return/ termin ated | | | G Gross receipts \$ | 11,921,045. |
| | Amend | 1 | | H(a) Is this a group re | |
| F | return Applic tion | | NO | for subordinates | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| 1.3 | Tay.ey | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c | or 527 | 1 ' ' | list. See instructions |
| | Nebsit | | | H(c) Group exemptio | |
| | | organization: X Corporation Trust Association Other | | | A State of legal domicile; NY |
| | art I | Summary | L TGai | or formation. 1902 I | or otate of legal dofficite, 14 1 |
| | | Briefly describe the organization's mission or most significant activities: ENHAN | JCE AN | D PROVIDE AS | SSISTANCE |
| ç | l ' | FOR EDUCATIONAL AND OTHER PROGRAMS OF CAY | | | |
| Jan | 2 | Check this box if the organization discontinued its operations or dispos | | | |
| Governance | 3 | | | 1 | 19 |
| é | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 18 |
| | 1 - | Total number of individuals employed in calendar year 2023 (Part V, line 1a) | | | 2 |
| ties | | | | | 42 |
| Activities & | | Total number of volunteers (estimate if necessary) | | | 0. |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | B | Net unrelated business taxable income nom Form 990-1, Fart I, line 11 | | Prior Year | Current Year |
| | | Contributions and grants (Part VIII. line 1b) | | 3,854,956. | 554,525. |
| ne | ı | Contributions and grants (Part VIII, line 1h) | | 0. | 0. |
| Revenue | 1 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -115,825. | 1,482,914. |
| Be | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 14,110. | 19,170. |
| | 1 | | 3,753,241. | 2,056,609. | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 472,697. | 713,754. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 45 | Benefits paid to or for members (Part IX, column (A), line 4) | | 183,588. | 186,777. |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | loa | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 137,69 | | <u> </u> | 0. |
| Εχρ | 47 | | | 198,505. | 242,541. |
| _ | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 854,790. | 1,143,072. |
| | ı | Revenue less expenses. Subtract line 18 from line 12 | | 2,898,451. | 913,537. |
| | | Revenue less expenses. Subtract line 16 from line 12 | Re | ginning of Current Year | End of Year |
| Assets or | 20 | Total assets (Part X, line 16) | - | 21,346,117. | 24,780,094. |
| \SS6 Rals | 21 | Total liabilities (Part X, line 16) | | 12,504. | 5,755. |
| Net / | 1 | Net assets or fund balances. Subtract line 21 from line 20 | | 21,333,613. | 24,774,339. |
| | art II | Signature Block | | 21,333,013. | 24,774,333. |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | ante and to the heet of my | knowledge and helief it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | Knowledge and boller, it is |
| uuo | , 001100 | t, and complete. Declaration of proparti (other than officer) is based on an information of wif | ion proparor | nus any knowledge. | |
| Sig | _ | Signature of officer | | Date | |
| Her | | KEVIN LAMONTAGNE, PRESIDENT | | | |
| Hei | - | Type or print name and title | | | |
| | | | | Date Check | PTIN |
| Paid | ı | Print/Type preparer's name TRAVIS C. SMITH, CPA TRAVIS C. SMITH, | | 1/31/25 self-employ | |
| | arer | Firm's name DERMODY, BURKE & BROWN, CPAS, LLC | | | 1-0723685 |
| | Only | Firm's address 443 N FRANKLIN ST, STE 100 | • | FIIIII S EIN U | |
| 036 | Jiny | SYRACUSE, NY 13204-1441 | | Dhone no 31 | 5.471.9171 |
| Mar | , the IF | - | | I FIIOHE HO. J I | |
| ıvıa\ | , uite it | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

THE CAYUGA COUNTY COMMUNITY

| Form 990 (2023) | COLLEGE | FOUNDATION, | INC. |
|-----------------|---------------------|------------------|------|
| Dart III State | ment of Program Ser | vice Accomplishm | ents |

| | Check if Schedule O contains a response or note to any line in this Part III |
|----|--|
| 1 | Briefly describe the organization's mission: |
| • | TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED |
| | PROGRAMS OF CAYUGA COMMUNITY COLLEGE. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 474,268 • including grants of \$ 413,754 •) (Revenue \$ 19,170 •) |
| | THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.'S PRIMARY FUNCTION |
| | IS TO PROVIDE FINANCIAL SUPPORT TO THE COLLEGE AND ITS STUDENTS. THE |
| | VAST MAJORITY OF AVAILABLE FUNDS GO TO STUDENT SCHOLARSHIPS. AWARDS |
| | ARE MADE BASED UPON ACADEMIC ACHIEVEMENT AND FINANICAL NEED. THE |
| | FOUNDATION BUILDS ITS ASSETS THROUGH ANNUAL GIVING, MEMORIAL GIFTS, |
| | PLANNED GIVING, AND BEQUESTS. DURING FISCAL YEAR 2024, THE FOUNDATION |
| | AWARDED 205 STUDENT SCHOLARSHIPS AND AWARDS. |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 300,000 • _ including grants of \$ 300,000 •) (Revenue \$) |
| | TO ENHANCE THE PROGRAMS OF THE COLLEGE, THE FOUNDATION DISTRIBUTED |
| | \$300,000 TO SUPPORT COLLEGE-RELATED SPECIAL PROJECTS AS FACULTY AND |
| | STAFF PROFESSIONAL DEVELOPMENT GRANTS. |
| | |
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| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| ти | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 774,268. |
| | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|----------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| _ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | <u> </u> | | |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | Ť | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | , , | 8 | | x |
| 0 | Schedule D, Part III | - | | |
| 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 debt negotiation services? | | | x |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | v | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| 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 | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 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 | | X |
| | TOWN THE PLANT OF | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| -1 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| | democre government on Fartix, column (-y, interier in Fes. Complete Schedule I, Parts Fand II | <u> </u> | | L |

