## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning SEP 1, 2020 and ending AUG 31, 2021 C Name of organization D Employer identification number Check if THE CAYUGA COUNTY COMMUNITY Address COLLEGE FOUNDATION. INC. Name change 22-2413804 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return 197 FRANKLIN STREET 315.294.8627 City or town, state or province, country, and ZIP or foreign postal code 17,139,173 G Gross receipts \$ Amended AUBURN, NY 13021 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GUY THOMAS COSENTINO for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No." attach a list. See instructions J Website: ► CAYUGA-CC. EDU/GIVING/COLLEGE-FOUNDATION/ H(c) Group exemption number > K Form of organization; X Corporation Trust Association Other > L Year of formation: 1982 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: ENHANCE AND PROVIDE ASSISTANCE Activities & Governance FOR EDUCATIONAL AND OTHER PROGRAMS OF CAYUGA COMMUNITY COLLEGE. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 19 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 3 5 21 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 341,907. 467,468. 472,959. 1,119,937. Program service revenue (Part VIII, line 2g) -118,585. 511,849. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 973,693. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 821,842. 299,377. 585,419. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 176,940 199,208. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 119,947. b Total fundraising expenses (Part IX, column (D), line 25) 411,688. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 316,885. 793,202 ,196,315. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 28,640. 777,378. Assets or Balances **Beginning of Current Year** End of Year 22,374,400. 20 Total assets (Part X, line 16) 18,865,891. 2,871,226. 2,578,561. 21 Total liabilities (Part X, line 26) Net Like 19.795.839. Net assets or fund balances. Subtract line 21 from line 20 15.994.665. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JOHN LATANYSHYN, PRESIDENT Here Type or print name and title PTIN Date Check Print/Type preparer's name Preparer's signature TRAVIS C. SMITH 02/02/22 self-employed Paid TRAVIS C. SMITH P01526350 Firm's name DERMODY, BURKE & BROWN, CPAS, LLC Firm's EIN . 01-0723685 Preparer Firm's address 443 N FRANKLIN ST, STE 100 Use Only Phone no. 315. 471. 9171 SYRACUSE, NY 13204-1441 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Pa	rt 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?  Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 346,682. including grants of \$
74	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 ASSSETS THROUGH ANNUAL GIVING, MEMORIAL GIFTS, PLANNED GIVING, AND BEQUESTS. DURING FISCAL 2021, THE FOUNDATION AWARDED 319 STUDENT SCHOLARSHIPS AND AWARDS.
4b	(Code:)(Expenses\$ 259,896. including grants of \$ 259,896.) (Revenue \$) TO ENHANCE THE PROGRAMS OF THE COLLEGE, THE FOUNDATION DISTRIBUTED \$259,896 TO SUPPORT COLLEGE-RELATED SPECIAL PROJECTS AS FACULTY AND STAFF PROFESSIONAL DEVELOPMENT GRANTS.
4c	(Code:)(Expenses \$281,883. including grants of \$) (Revenue \$1,119,937.) TO HOLD TITLE AND COLLECT INCOME FROM REAL PROPERTY FOR THE BENEFIT OF THE FOUNDATION AND THE COLLEGE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 888,461.  Form 990 (2020)
	Form 990 (2020)

THE CAYUGA COUNTY COMMUNITY 22-2413804 Form 990 (2020) COLLEGE FOUNDATION, INC. Page 3 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 X Is the organization required to complete Schedule B, Schedule of Contributors X 2 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 X 3 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 X 4 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a 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 X 11b c 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 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines. 18 1c and 8a? If "Yes," complete Schedule G, Part II X 18 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 X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2020)

