Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

<u>A F</u>	or the	2022 calendar year, or tax year beginning SEP 1, 2022 and endi	ing Al	UG 31, 2023							
	Check if pplicable	C Name of organization THE CAYUGA COUNTY COMMUNITY		D Employer identifie	cation number						
Г	Addres	S COLLEGE FOUNDAMION INC									
	Name change	Doing business as 22-2413804									
F	return _Final _return/	Number and street (or P.0. box if mail is not delivered to street address) 197 FRANKLIN STREET Room/suite E Telephone number 315.294.8627									
	termin- ated			G Gross receipts \$	12,557,481.						
	Amend	, , , , , , , , , , , , , , , , , , ,	ľ	H(a) Is this a group re							
F	Application			for subordinates? Yes X No							
	pendin	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No								
<u> </u>	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions						
	Nebsit			H(c) Group exemptio							
KF	orm of	organization: X Corporation Trust Association Other			■ State of legal domicile: NY						
	art I	Summary									
_	1	Briefly describe the organization's mission or most significant activities: ENHANCE	E ANI	D PROVIDE AS	SSISTANCE						
Activities & Governance		FOR EDUCATIONAL AND OTHER PROGRAMS OF CAYUGA									
rna	2	Check this box if the organization discontinued its operations or disposed o	of more t	than 25% of its net ass	sets.						
ove	3	Number of voting members of the governing body (Part VI, line 1a)			21						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20						
Se Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			3						
ζį		Total number of volunteers (estimate if necessary)			24						
∤ cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
<u>e</u>	1	Contributions and grants (Part VIII, line 1h)		356,051.	3,854,956.						
ēn	1	Program service revenue (Part VIII, line 2g)		0.	115 005						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		371,845.	-115,825.						
_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,010.	14,110. 3,753,241.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		731,906. 605,138.	472,697.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		176,177.	183,588.						
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 136,124.		0.	0.						
Ř	17	Total fundraising expenses (Part IX, column (D), line 25) 136, 124. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		149,567.	198,505.						
	'' '	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		930,882.	854,790.						
		Revenue less expenses. Subtract line 18 from line 12		-198,976.	2,898,451.						
- Se		Trevende 1999 expenses. Oubtrast line 10 from line 12	Beg	inning of Current Year	End of Year						
ets (20	Total assets (Part X, line 16)		17,336,766.	21,346,117.						
Net Assets or	21	Total liabilities (Part X, line 26)		229,985.	12,504.						
Net First	22	Net assets or fund balances. Subtract line 21 from line 20		17,106,781.	21,333,613.						
Pa	rt II	Signature Block									
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and	statemer	nts, and to the best of my	knowledge and belief, it is						
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer h	nas any knowledge.							
Sigi	n	Signature of officer		Date							
Her	е	JOHN LATANYSHYN, PRESIDENT									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	l	ate Check C	PTIN						
Paid		TRAVIS C. SMITH, CPA TRAVIS C. SMITH, C	CPA 0								
-	arer	Firm's name DERMODY, BURKE & BROWN, CPAS, LLC Firm's address 443 N FRANKLIN ST, STE 100		Firm's EIN 0	1-0723685						
Use	Only	F 484 0451									
		SYRACUSE, NY 13204-1441		Phone no. 31	5.471.9171						
Maν	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No						

Par	t III Statement of Program Service Accomplishments
	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?
Ū	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.
7	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. (Code:) (Expenses \$ 423,391. including grants of \$ 405,737.) (Revenue \$ 14,110.)
48	(Code:) (Expenses \$ 423,391. including grants of \$ 405,737.) (Revenue \$ 14,110.) 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 2023, THE FOUNDATION
	AWARDED 206 STUDENT SCHOLARSHIPS AND AWARDS.
4b	(Code:) (Expenses \$66,960 . including grants of \$66,960 .) (Revenue \$)
	TO ENHANCE THE PROGRAMS OF THE COLLEGE, THE FOUNDATION DISTRIBUTED
	\$66,960 TO SUPPORT COLLEGE-RELATED SPECIAL PROJECTS AS FACULTY AND
	STAFF PROFESSIONAL DEVELOPMENT GRANTS.
4c	(Code:) (Expenses \$
	Otherway and the (Paralle on Orbert L. O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 490,351.
<u>4e</u>	Total program service expenses 490,351. Form 990 (2022)
	Form 990 (2022)