| Part IV | Checklist of Required Schedules (continued)

| | , and the state of | | Yes | No |
|--------|--|------------|-----|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 163 | 140 |
| | 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? <i>If</i> "Yes," <i>complete</i> | | | |
| | 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 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 | | <u> </u> |
| 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 | | X |
| 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? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | <u> X</u> |
| 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% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | l | | 77 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule 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? If | 00- | | х |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 200 | | |
| C | "Yes," complete Schedule L, Part IV | 28c | | х |
| 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 | 25 | | |
| 00 | 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 | X | |
| 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 | | X |
| 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | l |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Do: | Note: All Form 990 filers are required to complete Schedule 0 | 38 | X | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| _ | Establish murshay was adad in hay 0 of Form 1000 Fates 0 if and any limited. | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a | - | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | - | | |
| C | (gambling) winnings to prize winners? | 1c | х | |
| 33200/ | 4 12-21-23 | _ | | (2023) |

Part 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 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | • | 2b | Х | | | | | |
| | 5:11 | | | За | | 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 | | | | | | | | | |
| | 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 a | ccou | nt)? | 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 Advanced Financial Financial Advanced Financial Financ | ccour | its (FBAR). | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | | X | | | | |
| | 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 | e orga | anization 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 contributi | ons o | r 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 ser | vices | provided to the payor? | 7a | | X | | | | |
| b | | | | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as req | uired | | | ., | | | | |
| | to file Form 8282? | i | T | 7c | | X | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | • | ┨╻ | | Х | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | | 7e 7f | | X | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual preparty, did the organization file for | | 200 oo roquirod? | 7g | | 12 | | | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza | | | 7 <u>9</u> 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | - / | | | | | | |
| Ü | | • | | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | Did the arrangement arrangement of the control of t | | | 9a | | | | | | |
| b | | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders | 11a | | _ | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | 11b | • | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | 1 | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | 4 | | | | | | |
| 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. | | | | | | | | | |
| р | Enter the amount of reserves the organization is required to maintain by the states in which the | 106 | 1 | | | | | | | |
| _ | organization is licensed to issue qualified health plans | 13b | 1 | - | | | | | | |
| | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 13c | • | 14a | | х | | | | |
| 14a | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu. | | | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | 1-10 | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | x | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | 13 | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t inco | me? | 16 | | х | | | | |
| . • | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | tivitie | 6 | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | |

332005 12-21-23

Form **990** (2023)

Part VI 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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | |
|-----|---|-------|---------|-----|--|--|--|--|
| Sec | tion 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 19 | | | | | | | |
| | 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 on line 1a, above, who are independent 1b 18 | | | | | | | |
| 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 | | x | | | | |
| 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.) | | • | | | | | |
| | (This station 2 requisite mismatch as at position is required by the internal rist ones coast, | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | |
| 11a | 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. | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | |
| | on Schedule O how this was done | 12c | Х | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | |
| 15 | 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? | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | | |
| b | Other officers or key employees of the organization | 15b | | Х | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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 | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NY | | | | | | | |
| 18 | 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) | availal | ole | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | | | | | |
| | 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 | | | | | | | |
| | GUY THOMAS COSENTINO - 315-294-8627 | | | | | | | |
| | 197 FRANKLIN STREET, AUBURN, NY 13021 | | | | | | | |

Form 990 (2023)

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 employee."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|----------------------------------|--|-------------------------------|--------------------------------|-------------------------------------|--------------|---------------------------------|--------|------------------|----------------------------------|-----------------------|
| Name and title | Average | Pos | | Position do not check more than one | | | | Reportable | Reportable | Estimated |
| | hours per | box | box, unless p officer and a | | rson i | s both | n an | compensation | compensation | amount of |
| | week | | l a | | l | 1711 43 | (00) | from | from related | other |
| | (list any hours for | ndividual trustee or director | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or (| stee | | | Highest compensated employee | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al tru: | | yee | ım per | | 1099-NEC) | | and related |
| | below | idual | Institutional trustee | la e | Key employee | est co | er | , | | organizations |
| | line) | Indiv | Instit | Officer | Key 6 | High emp | Former | | | |
| (1) GUY THOMAS COSENTINO | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 3.00 | | | Х | | | | 94,813. | 0. | 10,585. |
| (2) KEVIN LAMONTAGNE | 2.00 | | | | | | | | | |
| PRESIDENT | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) ALIZA QUERNS | 2.00 | | | | | | | | | |
| VICE PRESIDENT | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| (4) DAVID VERDI | 2.00 | | | | | | | | | |
| TREASURER | 1.00 | Х | | X | | | | 0. | 0. | 0. |
| (5) TIMOTHY RICE | 1.00 | | | | | | | | | |
| SECRETARY | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| (6) PATRICIA CALLAHAN | 1.00 | | | | | | | | | |
| FORMER MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) JOHN CALLAHAN | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) DR. BRIAN DURANT | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) GAIL HOMICK HERRLING | 0.50 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) DOUGLAS KINNEY | 0.50 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) PAMELA KIRKWOOD | 0.50 | | | | | | | | | |
| FORMER MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) DAVID MAMUSCIA | 0.50 | | | | | | | | _ | _ |
| FORMER MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) LORAINE MILLER | 0.50 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) MARK SOUTHWICK | 0.50 | 1 | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) AMANDA STANKUS | 0.50 | | | | | | | _ | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) MEGHAN STAPLETON STEENBURGH | 0.50 | <u></u> | | | | | | | | _ |
| DIRECTOR | | Х | _ | | | _ | | 0. | 0. | 0. |
| (17) MICHAEL FRAME | 0.50 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 990 (2022) |