X

X

X

15

16

17

20b

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

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	X	-
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	23		X
242	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		- 23
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	1	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	7.7		6.0
	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			11
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
50	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		Λ
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			-
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	(3)	100	
	"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	155		
30	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  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Δ.
32	Schedule N, Part II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 27
33	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		Y	
197	Part V, line 1	34	X	
35a	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			5.7
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	17	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	52.5		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 41	Check if Schedule O contains a response or note to any line in this Part V			
	Scientific Sering and	******	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		, 00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	10	X	
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O20) COLLEGE FOUNDATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

	the second secon		W		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	(	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	되었다. 선생님 그리는 내용하게 되었다. 그 사람들은 이렇게 하면 보다 보다 보다 보다 보다 보다 하다 하는데 하는데 보다 보다 보다 보다 보다 되었다.			11		132.0
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country	4.20	TED ADV			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X
b				5c		Δ_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the statement of the stateme			oc.		-
ба	any contributions that were not tax deductible as charitable contributions?			6a		x
h	Canada and Market and American Canada and American Canada and American Canada and American Canada and American			0a		24
b				6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	*******	**********************	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	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	10.00	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				-	-
	to file Form 8282?			7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	21141414	and a superior of the superior	9b		
10	Section 501(c)(7) organizations. Enter:		In.			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		r .			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	57.				
20.	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1000		12a		-
W - 2	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		-
1	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	1	1			
	organization is licensed to issue qualified health plans	13b			1	
C	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a		X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1-113		
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		***************************************	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	ome?	16		X
27	If "Yes," complete Form 4720, Schedule O.	100	mioumons.			
				-	000	monny

COLLEGE FOUNDATION, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		T 1	i	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	9		
	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.	No.		1	
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			1.
	officer, director, trustee, or key employee?		2		2
3	Did the organization delegate control over management duties customarily performed by or under the		1		
	of officers, directors, trustees, or key employees to a management company or other person?		3	-	2
4	Did the organization make any significant changes to its governing documents since the prior Form		4		2
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		2
6	Did the organization have members or stockholders?		6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?	and the second s	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
a	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?	en e	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			1	
6	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	1	1
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
				Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	and the control of th	10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	1.12		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		12.00		-
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approv		17		
,,,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
2	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization		15b	- 42	2
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	normalistic de la composição de la compo	130		-
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
roa .	taxable entity during the year?		16a		2
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		Ioa		1
0	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
			16b		
Sec	exempt status with respect to such arrangements?		100		-
17	List the states with which a copy of this Form 990 is required to be filed ►NY				_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501/a)(	3)e onli	A avail	shi
10	for public inspection. Indicate how you made these available. Check all that apply.	and ago-1 (openion ad (c)(	ojs Orny	) avail	aui
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		nd fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records >			
	GUY THOMAS COSENTINO - 315-294-8627	- 1 / 1 / 1 / 1			
	197 FRANKLIN STREET, AUBURN, NY 13021				
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Form **990** (2020)

Form 990 (2020)

COLLEGE FOUNDATION, INC.
sation of Officers, Directors, Trustees, Key Employees, High

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h 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		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GUY THOMAS COSENTINO EXECUTIVE DIRECTOR	3.00			Х				100,772.	0.	8,062.
(2) JOHN LATANYSHYN PRESIDENT	2.00	x		x				0.	0.	0.
(3) DR. DENNIS GOLLADAY VICE PRESIDENT	2.00			X				0.	0.	0.
(4) KEVIN LAMONTAGNE	2.00			X				0.	0.	0.
TREASURER/FINANCE CHAIR (5) ALIZA QUERNS	1.00	X		X				0.	0.	
SECRETARY (6) PATRICIA CALLAHAN	1.00									0.
ASST, SECRETARY (7) KELLEY GRIDLEY	1.00	X		X				0.	0.	0.
IMMEDIATE PAST PRESIDENT (8) JOHN CALLAHAN, ESQ.	0.50							0.	0.	0.
DIRECTOR (9) ELMER CHERRY	0.50	X						0.	0.	0.
DIRECTOR (10) DR. BRIAN DURANT	0.50	X						0.	0.	0.
DIRECTOR (11) EDWARD HERRLING	0.50	X						0.	0.	0.
DIRECTOR	0.50	Х						0.	0.	0.
(12) GAIL HOMICK HERRLING DIRECTOR	0.50	Х						0.	0.	0.
(13) DOUGLAS KINNEY DIRECTOR		Х						0.	0.	0.
(14) PAMELA KIRKWOOD DIRECTOR	0.50	x						0.	0.	0.
(15) JOHN KLINK DIRECTOR	0.50	х						0.	0.	0.
(16) DAVID MAMUSCIA DIRECTOR	0.50	х						0.	0.	0.
(17) LORAINE MILLER DIRECTOR	0.50	х						0.	0.	0.