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	ا		
Ŭ	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		<u> </u>
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		X
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	X	
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	Х	
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		X
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		X
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		X
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		Х
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Form 990 (2022) COLLEGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		<u>X</u>
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	040		Х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
Ŭ	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		
	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>X</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	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ral				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	

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Form 990 (2022) COLLEGE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)		V						
20	Enter the number of employees reported an Earm W.2. Transmittal of Wags and Tay Statements		Yes	No					
Za	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 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8									
•	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.								
9									
_	 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 								
10	Section 501(c)(7) organizations. Enter:	9b							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
11	Section 501(c)(12) organizations. Enter:	1							
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	4							
С	Enter the amount of reserves on hand			37					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			₩					
	excess parachute payment(s) during the year?	15		X					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^					
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	1/							
	ii 100, complete i unii 0000.								

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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 (2022) COLLEGE FOUNDATION, INC. 22-7 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) Name and title	(B) Average hours per	(do box,	not c	(C Posi heck i	ition	l than (s both	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated Surj		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GUY THOMAS COSENTINO	40.00							00.010	•	0 001
EXECUTIVE DIRECTOR	3.00			Х				99,813.	0.	9,981.
(2) JOHN LATANYSHYN	2.00	.,		37					0	0
PRESIDENT	1.00	Х		Х				0.	0.	0.
(3) DR. DENNIS GOLLADAY VICE PRESIDENT	2.00	Х		х				0.	0.	0.
(4) KEVIN LAMONTAGNE	2.00	21		22				0.		<u></u>
TREASURER/FINANCE CHAIR	1.00	х		х				0.	0.	0.
(5) ALIZA QUERNS	1.00									
SECRETARY	0.50	х		х				0.	0.	0.
(6) PATRICIA CALLAHAN	1.00									
ASST. SECRETARY		Х		Х				0.	0.	0.
(7) KELLEY GRIDLEY	1.00									
FORMER BOARD MEMBER	0.50	Х						0.	0.	0.
(8) JOHN CALLAHAN, ESQ.	0.50									
DIRECTOR		Х						0.	0.	0.
(9) DR. BRIAN DURANT	0.50									
DIRECTOR		X						0.	0.	0.
(10) EDWARD HERRLING	0.50									
FORMER BOARD MEMBER		X						0.	0.	0.
(11) GAIL HOMICK HERRLING	0.50									
DIRECTOR		Х						0.	0.	0.
(12) DOUGLAS KINNEY	0.50									_
DIRECTOR		Х						0.	0.	0.
(13) PAMELA KIRKWOOD	0.50									
DIRECTOR	2.50	Х						0.	0.	0.
(14) JOHN KLINK	0.50								•	•
FORMER BOARD MEMBER	0.50	Х				_		0.	0.	0.
(15) DAVID MAMUSCIA	0.50	7.7							0	0
DIRECTOR (15) LOBATNE MILLER	0.50	Х						0.	0.	0.
(16) LORAINE MILLER DIRECTOR	0.50	Х						0.	0.	0.
(17) TIMOTHY RICE	0.50	Λ						0.	0.	<u>U•</u>
DIRECTOR	0.50	Х						0.	0.	0.
232007 12 13 22		-77					l		0 •	Form 990 (2022)