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| Part VII Section A. Officers, Directors, Trust | tees, Key Emp | loye | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | |
|--|------------------------|--------------------------------|--------------------------------------|---------|--------------|------------------------------|------------|---------------------|-----------------|---------------|
| (A) | (C) | | | | | | (D) | (E) | (F) | |
| Name and title | Average | (do | Position (do not check more than one | | ne | Reportable | Reportable | Estimated | | |
| | hours per | box, | unles | ss per | son i | s both | an | compensation | compensation | amount of |
| | week | | er an | ia a a | recto | r/trus | ee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | or di | e e | | | Highest compensated employee | | organization | (W-2/1099-MISC/ | from the |
| | | stee | truste | | | bens | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations below | al tru | onal 1 | | loye | E S | | 1099-NEC) | | and related |
| | line) | ividu | nstitutional trustee | Officer | Key employee | hest | Former | | | organizations |
| | , | lnd | lns | #0 | Key | e Ei | Бог | | | |
| (18) STEPHANIE HUTCHINSON | 0.50 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (19) JULIE MAZZOLI | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (20) BLAKE TURNER | 0.50 | | | | | | | | | |
| ASST. TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (21) JOHN LATANYSHYN | 0.50 | | | | | | | | | |
| FORMER MEMBER | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (22) DARRYL CLARK | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (23) DR. DENNIS GOLLADAY | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 94,813. | 0. | 10,585. |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | | Х |
| 4 | | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services | | | |
| | rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | Х |

Section B. Independent Contractors

d Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| | the organization. Hoport compensation to the calonidar year original with or with | | |
|---|--|---------------------------------|--------------|
| | (A) | (B) | (C) |
| | Name and business address NONE | Description of services | Compensation |
| | 10112 | · · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those lister | d above) who received more than | |

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0

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Part VIII Statement of Revenue

| | | Check if Schedule O contains a response | or note to any lin | e in this Part VIII | | | |
|--|------|---|--------------------|---------------------|-------------------|----------------------------|---------------------------------|
| | | | - | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | function revenue | business revenue | sections 512 - 514 |
| S S | 1 : | a Federated campaigns1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | | | | | |
| င်္ပ | | Fundraising events 1c | | | | | |
| fts, | | d Related organizations 1d | 195,955. | | | | |
| ية إو | | e Government grants (contributions) | 250,500. | | | | |
| Sir | | All other contributions, gifts, grants, and | | | | | |
| utic er | • | | 358,570. | | | | |
| ē | | similar amounts not included above 1f | 330,370. | | | | |
| out | | Noncash contributions included in lines 1a-1f | | EE4 E2E | | | |
| O B | r | Total. Add lines 1a-1f | D | 554,525. | | | |
| | | | Business Code | | | | |
| ce | 2 a | i | | | | | |
| e Z | k | . | | | | | |
| am Ser | C | : | | | | | |
| ran Sev | C | d | | | | | |
| Program Service Revenue | • | | | | | | |
| <u>a</u> | f | All other program service revenue | | | | | |
| | ç | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, intere | st, and | | | | |
| | | other similar amounts) | | 480,598. | | | 480,598. |
| | 4 | Income from investment of tax-exempt bond p | roceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | k | Less: rental expenses 6b | | | | | |
| | | | | | | | |
| | | Net rental income or (loss) | | | | | |
| | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 10,866,752. | | | | | |
| | ŀ | Less: cost or other basis | | | | | |
| <u>o</u> | _ | and sales expenses 7b 9,864,436. | | | | | |
| ther Revenue | | Gain or (loss) 7c 1,002,316. | | | | | |
| ev. | | Net gain or (loss) | | 1,002,316. | | | 1002316. |
| ē | | Gross income from fundraising events (not | | , , | | | |
| Ğ. | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | | | | | |
| | | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities. See | | | | | |
| | 9 6 | Part IV, line 19 9a | | | | | |
| | L | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | 10 6 | • | | | | | |
| | L | and allowances 10a Less: cost of goods sold 10b | | | | | |
| | | | | | | | |
| \rightarrow | | Net income or (loss) from sales of inventory | Business Code | | | | |
| S | | CRAFT FAIR BOOTH INCOME | 900099 | 19,170. | 19,170. | | |
| Miscellaneous Revenue | 11 8 | | 300033 | 19,1/0. | 19,1/0. | | |
| llar /en | k | | | | | | |
| Sce. | (| | | | | | |
| Σ̈́ | C | All other revenue | | 10 170 | | | |
| | | • Total. Add lines 11a-11d | | 19,170. | 10 450 | | 1400014 |
| | 12 | Total revenue. See instructions | | 2,056,609. | 19,170. | 0. | 1482914. |

Form 990 (2023) COLLEGE FOUND.

Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | e or note to any line in t | his Part IX | | |
|----------|--|----------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 300,000. | 300,000. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 413,754. | 413,754. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members | 113,7314 | 113,7314 | | |
| 5 | Compensation of current officers, directors, | | | | |
| 6 | trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and | 113,294. | | 56,647. | 56,647 |
| 7 | persons described in section 4958(c)(3)(B) Other salaries and wages | 54,007. | | 21,002. | 33,005 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,320. | | 3,013. | 4,307 |
| 9 | Other employee benefits | | | | |
| 10 11 | Payroll taxes Fees for services (nonemployees): | 12,156. | | 5,496. | 6,660 |
| | Management | | | | |
| b | Legal | 4,650. | | 4,650. | |
| С | Accounting | 22,098. | | 22,098. | |
| d | Lobbying | | | | |
| e f | Professional fundraising services. See Part IV, line 17 Investment management fees | 64,379. | | 64,379. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) | 2,225. | | 2,225. | |
| 12 | Advertising and promotion | 62.250 | 26.024 | 27 210 | |
| 3 | Office expenses | 63,352. | 36,034. | 27,318. | |
| 4 5 | Information technology | | | | |
| 15 6 | Royalties | | | | |
| 7 | Travel | 1,943. | | 1,943. | |
| 8 | Payments of travel or entertainment expenses for any federal, state, or local public officials | , | | , | |
| 9 | Conferences, conventions, and meetings | 11,378. | | 11,378. | |
| 0 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 5,347. | | 5,347. | |
| 23 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.) | J, J 4 / • | | J,J#1. | |
| а | EVENT EXPENSES | 30,772. | | | 30,772 |
| b | FOOD TRUCK RODEOS | 24,480. | 24,480. | | |
| С | MISCELLENOUS EXPENSE | 6,308. | | | 6,308 |
| d | DUES, MEMBERSHIPS, & L | 5,609. | | 5,609. | |
| е | All other expenses | 1 142 050 | 774 060 | 021 105 | 128 622 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,143,072. | 774,268. | 231,105. | 137,699 |
| 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) | | | | |

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

| art . | A | Balance Sneet | | | | |
|------------------|----------|--|--------------------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or r | ote to any line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 62,202. | 1 | 189,540 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 34,642. | 3 | 18,212 |
| | | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | |
| | | trustee, key employee, creator or founder, sub | ostantial contributor, or 35% | | | |
| | | controlled entity or family member of any of the | nese persons | | 5 | |
| | 6 | Loans and other receivables from other disqu | | | | |
| | | under section 4958(f)(1)), and persons describ | ed in section 4958(c)(3)(B) | | 6 | |
| 2 | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | | 28,143. | 9 | 28,143 |
| 1 | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | |
| | b | Less: accumulated depreciation | | 1= === === | 10c | |
| 1 | 11 | Investments - publicly traded securities | | 17,550,368. | 11 | 19,454,701 |
| 1 | 12 | Investments - other securities. See Part IV, line | e 11 | | 12 | |
| 1 | 13 | Investments - program-related. See Part IV, lin | | | 13 | |
| 1 | 14 | Intangible assets | | 2 (52 562 | 14 | |
| 1 | 15 | Other assets. See Part IV, line 11 | | 3,670,762. | 15 | 5,089,498 |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | 21,346,117. | 16 | 24,780,094 |
| 1 | 17 | Accounts payable and accrued expenses | | 12,504. | 17 | 5,755 |
| | | Grants payable | | | 18 | |
| | | Deferred revenue | | | 19 | |
| | | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | | 21 | |
| ဥ 2 | 22 | Loans and other payables to any current or fo | | | | |
| | | trustee, key employee, creator or founder, sub | | | | |
| <u> </u> | | controlled entity or family member of any of the | | | 22 | |
| 2 | 23 | Secured mortgages and notes payable to unr | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | 24 | |
| 2 | 25 | Other liabilities (including federal income tax, | | | | |
| | | parties, and other liabilities not included on lin | les 17-24). Complete Part X | | 25 | |
| | | of Schedule D | | 12,504. | | 5,755 |
| 2 | 26 | Total liabilities. Add lines 17 through 25 | | 12,304. | 26 | 3,73. |
| g | | Organizations that follow FASB ASC 958, c and complete lines 27, 28, 32, and 33. | neck nere 22 | | | |
| ≝ _ລ | 27 | | | 3,134,795. | 27 | 3,222,021 |
| 2 2 | 28 | Net assets with donor restrictions Net assets with donor restrictions | | 18,198,818. | 28 | 21,552,318 |
|] ~ | 20 | Organizations that do not follow FASB ASC | | 10,130,010: | 20 | 21,332,310 |
| <u> </u> | | and complete lines 29 through 33. | 936, Check here | | | |
| 5 2 | 29 | Capital stock or trust principal, or current fund | Ne. | | 29 | |
| 2 2 | 29 30 | Paid-in or capital surplus, or land, building, or | | | 30 | |
| 25 3 | 31 | Retained earnings, endowment, accumulated | | | 31 | |
| - | | Total net assets or fund balances | | 21,333,613. | 32 | 24,774,339 |
| z I º | 33 | Total liabilities and net assets/fund balances | | 21,346,117. | 33 | 24,780,094 |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|---|----------|-------|--------------|--------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,05 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,14 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>37.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 21,33 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,10 | 8,4 | <u>53.</u> |
| 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 | 1,41 | 8,7 | <u> 36.</u> |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 24,77 | 4,3 | <u>39.</u> |
| 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 X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | 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 | X | $oxed{oxed}$ |
| | 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: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | $oxed{oxed}$ |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| За | 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? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | <u></u> |
| | | | Forn | ո 990 | (2023) |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