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(A) Name and title	(B) Average hours per week	off	not c , unle	ss per	more son	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	le Estir		(F) mated ount of ther
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro organ	ensation m the nization related nizations
(18) TIMOTHY RICE	0.50	X						0.		0.		0
DIRECTOR (19) MARK SOUTHWICK	0.50	Δ						U.		0.		0.
DIRECTOR		X						0.		0.		0.
(20) DAVID VERDI	0.50									0		
DIRECTOR		X						0.		0.		0.
W Course								100 772		0	0	0.60
1b Subtotal								100,772.		0.		,062.
d Total (add lines 1b and 1c)							-	100,772.		0.	8	,062.
2 Total number of individuals (including to compensation from the organization)		nose	liste	d ab	ove	e) wh	o red	ceived more than \$100,	000 of reportable	9		1
compensation from the organization		7									Y	es No
3 Did the organization list any former off	and the second s							and the second of hearth and second second second				
line 1a? If "Yes," complete Schedule J  4 For any individual listed on line 1a, is the											3	X
and related organizations greater than								The second secon	ne organization		4	X
5 Did any person listed on line 1a receive								A TOTAL OF THE PARTY OF THE PAR	dual for services			
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedui	e J f	or st	ich p	pers	on ,		and the second second second	************	edisor	5	X
Complete this table for your five higher	st compensated in	depe	ende	nt co	ontra	acto	rs th	at received more than \$	\$100,000 of com	pensa	ation fro	m
the organization. Report compensation	for the calendar y	ear	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A) Name and busin		NO	ONE	3			-	(B) Description of se	ervices	C	(C) ompens	ation
							1					
		_	_		_		-					

Part VIII Statement of Revenue

		Check if Schedule O	contain	s a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns		1a					0000010 012 01
ran		Membership dues							
E G	c	Fundraising events							
ar A	d	Related organizations							
s, C	е	Government grants (contr			35,500.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, similar amounts not included	grants,	and	306,407.				
do	g	Noncash contributions included in	lines 1a-	1f 1g \$					
9 2	h	Total. Add lines 1a-1f				341,907.			
					Business Code				
e Ce	2 a	REAL ESTATE INCOME			531120	1,119,937.	1,119,937.		
e Z	b								
enc	C								
Sev	d								
Program Service Revenue	е							+	
2	f	All other program service i	revenue	e					
	g	Total. Add lines 2a-2f		يستوريسيس		1,119,937.			
	3	Investment income (includ	ling div	idends, inter	est, and				
1		other similar amounts)	********			290,216.			290,216
	4	Income from investment of	f tax-ex	xempt bond	proceeds >			1	
	5	Royalties	,,,,,,,,,,,						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
- 1	C	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(	i) Securities	(ii) Other				
		assets other than inventory	7a 1	5,387,113					
- 1	b	Less: cost or other basis							
nne		and sales expenses	7b 1	5,165,480					
Ver	C	Gain or (loss)	7c	221,633					
Re	d	Net gain or (loss)	********	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		221,633.			221,633
Other Revenue	8 a	Gross income from fundraisin including \$		s (not of					
-1		contributions reported on	line 1c)	). See					
- 1		Part IV, line 18		8a					
- 1	b	Less: direct expenses		8b					
	C	Net income or (loss) from f	fundrais	sing events					
- 1	9 a	Gross income from gaming	g activi	ties. See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	c	Net income or (loss) from g	gaming	activities .					
	10 a	Gross sales of inventory, le	ess retu	urns					
		and allowances		10:	a				
- 1	b	Less: cost of goods sold	-110-7111	101					
	С	Net income or (loss) from s	sales of	finventory	<b>&gt;</b>			14	
s)		The same of the sa			Business Code				
noa	11 a						C - H		
ane	b								
eve	C								
AISC R	d	All other revenue							
Miscellaneous Revenue					<b>&gt;</b>				
	e	Total. Add lines 11a-11d		*************	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1				