232007 12-13-22

	990 (2022) COLLEGE 1	L'OUNDAT'	LOI	١,	ΙN	IC.				22-24	138	304	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	(44		Pos				Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	k more than one erson is both an		h an	compensation	compensation	n	an	ount	of
		week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related			other	
		(list any	ector						the	organizations		com	pensa	tion
		hours for	or dir	a o			ted		organization	(W-2/1099-MIS	C/	fr	om th	е
		related	stee (ruste			bensa		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations below	altru	onal t		loyee	le s		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizati	ons
(10)	War government an	· · ·	Ĕ	Ĕ	5	, Ke	E E	요						
	MARK SOUTHWICK	0.50	. ,								ا ۸			^
	CTOR	0 50	Х				-	<u> </u>	0.		0.			0.
	DAVID VERDI	0.50	٠,								,			^
	CTOR	2 50	Х				₩		0.		0.			0.
	AMANDA STANKUS	0.50	l											
	CTOR		Х				_		0.		0.			0.
	MEGHAN STAPLETON STEENBURGH	0.50												
DIRE	CTOR		Х				_		0.		0.			0.
(22)	MICHAEL FRAME	0.50												
DIRE	CTOR		X						0.		0.			0.
(23)	STEPHANIE HUTCHINSON	0.50												
DIRE	CTOR		Х						0.		0.			0.
(24)	JULIE MAZZOLI	0.50												
DIRE	CTOR		Х						0.		0.			0.
(25)	BLAKE TURNER	0.50												
DIRE	CTOR			0.		0.			0.					
	Subtotal								99,813.		0.		9,9	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
_d	Total (add lines 1b and 1c)								99,813.		0.		9,9	<u>81.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									[3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	," co	mple	ete S	Sche	edule	e J fo	or such individual		L	4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	nplete Schedul	e J f	or su	ıch ı	oers	on					5		Х
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated ind	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	omper	nsatio	n
										T				
								- 1						

Total number of independent contractors (including but not limited to those listed above) who received more than

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		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
ω ω	1 -	Federated campaigns 1a					
ant							
Grants mounts		Membership dues 1b 1c 1c					
Contributions, Gifts, Grants and Other Similar Amounts			253,330.				
ij gi			255,550.				
ns, Sim		Government grants (contributions)					
atio er	Ť	All other contributions, gifts, grants, and	2 601 626				
듗된		similar amounts not included above 1f	3,601,626.				
ont od (Noncash contributions included in lines 1a-1f 1g		2 254 256			
<u>0 g</u>	r	Total. Add lines 1a-1f		3,854,956.			
			Business Code				
e	2 a	a					
e <u>Ķ</u>	b	·					
am Ser	c	:					
am	c	i					
Program Service Revenue	e	•					
Ā	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		488,647.			488,647.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 =	a Gross rents 6a	.,				
	b						
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	1 6		` '				
		, 					
•	L	Less: cost or other basis					
ž		and sales expenses 7b 8,804,240. Gain or (loss) 7c -604,472.					
ther Revenue		· /	•	604 472			-604,472.
Ä		d Net gain or (loss)	T	-604,472.			-604,472.
the l	8 8	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	k	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10	а				
	b	Less: cost of goods sold10l	0				
	c	Net income or (loss) from sales of inventory .					
,,			Business Code				
Miscellaneous Revenue	11 a	CRAFT FAIR BOOTH INCOME	900099	14,110.	14,110.		
ane Duc	b						
elle eve	c						
lisc Be	c	All other revenue					
2	e	Total. Add lines 11a-11d		14,110.			
	12	Total revenue. See instructions		3,753,241.	14,110.	0.	-115,825.

Part IX Statement of Functional Expenses

D	Check if Schedule O contains a respons of include amounts reported on lines 6b.	e or note to any line in t	his Part IX(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	66,960.	66,960.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	405,737.	405,737.		
	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				
	Compensation of current officers, directors,				
	trustees, and key employees	105,398.		52,699.	52,699
	Compensation not included above to disqualified	, , , , , , ,		, , , , , ,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	59,048.		23,906.	35,142
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,974.		2,846.	4,128
	Other employee benefits	10 160		5 640	6 500
	Payroll taxes	12,168.		5,640.	6,528
	Fees for services (nonemployees):				
	Management	11,755.		11,755.	
	Legal	27,863.		27,863.	
	Accounting	27,005.		21,005.	
	LobbyingProfessional fundraising services. See Part IV, line 17				
	Investment management fees	66,720.		66,720.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	3,473.		3,473.	
	Advertising and promotion				
	Office expenses	35,324.	17,654.	17,670.	
	Information technology				
5	Royalties				
6	Occupancy	1 1 - 2			
	Travel	1,478.		1,478.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 257		0 057	
	Conferences, conventions, and meetings	8,257.		8,257.	
	Interest				
	Payments to affiliates				
		3,398.		3,398.	
	Other expenses. Itemize expenses not covered	3,333.		2,333.	
	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 0.) EVENT EXPENSES	30,475.			30,475
	MISCELLENOUS EXPENSE	7,181.		29.	7,152
	DUES, MEMBERSIPHS, & L	2,581.		2,581.	. ,
d	,	,,,,,,,,		,	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	854,790.	490,351.	228,315.	136,124
	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 (2022)
Part X Balance Sheet