THE CAYUGA COUNTY COMMUNITY

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COLLEGE FOUNDATION, INC. 22-2413804 Part I 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). 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). 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: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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. 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, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------|---------------------|---|--------------------|--------------------|-----------------|
| Cale | ndar 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.") | 467,468. | 341,907. | 356,051. | 3854956. | 554,525. | 5574907. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 5,460. | 5,460. | 5,460. | 5,460. | 5,460. | 27,300. |
| 4 | Total. Add lines 1 through 3 | 472,928. | 347,367. | 361,511. | 3860416. | 559,985. | 5602207. |
| 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) | | | | | | 3139051. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 2463156. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 472,928. | 347,367. | 361,511. | 3860416. | 559,985. | 5602207. |
| 8 | Gross income from interest. | , | , | , | | , | |
| • | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 465,563. | 290 216. | 355,804. | 488,647. | 480,598. | 2080828. |
| ۵ | Net income from unrelated business | 103/3031 | 23072200 | 33370010 | 100,017 | 100,3300 | 20000201 |
| 3 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | · | | | 4,010. | 14,110. | 19,170. | 37,290. |
| 44 | assets (Explain in Part VI.) | | | 4,010. | <u> </u> | 15,1700 | 7720325. |
| | Total support. Add lines 7 through 10 Gross receipts from related activities, | ata (aaa inatuustia | , no) | | | 12 1 | ,119,937. |
| 12 | First 5 years. If the Form 990 is for the | • | , | iourth or fifth town | | | ,110,0010 |
| 13 | | - | | · · · · · · · · · · · · · · · · · · · | | | |
| Sec | organization, check this box and storection C. Computation of Publi | | | • | | | ····· |
| | Public support percentage for 2023 (li | | | volumn (f)) | | 14 | 31.90 % |
| | Public support percentage from 2022 | | | | | 15 | 33.89 % |
| | 33 1/3% support test - 2023. If the c | | | | | | |
| 10a | | | | | | | |
| h | stop here. The organization qualifies | | ~ | | | or more shook thi | |
| D | 33 1/3% support test - 2022. If the c | | | | | | v |
| 47- | and stop here. The organization qual | • | | | | | |
| 1/a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | | | - | • | vi now the organiz | ation |
| | meets the facts-and-circumstances te | - | • | • • • | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the facts-and-circu | | - | | | | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | | (Form 000) 2022 |

Schedule A (Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

| Se | ction A. Public Support | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
|------|--|---|-----------------|-------------|----------|--------------|-----------|
| Cale | ndar 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 | Gross receipts from admissions, merchandise sold or services per- formed, 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 organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (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 | · · | | • | | . , . , | |
| _ | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2023 (I | | • | column (f)) | | 15 | <u>%</u> |
| 16 | Public support percentage from 2022 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| 18 | , , | | | | | 18 | <u>%</u> |
| 19 | a 33 1/3% support tests - 2023. If the | | | | | | 7 is not |
| _ | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2022. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che | | | | | | |

332023 12-21-23

Schedule A (Form 990) 2023

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 box 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.
- 10a 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 |
|--------------------|--------|------|
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| 10b ule A (Forn | n 990) | 2022 |

| Par | rt IV 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 | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | ction 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 or | ne or | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off | | | |
| | 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 supp | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | tne 1 | | |
| | 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 | | |
| Sect | stion 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 | | 163 | NO |
| | 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 | 1 | | |
| Sect | the supported organization(s). stion D. All Type III Supporting Organizations | | | |
| | men 217 m Type m capper ang crigaminane | 1 | Voc | No |
| 4 | Did the examination provide to each of its supported examinations, by the last day of the fifth month of the | | Yes | No |
| | 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 | 4 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | 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? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | By reason of the relationship described on 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 | 3 | | |
| Sect | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | | | |
| | | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti | uctions). | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. | ty (see instruction | | |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | | | | |
| | 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 | | |
| | | | | |
| | 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 | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| | | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (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): a Average monthly value of securities 1a **b** 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 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 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 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 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h 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: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c 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 3 and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

| Part VI Supp | | Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; | | | | | | | |
|---|--------|--|--|--|--|--|--|--|--|
| Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | | | | | | | | |
| SCHEDULE A | , PART | II, LINE 10, EXPLANATION FOR OTHER INCOME: | | | | | | | |
| CRAFT FAIR | воотн | INCOME | | | | | | | |
| 2021 AMOUN | IT: \$ | 4,010. | | | | | | | |
| 2022 AMOUN | IТ: \$ | 14,110. | | | | | | | |
| 2023 AMOUN | IТ: \$ | 19,170. | | | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury 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 Inspection

Name of the organization

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 22-2413804

| Pal | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin | | i Silillai Fullus | of Accounts. Complete if the | |
|-----|---|--------------------------|-------------------------|--------------------------------------|---------|
| | organization answered Tes on Tollin 556, Factor, in | (a) Donor ad | vised funds | (b) Funds and other accounts | |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the asset | s held in donor advise | ed funds | |
| | are the organization's property, subject to the organization's | exclusive legal contro | ol? | Yes | No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that | t grant funds can be i | used only | |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or fo | r any other purpose of | conferring | |
| _ | impermissible private benefit? | | | | No |
| Pa | rt II Conservation Easements. Complete if the org | ganization answered | "Yes" on Form 990, F | Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that app | ly). | | |
| | Preservation of land for public use (for example, recreating | tion or education) | Preservation of | a historically important land area | |
| | Protection of natural habitat | | Preservation of | a certified historic structure | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation con | tribution in the form o | of a conservation easement on the la | st |
| | day of the tax year. | | | Held at the End of the Ta | x Year |
| а | Total number of conservation easements | | | 2a | |
| b | Total acreage restricted by conservation easements | | | 2b | |
| С | Number of conservation easements on a certified historic stru | ucture included on lir | e 2a | 2c | |
| d | Number of conservation easements included on line 2c acqui | ired after July 25, 200 | 06, and not | | |
| | on a historic structure listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, | or terminated by the | organization during the tax | |
| | year | | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | | |
| 5 | Does the organization have a written policy regarding the per | iodic monitoring, insi | pection, handling of | | |
| | violations, and enforcement of the conservation easements it | holds? | | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations | s, and enforcing cons | servation easements during the year | |
| | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and | l enforcing conservat | tion easements during the year | |
| | | | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirement | ents of section 170(h) |)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes | No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its re | evenue and expense | statement and | |
| | balance sheet, and include, if applicable, the text of the footn | note to the organization | on's financial stateme | ents that describes the | |
| | organization's accounting for conservation easements. | | | | |
| Pa | t III Organizations Maintaining Collections of | | reasures, or Ot | her Similar Assets. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its | revenue statement a | nd balance sheet works | |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, educat | ion, or research in fu | rtherance of public | |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that | describes these item | S. | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its reve | enue statement and b | palance sheet works of | |
| | art, historical treasures, or other similar assets held for public | exhibition, education | n, or research in furth | erance of public service, | |
| | provide the following amounts relating to these items. | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| | (ii) Assets included in Form 990, Part X | | | | |
| 2 | If the organization received or held works of art, historical treat | | | | |
| | the following amounts required to be reported under FASB A | SC 958 relating to th | ese items: | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| | Assets included in Form 990, Part X | | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990 |)) 2023 |