# Form 990 (2020) COLLEGE FOUNDATION, INC. Part IX | Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(	I) organizations must complete all column	s. All other organizations must complete column (A).
--	-------------------------------	---	--

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	259,896.	259,896.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	325,523.	325,523.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	106,624.		63,974.	42,650.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	72,502.		13,770.	58,732.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,056.		784.	4,272.
9	Other employee benefits	2,591.		1,105.	1,486.
10	Payroll taxes	12,435.		5,302.	7,133.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	4,593.	3,624.	969.	
C	Accounting	16,429.		16,429.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	55,151.	- L	55,151.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,184.		2,184.	
13	Office expenses	40,227.	21,179.	19,048.	
14	Information technology				
15	Royalties				
16	Occupancy	No. 10 10 10 10 10 10 10 10 10 10 10 10 10		the same of the same of	
17	Travel	707.		707.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,284.		2,284.	
20	Interest	167,615.	167,615.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,362.	76,362.		
23	Insurance	35,870.	34,262.	1,608.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	MISCELLENOUS EXPENSE	7,448.		1,774.	5,674.
b	DUES, MEMBERSHIPS, & L	2,818.		2,818.	
c				-3-17.0	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,196,315.	888,461.	187,907.	119,947.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2020

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		Check if Schedule O contains a response or no	te to any	line in this Part X	******************************	*****	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			496,197.	1	836,781.
	2	Savings and temporary cash investments	***********			2	771777
	3	Pledges and grants receivable, net				3	18,147.
	4	Accounts receivable, net	**********		132.	4	
	5	Loans and other receivables from any current of					
ч	1	trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se persor	ns		5	
	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	ion 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			4,642.	9	30,965.
	10a			- Tel 200 01 000 110			
		basis. Complete Part VI of Schedule D		2,978,135.	0.000000		
	b	Less: accumulated depreciation		146,361.	2,908,136.	10c	2,831,774.
	11	Investments - publicly traded securities			15,456,784.	11	18,355,674.
1	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	301,059.
_	16	Total assets. Add lines 1 through 15 (must equ			18,865,891.	16	22,374,400
	17	Accounts payable and accrued expenses	4,244.	17	227,728.		
	18	Grants payable		18			
	19	Deferred revenue	439,567.	19	2,350,833.		
	20	Tax-exempt bond liabilities		20			
-	21	Escrow or custodial account liability. Complete		21			
8.	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, subs					
000000000000000000000000000000000000000		controlled entity or family member of any of the				22	
1	23	Secured mortgages and notes payable to unrel			2,391,915.	23	0.
1	24	Unsecured notes and loans payable to unrelate			35,500.	24	
	25	Other liabilities (including federal income tax, pa				- 1	
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
1	100	of Schedule D			0 074 006	25	0 500 501
+	26	Total liabilities. Add lines 17 through 25			2,871,226.	26	2,578,561.
		Organizations that follow FASB ASC 958, che	eck here	► LX.	- Y		
1		and complete lines 27, 28, 32, and 33.			2 450 240		4 610 000
1	27	Net assets without donor restrictions		3,459,349.	27	4,619,082.	
1	28	Net assets with donor restrictions		12,535,316.	28	15,176,757.	
		Organizations that do not follow FASB ASC S	358, chec	k here			
1		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			-	29	
	30	Paid-in or capital surplus, or land, building, or e				30	
	31	Retained earnings, endowment, accumulated in Total net assets or fund balances			15,994,665.	31	19,795,839.
Y 1		LODGE DEL ASSEIS OF LUDO DAIABORS		17. 774. 007.	32	17. /77.037.	