t X	Balance Sneet				
	Check if Schedule O contains a response or r	note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	102,200.	1	62,202	
				2	
		6,998.	3	34,642	
			4		
	trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
	controlled entity or family member of any of the		5		
	under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		17,750.	9	28,143
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
			1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	10c	
			16,859,428.	11	17,550,368
12	Investments - other securities. See Part IV, line		12		
				13	
		250 200	14	2 652 56	
15	Other assets. See Part IV, line 11			3,670,762	
16					21,346,117
		229,985.	17	12,504	
			18		
				21	
	. ,				
				24	
25					
	•	nes 17-24). Complete Part X		.	
			220 005		12,504
26			229,903.	26	12,504
	-	neck nere A			
07			3 323 263	07	3,134,795
					18,198,818
20			13,703,310.	20	10,150,010
		, 956, Check here			
20		40		20	
J I			15 106 501		21,333,613
32	Total net assets or fund balances		17,106,781.	32	21 444 bis
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Check if Schedule O contains a response or	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1	Check if Schedule O contains a response or note to any line in this Part X Ray

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	3,75	3,2	<u>41.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,7			
3	Revenue less expenses. Subtract line 2 from line 1	3	2,89				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,10	6,7	81.		
5	Net unrealized gains (losses) on investments	5	1,30	1,4	67.		
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	2	6,9	14.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	21,33	3,6	13.		
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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			
	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			
	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		3b				
			Form	990	(2022)		

232012 12-13-22

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

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 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	744,407.	467,468.	341,907.	356,051.	3854956.	5764789.
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	5,710.	5,460.	5,460.		5,460.	27,550.
4	Total. Add lines 1 through 3	750,117.	472,928.	347,367.	361,511.	3860416.	5792339.
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)						3136759.
	Public support. Subtract line 5 from line 4.						2655580.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	750,117.	472,928.	347,367.	361,511.	3860416.	5792339.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	424,252.	465,563.	290,216.	355,804.	488,647.	2024482.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				4,010.	14,110.	
11	Total support. Add lines 7 through 10						7834941.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	,119,937.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	33.89 %
	Public support percentage from 2021					15	53.86 %
16a	33 1/3% support test - 2022. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
						Cabadula A	(Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 bus-						
	iness 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						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T	Т	т		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	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						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on				1	1	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•	.,.,	
60	check this box and stop here						<u></u>
	etion C. Computation of Publi			(6)		l an l	
	Public support percentage for 2022 (I	, , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)		17	0/
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2022. If the						
196	more than 33 1/3%, check this box ar						
L	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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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
1		
2		
3a		
Ja		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
401		
10b ule A (Forn	~ 000\	2022

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% 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		
Sec	tion l	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations		'	
1	Chec	sk the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		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 (see ins	truction	(2)	
2	Activ	ities Test. Answer lines 2a and 2b below.	traotrorr	Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2022

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 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 Multiply line 5 by 0.035. 6 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) 2022

instructions)

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 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 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part V	Part VI Supplemental 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.)										
SCHEI	OULE A,	, PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:	
CRAFT	FAIR	воотн	INCC	ME							
2021	AMOUN	Ր։ \$	4,01	.0.							
2022	AMOUNT	Ր։ \$	14,1	10.							

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		ei Siiiiilai Funds	Or Accounts. Complete if the	
		_	dvised 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 asse	ts held in donor advise	ed funds	_
	are the organization's property, subject to the organization's	exclusive legal contr	rol?	Yes	_ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	at grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or f	or any other purpose of	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	I "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	ply).		
	Preservation of land for public use (for example, recrea	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	fied conservation co	ntribution in the form	of a conservation easement on the las	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 in (a	ι)	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, a	nd not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel				
	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	riodic monitoring, ins	spection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ns, and enforcing cons	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	nd enforcing conservat	tion easements during the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the require	ments of section 170(h	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	revenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	note to the organizat	ion's financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical	Treasures, 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	s revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ation, or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	t describes these item	s.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furth	nerance 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 treatments				
	the following amounts required to be reported under FASB A				
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) 2022