COLLEGE FOUNDATION, INC. 22-24

| Par | rt III Organizations Maintaining C | ollections of Art, | Historical Trea | asures, or Othe | r Similar | Assets | (contir | าued) | |
|--------|---|------------------------------------|-----------------------|------------------------|---------------|--|----------|---------------|----------|
| 3 | Using the organization's acquisition, accession | on, and other records, | check any of the fo | ollowing that make s | ignificant us | se of its | | | |
| | collection items (check all that apply). | | | | | | | | |
| а | Public exhibition | d | Loan or exch | nange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further the | e organization's exe | mpt purpos | e in Part X | (III. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Par | rt IV Escrow and Custodial Arran | | | | | | e 9, or | | |
| | reported an amount on Form 990, Par | | J | | , | • | , | | |
| | Is the organization an agent, trustee, custodi | an, or other intermedi | ary for contributions | s or other assets not | included | | | | |
| | on Form 990, Part X? | , | • | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| | | • | · · | | | | Amoun | t | |
| С | Beginning balance | | | | 1c | | | | |
| d | Additions during the year | | | | | | | | |
| е | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | Yes | $\overline{}$ | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | | | | Ī |
| | rt V Endowment Funds Complete if | the organization ansv | vered "Yes" on Forr | n 990, Part IV, line 1 | | | | | |
| | · | (a) Current year | (b) Prior year | (c) Two years back | (d) Three ye | ears back | (e) Four | r years | back |
| 1a | Beginning of year balance | 8,967,457. | 8,868,208. | 10,156,805. | 15,14 | 0,434. | | ,123, | |
| b | Contributions | 281,997. | 100,552. | 227,502. | | 2,939. | | | 961. |
| c | Net investment earnings, gains, and losses | 1,512,925. | 595,433. | -852,029. | | 5,312. | 1 | ,200, | |
| d | Grants or scholarships | 680,871. | 596,736. | 669,786. | | 3,360. | | | 259. |
| e | Other expenditures for facilities | , | , | • | | , | | | |
| _ | and programs | -1,369,932. | | -5,716. | 6,96 | 8,520. | | 344, | 619. |
| f | Administrative expenses | | | • | , | , | | | |
| g g | End of year balance | 11,451,440. | 8,967,457. | 8,868,208. | 10,15 | 6,805. | 15 | ,140, | 434. |
| 2 | Provide the estimated percentage of the curr | | | | , | | | | |
| – a | Board designated or quasi-endowment | 22.1900 | % | Tiola ao. | | | | | |
| b | Permanent endowment 35.0200 | % | _/~ | | | | | | |
| c | Term endowment 42.7900 | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c show | | | | | | | | |
| За | Are there endowment funds not in the posses | | ion that are held an | d administered for th | ne | | | | |
| | organization by: | 55,511 51 1115 51 gain _ a. | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | 3a(i) | | Х |
| | · | | | | | | 3a(ii) | | X |
| h | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| | rt VI Land, Buildings, and Equipm | | morte farias. | | | | | | |
| | Complete if the organization answered | | Part IV, line 11a. Se | ee Form 990, Part X, | line 10. | | | | |
| | Description of property | (a) Cost or oth | | i i | ccumulated | <u>. </u> | (d) Boo | k valu | <u>—</u> |
| | 2 coon phonon or property | basis (investme | | 1 ' ' | preciation | _ | (4, 200 | | • |
| 1a | Land | <u> </u> | | | | | | | |
| | Buildings | | | | | | | | |
| | | | | | | | | | |
| | Equipment | | | | | | | | |
| | Other | | | | | | | | |
| | Add lines 1s through 1s (Oct (d) | | | | | | | | 0 |

Schedule D (Form 990) 2023

| | NDATION, INC. | 22 | -2413804 Page 3 |
|---|------------------------------|---|------------------------|
| Part VII Investments - Other Securities | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line 1 | 1d See Form 990 Part Y line 15 | |
| | Description | Tu. dee Form 930, Fait X, line 13. | (b) Book value |
| | RPETUAL TR | | 5,089,498. |
| (2) | KILIOILL IIK | | 3,003,430. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, column (b) Total Other Liabilities | l. (B)) | | 5,089,498. |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2023

(9)