	1990 (2020) COLLEGE FOUNDATION, INC.	44-44	T70007	Pag	10 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	annipums.		tests.	X
	Tard manual from the state of t	5 l	1 075		0.7
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,973		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,196		
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5	15,994 2,722		
5	Net unrealized gains (losses) on investments	6	4,142	11.	3/.
100	Donated services and use of facilities	7		_	_
7	Investment expenses	-	267	7 0/	07
9	Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	9		, 1!	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9		, 14.	34.
10		10	19,795	. 8	39.
Pa	rt XII Financial Statements and Reporting	10	201100	,,,,,,	
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
7	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 in Schedule O	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or				
	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:			- 1	
	Separate basis X Consolidated basis Both consolidated and separate basis			- 0	
C	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	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	2020)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Infernal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE CAYUGA COUNTY COMMUNITY 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in 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 b 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization lister (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990 EZ) 2020 COLLEGE FOUNDATION, INC.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	704,771.	254,588.	744,407.	467,468.	341,907.	2513141.
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	5,738.	5,460.	5,710.	5,460.	5,460.	27,828.
4	Total, Add lines 1 through 3	710,509.	260,048.		472,928.		2540969.
	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,						
6	Public support, Subtract line 5 from line 4.						2540969.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	710,509.	260,048.	750,117.	472,928.	347,367.	2540969.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	327,436.	338,265.	424,252.	465,563.	290,216.	1845732.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4386701.
	Gross receipts from related activities,						,119,937.
13	First 5 years. If the Form 990 is for th		And the Contract of the Contract				. —
Car	organization, check this box and stop ction C. Computation of Publi	here Por					
	Public support percentage for 2020 (li			column (fl)	-50	14	57.92 %
	Public support percentage from 2019					15	57.99 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a					******	- 177
b	33 1/3% support test - 2019. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part		
1	meets the facts-and-circumstances te 10% -facts-and-circumstances test					17a and line 15 in	10% or
0	more, and if the organization meets th						1070 01
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization						<b></b>
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020 COLLEGE FOUNDATION, INC.

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.)

Sect	ion A. Public Support	nov, mades seri	process are my				
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	nembership fees received. (Do not not not not not not not not not no						
2 C	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
a	Gross receipts from activities that are not an unrelated trade or bus-						
4 T	ax revenues levied for the organ- cation's benefit and either paid to be expended on its behalf						
5 T	he value of services or facilities urnished by a governmental unit to he organization without charge						
6 T	otal. Add lines 1 through 5						
	received from disqualified persons						
b A	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sect	ion B. Total Support						
Calend	ar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 4	mounts from line 6				1 - 44.5		
d	iross income from interest, ividends, payments received on ecurities loans, rents, royalties, and income from similar sources						
bU	nrelated business taxable income						
	ess section 511 taxes) from businesses cquired after June 30, 1975						
	dd lines 10a and 10b						
a	let income from unrelated business ctivities not included in line 10b, thether or not the business is egularly carried on						
12 0	other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						
	irst 5 years. If the Form 990 is for the				proceedings and angeling		The second second
C	heck this box and stop here	Comment		maranananananananananananananananananana			
	ion C. Computation of Public			101		TasT	- In
	ublic support percentage for 2020 (lir					15	9
	ublic support percentage from 2019			***********		16	9
	ion D. Computation of Invest			40.00		Tarl	
	vestment income percentage for 202					17	9
	vestment income percentage from 20						9
	3 1/3% support tests - 2020. If the c						
	nore than 33 1/3%, check this box and						
	3 1/3% support tests - 2019. If the one 18 is not more than 33 1/3%, chec	The state of the s					
	rivate foundation. If the organization						
	ST SECT					edule A /Form 90	

### Schedule A (Form 990 or 990-EZ) 2020 COLLEGE FOUNDATION, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Sections A, D, a	and E.	If you checked	box 12d,	Part I.	complete	Sections	A and D,	and o	complete F	Part V.)
Section A	. All Suppor	ting (	Organization	าร							

Yes No 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. 1 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). 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. 3a 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. 3b 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. 3c 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. 4a 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. 4b 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) 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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 or 990-EZ). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in 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. 9c 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. 10a 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.)

10b

Schedule A (Form 990 or 990-EZ) 2020 COLLEGE FOUNDATION, INC.

Part IV | Supporting Organizations (continued) Yes No 1.1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 116 c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 110 Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions). The organization satisfied the Activities Test. Complete line 2 below. a The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2020 COLLEGE FOUNDATION, INC.