	THE CAY	UGA COUNTY	COMMUNITY				
Sche	dule D (Form 990) 2022 COLLEGE	FOUNDATIO	N, INC.		22-2	413804	Page 2
	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Similar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi						
	collection items (check all that apply):	,	,	3	3		
а	Public exhibition	c	I	hange program			
b	Scholarly research	e		nange program			
		•	Ciriei				
C	Preservation for future generations	-11			t D-		
4	Provide a description of the organization's co	•	•	•		ת אווו.	
5	During the year, did the organization solicit o		•	•	_		
D	to be sold to raise funds rather than to be ma					Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" or	n Form 990, Part I\	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contributions	or other assets not	included		
	on Form 990, Part X?				L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				
						Amount	
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 F				litv?	Yes	No
	If "Yes," explain the arrangement in Part XIII.	, ,	,		,		—
Pai							
	Complete	(a) Current year	(b) Prior year			ck (e) Four y	ears back
10	Beginning of year balance	8,868,208.		` , ,	, ,		12,203.
ia	beginning of year balance			,	,,	,-	,

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	8,868,208.	10,156,805.	15,140,434.	14,123,543.	14,612,203.
b	Contributions	100,552.	227,502.	742,939.	453,961.	208,219.
С	Net investment earnings, gains, and losses	595,433.	-852,029.	1,705,312.	1,200,808.	-20,072.
d	Grants or scholarships	596,736.	669,786.	463,360.	293,259.	464,595.
е	Other expenditures for facilities					
	and programs	0.	-5,716.	6,968,520.	344,619.	212,212.
f	Administrative expenses					
g	End of year balance	8,967,457.	8,868,208.	10,156,805.	15,140,434.	14,123,543.
ີ	Dravida the estimated percentage of the curr	cont year and balance	(line 1 a column (a)	hold so:		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

а	Board designated or quasi-endowment	29.3600	%

b Permanent endowment 29.1500 %

c Term endowment 41.4900 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

За	Are there endowment funds not in the possession of the organization that are held and administered for the	
	organization by:	_
	(i) Unrelated organizations	[3
	(ii) Related organizations	13

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
 Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
 3a(i)		X
 3a(ii)		X
 3b		

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1a Land										
b Buildings										
c Leasehold improvements										
d Equipment										
e Other										
	l Form 990 Part X colum	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2022

Scriedule D (Form 990) 2022 COLLEGE FOOL	IDALLON, INC.	2.2	2413004 Page
Part VII Investments - Other Securities.	- Farma OOO Bart IV Bara	44b Oca Farm 000 Bark V Page 40	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(A) E:	(b) Dook value	(b) Wethod of Valuation. Cost of Cit	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, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(b) Book value	(c) methed of valuation: cost of on	a or your marker value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	1 (1) 5
	Description	<u>a</u>	(b) Book value
	RPETUAL TRUST	5	3,670,762.
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		3,670,762.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			-
(6)			
<u>(7)</u>			
(8)			
(9)			1

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) 2022

232053 09-01-22

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

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

		THE CAYUGA COUNTY COMMUNI	ГY		
Sche	edule D	(Form 990) 2022 COLLEGE FOUNDATION, INC.		22-2413804	Page 4
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With Rev		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Totalı	evenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	realized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		eries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stater	nents With Ex	cpenses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1		expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
		ment expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIII.)			
		nes 4a and 4b			
<u>5</u>	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			
PAI	RT X	, LINE 2:			
гні	E CA	YUGA COUNTY COMMUNITY COLLEGE FOUNDATI	ON, INC.	HAS BEEN DETERMINED	
ГО	BE	EXEMPT FROM FEDERAL INCOME TAXES UNDEF	R SECTION	501(C)(3) OF THE	
[Nː	rern.	AL REVENUE CODE AND HAS BEEN CLASSIFIE	ED AS AN C	ORGANIZATION THAT IS	
10.	ΓА	PRIVATE FOUNDATION UNDER SECTION 509(۸).		
			•		
ſΔĭ	JAGE:	MENT IS UNAWARE OF ANY UNRELATED BUSIN	IESS ACTIV	VITTES THAT MAY RE	
14 21	.,	12 OHAMMAN OF THE OHEMANDED DOUBLE			

SUBJECT TO UNRELATED BUSINESS INCOME TAX OR ANY ACTIVITIES THAT WOULD JEOPARDIZE THE FOUNDATION'S EXEMPT STATUS.