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

| | | THE CAYUGA COUNTY CO | MMITNITTY | | |
|-------------|-------------|--|--|------------------------------|----------|
| Schoo | dula D | Form 990) 2023 COLLEGE FOUNDATION, | | 22-24138 | 04 Page |
| Par | | Reconciliation of Revenue per Audited Financial | | | o ∓ rage |
| | | Complete if the organization answered "Yes" on Form 990, Part | · | | |
| 1 | Total r | evenue, gains, and other support per audited financial statement | | 1 | |
| | | nts included on line 1 but not on Form 990, Part VIII, line 12: | ts | | |
| | | realized gains (losses) on investments | 2a | | |
| | | ed services and use of facilities | | | |
| | | eries of prior year grants | | | |
| | | (Describe in Part XIII.) | | | |
| | | nes 2a through 2d | | 2e | |
| | | ct line 2e from line 1 | | | |
| | | nts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | | ment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | | (Describe in Part XIII.) | | | |
| | | nes 4a and 4b | <u>- </u> | 4c | |
| | | evenue. Add lines 3 and 4c. (This must equal Form 990, Part I. lin | | | |
| Par | t XII | Reconciliation of Expenses per Audited Financia | al Statements With Expenses | per Return | |
| | | Complete if the organization answered "Yes" on Form 990, Part | | • | |
| 1 | Total e | expenses and losses per audited financial statements | | 1 | |
| | | nts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | | ed services and use of facilities | 2a | | |
| | | ear adjustments | | | |
| | | osses | | | |
| | | (Describe in Part XIII.) | I I | | |
| | | nes 2a through 2d | | 2e | |
| | | ct line 2e from line 1 | | | |
| | | nts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | | ment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | | (Describe in Part XIII.) | | | |
| | | nes 4a and 4b | <u>- </u> | 4c | |
| | | expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. | | | |
| Par | t XIII | Supplemental Information | IIIIe 16.) | | |
| | | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 4b; and Part XII, lines 2d and 4b. Also complete this part to prov | · · · · · · · · · · · · · · · · · · · | V, line 4; Part X, line 2; F | art XI, |
| PAR | T V | , LINE 4: | | | |
| 0 | EAR | N RETURNS THAT KEEP PACE WITH OR | EXCEED INFLATION O | VER THE LONG | -TERM |
| VHI | LE : | PROVIDING A SUBSTANTIAL AND MODER | RATELY STABLE SOURC | E OF INCOME | ТО |
| гне | FO | UNDATION FOR ITS PROGRAMS. | | | |
| | | | | | |
| <u>'H</u> E | <u>I</u> N' | rended uses of the organization's | S ENDOWMENT FUNDS I | S FOR | |
| с ВСН | OLA | RSHIPS, MEMORIAL AWARDS, CAMPUS 1 | IMPROVEMENTS, EQUIP | MENT, AND OT | HER |
| | NTS | | | | |

PART X, LINE 2:

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC. HAS BEEN DETERMINED

TO BE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

Schedule D (Form 990) 2023

| Part XIII Supplemental Information (continued) |
|---|
| INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS |
| NOT A PRIVATE FOUNDATION UNDER SECTION 509(A). |
| |
| MANAGEMENT IS UNAWARE OF ANY UNRELATED BUSINESS ACTIVITIES THAT MAY BE |
| SUBJECT TO UNRELATED BUSINESS INCOME TAX OR ANY ACTIVITIES THAT WOULD |
| JEOPARDIZE THE FOUNDATION'S EXEMPT STATUS. |
| |
| PART V, LINE 1E THREE YEARS BACK |
| IN 2021, MANAGEMENT REVIEWED THE RESTRICTIONS OF CERTAIN FUNDS AND |
| DETERMINED THAT SOME FUNDS WERE IMPROPERLY CLASSIFED AS ENDOWED. AS A |
| RESULT, \$6,959,859 WAS REPORTED ON LINE 1E TO REFLECT THE FUNDS THAT ARE |
| NOT ACTUALLY ENDOWED. |
| |
| PART V, LINE 1E CURRENT YEAR |
| IN 2024, MANAGEMENT RECEIVED CLARIFICATION OF CERTAIN FUNDS AND IT WAS |
| DETERMINED THAT SOME FUNDS WERE IMPROPERLY CLASSIFED AS NON-ENDOWED. |
| MANGEMENT TRANSFERS THE FUNDS TO THE ENDOWMENT FUND. |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.
THE CAYUGA COUNTY COMMUNITY

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization THE CAYUG COLLEGE F | | | | | | | Employer identification number $22-2413804$ |
|---|-------------------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| Does the organization maintain records to criteria used to award the grants or assist the properties of the propert | stance? ocedures for monit | oring the use of grant | funds in the United | l States. | | | X Yes No |
| Part II Grants and Other Assistance to recipient that received more than S | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| CAYUGA COMMUNITY COLLEGE 197 FRANKLIN ST | | | | | | | EQUIPMENT, CAMPUS IMPROVEMENT, AND OTHER |
| AUBURN, NY 13021 | 15-6007451 | 501(C)(3) | 300,000. | 0. | | | GRANTS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | nd government orç | ganizations listed in th | e line 1 table | | | | 1. |

3 Enter total number of other organizations listed in the line 1 table

| Schedule I (Form 990) 2023 COLLEGE FOUNDAT | ION, INC | • | | | 22-2413804 | Page |
|--|----------------------------|--------------------------|---------------------------------------|---|------------------------------|------------|
| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | | | ered "Yes" on Form 9 | 90, Part IV, line 22. | | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash a | ıssistance |
| | | | | | | |
| STUDENT SCHOLARSHIPS & AWARDS | 205 | 413,754. | 0. | | | |
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| Part IV Supplemental Information. Provide the information red | ı ıuired in Part I, lin | e 2; Part III, column | (b); and any other ac | l Iditional information. | | |
| PART I, LINE 2: | | | | | | |
| THE FOUNDATION, WHOSE MISSION IS TO | O ENHANCE | AND PROVI | DE ASSISTA | NCE FOR | | |
| EDUCATIONAL AND OTHER RELATED PROG | RAMS OF C | AYUGA COMM | UNITY COLL | EGE, AWARDS | | |
| GRANTS TO CAYUGA COMMUNITY COLLEGE | AS REQUE | STED. ALL | REQUESTS F | ROM THE | | |
| SUPPORTED ORGANIZATION ARE REVIEWE | D AND APE | ROVED BY T | HE FOUNDAT | ION'S BOARD | | |
| OF DIRECTORS. | | | | | | |
| | | | | | | |
| THE FOUNDATION AWARDS SCHOLARSHIPS | TO STUDE | NTS OF CAY | UGA COMMUN | ITY COLLEGE | | |
| BASED ON APPLICATIONS SUBMITTED BY | | | | | | |