	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must			Part VI). See Instructi
Sect	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Yea (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		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 COLLEGE FOUNDATION, INC. 22-2413804 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (iii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D. a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c Breakdown of line 7: a Excess from 2016 b Excess from 2017

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018 d Excess from 2019 e Excess from 2020

#### THE CAYUGA COUNTY COMMUNITY

Schedule A	(Form 990 or 990-EZ) 2020	COLLEGE	FOUNDATION.	INC.	22-2413804 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	e the explanations requ , 5a, 6, 9a, 9b, 9c, 11a, t IV, Section E, lines 1c.	ired by Part II, line 10; Part 11b, and 11c; Part IV, Sect 2a, 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, r any additional information.
		B. 1002 E. 1. 1. 1.			
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	THE AMERICAN STREET				
		-X			
			Frankrian and Adalah kana a		

#### 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.

2020
Open to Public Inspection

Name of the organization

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 22-2413804

Schedule D (Form 990) 2020

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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0.4		UGA COUNTY			22	2413804	/ D	7
	rt III Organizations Maintaining C	FOUNDATION		easures or O				age Z
3	Using the organization's acquisition, accessi						ueu)	_
	collection items (check all that apply):	on, and other redords	s, dileak any of the	rollowing that than	c aiginnoan asa ai	110		
a	Public exhibition		I can or eve	hange program				
		· ·	Other	nange program				
b	Scholarly research	е	Other				_	
C	Preservation for future generations	w	real above of calculations			O-+3600		
4	Provide a description of the organization's co		The state of the s			Part XIII.		
5	During the year, did the organization solicit of						-	700
D.	to be sold to raise funds rather than to be m					Yes		No
Pa	reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes"	on Form 990, Part	IV, line 9, or		
ta	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contribution	s or other assets i	not included		-	5
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
						Amount		
C	Beginning balance				1c			
d	Additions during the year							
e	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on F					Yes		No
	If "Yes," explain the arrangement in Part XIII.							7
Par								
	The state of the s	(a) Current year	(b) Prior year	(c) Two years back		ack to Four	Vegre	hack
10	Reginging of war helpings							111
1a	Beginning of year balance	15,140,434.	14,123,543.	14,612,203				634.
b	Contributions	742,939.	453,961.	208,219				771.
C	Net investment earnings, gains, and losses	1,705.312.	1,200,808,	-20,072	3			886.
d	Grants or scholarships	463,360.	293,259,	464,595	391,24	13.	455	802.
e	Other expenditures for facilities		200	-368 35	1 1 1 1 1 1			
	and programs	6,968,520.	344,619.	212,212	248,93	39.1	203	443.
f	Administrative expenses							
g	End of year balance	10,156,805.	15,140,434.		14,612,20	13,	966	046.
2	Provide the estimated percentage of the curr	and the second s	e (line 1g, column (a	i)) held as:				
a	Board designated or quasi-endowment	35.5200	_%					
b	Permanent endowment ► 29.5300	%						
C	Term endowment ► 34.9500	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered for	r the organization			
	by:						Yes	No
	(i) Unrelated organizations	\$10.41.01.00.000.000.000.000.000				3a(i)		X
	(ii) Related organizations						9.1	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot			Accumulated	(d) Book	valu	e
	and the same of brighters)	basis (investm			depreciation	(-) = 00/		
10	Land							_
	Buildings		2 97	8.135.	146.361.	2.831	7	74

Schedule D (Form 990) 2020

2,831,774.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020

COLLEGE	FOUNDATION	TNC -

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
	(a) soon raide	Toy manies or rendendin book or differ year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Part IX Other Assets.  Complete if the organization answered "Yes" or (a) De	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.  (b) Book value
(1)	200.0000	
(2)		
(3)		
(4)		
(5)		
- W		
(6)		
(7)		
(8)		
(0)		
(9)  otal, (Column (b) must equal Form 990, Part X, col. (B) line  Part X   Other Liabilities	15.)	подолания в в в в в в в в в в в в в в в в в в в
otal, (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		
otal. (Column (b) must equal Form 990, Part X, col. (B) line or art X Other Liabilities.  Complete if the organization answered "Yes" or		11e or 11f. See Form 990, Part X, line 25,
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25,
tal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25,
chal. (Column (b) must equal Form 990, Part X, col. (B) line chart X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25,
otal, (Column (b) must equal Form 990, Part X, col. (B) line or Part X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25,
otal, (Column (b) must equal Form 990, Part X, col. (B) line or art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25,
ptal. (Column (b) must equal Form 990, Part X, col. (B) line or Part X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25,
ptal. (Column (b) must equal Form 990, Part X, col. (B) line cart X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25,
tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25,

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COLLEGE FOUNDATION, INC.