PART V, LINE 4:

TO EARN RETURNS THAT KEEP PACE WITH OR EXCEED INFLATION OVER THE LONG-TERM

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
WHILE PROVIDING A SUBSTANTIAL AND MODERATELY STABLE SOURCE OF INCOME TO
THE FOUNDATION FOR ITS PROGRAMS.
THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS IS FOR
SCHOLARSHIPS, MEMORIAL AWARDS, CAMPUS IMPROVEMENTS, EQUIPMENT, AND OTHER
GRANTS.
PART V, LINE 1E
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.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' elig criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
criteria used to award the grants or assistance?		
criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
	e organization answered "Yes" on Form 990. Part	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	o organization anoword in the only only only	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 noncash assistance	n FMV appraisal 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) 66,960.	0.	GRANTS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.		1 · 0 · Schedule I (Form 990) 2022

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: PHE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS BRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. PHE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE	(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 assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE	STUDENT SCHOLARSHIPS & AWARDS	206	405,737.	0.		
PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE BASED ON APPLICATIONS SUBMITTED BY STUDENTS, AWARDEES ARE CHOSEN EITHER BY						
PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
PART I, LINE 2: THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
THE FOUNDATION, WHOSE MISSION IS TO ENHANCE AND PROVIDE ASSISTANCE FOR EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE	Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.	
EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE	PART I, LINE 2:					
GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE	THE FOUNDATION, WHOSE MISSION IS T	O ENHANCE	AND PROVI	DE ASSISTA	NCE FOR	
SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE	EDUCATIONAL AND OTHER RELATED PROG	RAMS OF C	AYUGA COMM	MUNITY COLL	EGE, AWARDS	
SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE	GRANTS TO CAYUGA COMMUNITY COLLEGE	AS REQUE	STED. ALL	REQUESTS F	ROM THE	
OF DIRECTORS. THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE						
THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE		-				
	01 2112010101					
	THE FOIDING TON AWADDS SCHOLARSHIPS	ייי מייווים	יאיים הב כאי	TICA COMMIN	TTV COLLEGE	
	THE FOUNDATION AWARDS SCHOLARSHIPS	TO STUDE	TAID OF CAI	OGA COMMUN	III CODDEGE	

Schedule I (Form 990) 2022

Schedule I (Form 990)

SCHEDULE O (Form 990)

Department of the Treasury

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.

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

Internal Revenue Service Name of the organization

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 22-2413804

OMB No. 1545-0047

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

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS GOVERNING DOCUMENTS, ARE NOT MADE AVAILABLE TO THE PUBLIC.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.	$ \begin{array}{l} \text{Employer identification number} \\ 22-2413804 \end{array}$
CHANGE IN BENEFICIAL INTEREST IN TRUST	26,914.
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.

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

Schedule R (Form 990) 2022

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

Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes'	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	r assets Direct o	(f) controlling	9
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause 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	conti	g) 512(b)(13) rolled tity?
		J "		501(c)(3))		Yes	No
197 FRANKLIN STREET	ACQUIRE AND HOLD REAL PROPERTY FOR THE BENEFIT OF THE FOUNDATION	DELAWARE	501(C)(3)	T TAKE 10A T	THE CAYUGA COUNTY COMMUNITY COLLEGE	v	
AUBURN, NY 13021	OF THE FOUNDATION	DELAWARE	501(C)(3)	LINE 12A, I	FOUNDATION, INC.	X	

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

SEE PART VII FOR CONTINUATIONS

COLLEGE FOUNDATION, INC.

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

		,	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
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	ent	ction b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2022

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

Schedule R (Form 990) 2022

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		_X_
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		<u>X</u>
g Sale of assets to related organization(s)				1g		<u>X</u>
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		<u>X</u>
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
l Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organic				1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organizate				1n	Х	
Sharing of paid employees with related organization(s)				10	Х	
						v
p Reimbursement paid to related organization(s) for expenses				1p		<u> </u>
q Reimbursement paid by related organization(s) for expenses				1q		Λ
r Other transfer of cash or property to related organization(s)				1r		Х
				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered rela	ationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
	,, ,					
(1)						
(2)						
(3)						
(4)						
(5)						
(6)			<u> </u>	D /F	000:	2022
332163 09-14-22	39		Schedule	K (Forn	n 990)	2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

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.