Schedule I (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 22-2413804

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED IN DETAIL BY THE FOUNDATION'S AUDIT/FINANCE

COMMITTEE WHO VOTES TO RECOMMEND TO THE BOARD OF DIRECTORS THAT IT BE

APPROVED. THE BOARD OF DIRECTORS IS THEN PROVIDED WITH THE FORM 990 AND

VOTES TO APPROVE OF ITS FILING BASED ON ITES OWN REVIEW AND THE

AUDIT/FINANCE COMMITTEE'S RECOMMENDATION.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AND OFFICERS MUST DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS, AND
THE NATURE THEREOF, TO THE PRESIDENT OF THE CORPORATION ANNUALLY, OR AS
SUCH SITUATIONS MAY ARISE. DISCLOSURES MAY ALSO BE MADE TO THE BOARD AS A
WHOLE OR TO THE AUDIT/FINANCE COMMITTEE. THE CORPORATION SHALL DOCUMENT THE
EXISTENCE AND THE RESOLUTION OF ANY AND ALL CONFLICTS IN ITS CORPORATE
RECORDS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES

A REVIEW AND RECOMMENDATION FOR APPROVAL BY THE PERSONNEL COMMITTEE, WHICH

CONSISTS OF ALL INDEPENDENT DIRECTORS, AND ULTIMATE APPROVAL OF THE BOARD

OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC. | Employer identification number 22-2413804 |
| CHANGE IN BENEFICIAL INTEREST IN TRUST | 1,418,736. |
| FORM 990, PART XII, LINE 2C | |
| THE FOUNDATION DID NOT CHANGE ITS OVERSIGHT PROCESS OF THE | AUDIT OF ITS |
| FINANCIAL STATEMENTS OR THE SELECTION OF AN INDEPENDENT AU | DITOR. |
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SCHEDULE R (Form 990)

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

22-2413804

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. THE CAYUGA COUNTY COMMUNITY

COLLEGE FOUNDATION, INC.

| (a) | (b) | (c) | (d) | (e) | | (f) | | |
|--|---|---|-------------------------------|---------------------------------------|-------------------------------|---------------------|--|--|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state o foreign country) | r Total inco | me End-of-yea | | ontrolling ntity | g | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| art II Identification of Related Tax-Exempt Orgonoganizations during the tax year. | ganizations. Complete if the organization | answered "Yes" on Form 990 |), Part IV, line 34, t | pecause it had one | or more related tax-exe | mpt | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | | (g) 512(b)(13 trolled tity? | |
| RG NEWCO, INC 84-2831967 | ACQUIRE AND HOLD REAL | | | 501(c)(3)) | THE CAYUGA COUNTY | Yes | Yes No | |
| 7 FRANKLIN STREET | PROPERTY FOR THE BENEFIT | | | | COMMUNITY COLLEGE | | | |
| BURN, NY 13021 | OF THE FOUNDATION | DELAWARE | 501(C)(3) | LINE 12A, I | FOUNDATION, INC. | Х | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Page 2

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. Part III

| | | , | ı | • | | | _ | | | | |
|-------------------------|------------------|-------------------|--------------------|--|----------------|-----------------------|-----|-----------|--|---------|-------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
| Name, address, and EIN | Primary activity | Legal domicile | Direct controlling | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total | Share of | 1 | ortionate | Code V-UBI | General | Percentage ownership |
| of related organization | | (state or foreign | entity | excluded from tax under | income | end-of-year assets | | itions? | amount in box 20 of Schedule K-1 (Form 1065) | partner | ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | 0 |
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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) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(t contr ent | tion b)(13) rolled tity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|------------------------------|-----------------------------------|
| | | country) | | or trusty | | 233013 | | Yes | No |
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2023

Yes No

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

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 |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | Х |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х |
| | Sale of assets to related organization(s) | | | | 1g | | X |
| 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) | | | | <u>1j</u> | | X |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X |
| | Performance of services or membership or fundraising solicitations for related organ | | | | 11 | | Х |
| | Performance of services or membership or fundraising solicitations by related organ | | | | 1m | | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization | | | | 1n | X | |
| | Sharing of paid employees with related organization(s) | | | | 10 | X | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | X |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | X |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| s | 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 w | | | | | | |
| | (a) | (b) | (c) | (d) | | | |
| | Name of related organization | Transaction | Amount involved | Method of determining amount in | volved | | |
| | | type (a-s) | | | | | |
| | | | | | | | |
| 1) | CFRG NEWCO, INC. | C | 167,625. | CASH | | | |
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| 2) | | | | | | | |
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| 3) | | | | | | | |
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| 4) | | | | | | | |
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| 5) | | | | | | | |
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| 6) | | | | | | | |
| 3216 | 3 09-28-23 | | | Schedule | R (For | n 990 | 2023 |

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) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Dispretion allocat | opor- late tions? | General manage partner | (k) Percentage ownership |
|--|--------------------------------|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
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| Provide additional information Provide additional information for responses to questions on Schedule R. See instructions. |
|---|
| PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: |
| |
| NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: |
| CFRG NEWCO, INC. |
| EIN: 84-2831967 |
| 197 FRANKLIN STREET |
| AUBURN, NY 13021 |
| PRIMARY ACTIVITY: ACQUIRE AND HOLD REAL PROPERTY FOR THE BENEFIT OF THE |
| FOUNDATION |
| DIRECT CONTROLLING ENTITY: THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, |
| INC. |
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