A Total reviewus seine and other support any sudited finencial stat	amanta	114
1 Total revenue, gains, and other support per audited financial state		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
Subtract line 2e from line 1     Amounts included on Form 990, Part VIII, line 12, but not on line:		3
	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII Reconciliation of Expenses per Audited Final		
Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, F	Part I, line 18.)	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin		Part V, line 4; Part X, line 2; Part XI
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional information.	
PART X, LINE 2:		
THE CAYUGA COUNTY COMMUNITY COLLEGE	FOUNDATION, INC. H	AS BEEN DETERMINE
TO BE EXEMPT FROM FEDERAL INCOME TAX	KES UNDER SECTION 5	01(C)(3) OF THE
INTERNAL REVENUE CODE AND HAS BEEN (	CLASSIFIED AS AN ORG	SANIZATION THAT IS
NOT A PRIVATE FOUNDATION UNDER SECT	ON 509(A).	
	CONTENT OF THE PARTY OF THE PAR	
CFRG NEWCO, INC. IS A SINGLE MEMBER	LIMITED LIABILITY	COMPANY AND AS SUC
	-7	
	-7	
	-7	
	-7	
IS A DISREGARDED ENTITY FOR FEDERAL	AND STATE INCOME TO	AX PURPOSES.
IS A DISREGARDED ENTITY FOR FEDERAL	AND STATE INCOME TO	AX PURPOSES.
ANAGEMENT IS UNAWARE OF ANY UNRELATED	AND STATE INCOME TO	AX PURPOSES.
CFRG NEWCO, INC. IS A SINGLE MEMBER IS A DISREGARDED ENTITY FOR FEDERAL MANAGEMENT IS UNAWARE OF ANY UNRELATED BUSINESS INCOME JEOPARDIZE THE ORGANIZATION'S EXEMPT	AND STATE INCOME TO	AX PURPOSES.

Part XIII   Supplemental Information (continued)
PART V, LINE 4:
TO EARN RETURNS THAT KEEP PACE WITH OR EXCEED INFLATION OVER THE LONG-TERM
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

### 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.

2020 Open to Public

Inspection

THE CAYUGA COUNTY COMMUNITY Name of the organization Employer identification number 22-2413804 COLLEGE FOUNDATION, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed, (f) Method of 1 (a) Name and address of organization (c) IRC section (d) Amount of (e) Amount of (a) Description of (b) EIN (h) Purpose of grant valuation (book. or assistance (if applicable) noncash assistance or government cash grant non-cash FMV, appraisal. assistance other) EQUIPMENT, CAMPUS CAYUGA COMMUNITY COLLEGE 197 FRANKLIN ST IMPROVEMENT, AND OTHER 15-6007451 501(C)(3) 259,896 GRANTS AUBURN NY 13021 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Schedule I	(Form 990) 2020	COLLEGE	FOUNDATION	, INC.			
Part III		Assistance to Domes		plete if the organization	n answered "	Yes" on Form 990, P	art IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSHIPS & AWARDS	319	325,523,	0.		
PART 1, LINE 2:	on required in Part I, line	e 2; Part III, column	(b); and any other a	dditional information,	
THE FOUNDATION, WHOSE MISSION I	S TO ENGANCI	E AND PROV	TIDE ASSIST	ANCE FOR	
EDUCATIONAL AND OTHER RELATED E	ROGRAMS OF	CAYUGA COM	MUNITY COL	LEGE,	
AWARDS GRANTS TO CAYUGA COMMUNI	TY COLLEGE A	AS REQUEST	PED. ALL RE	QUESTS	
FROM THE SUPPORTED ORGANIZATION	ARE REVIEW	ED AND APE	ROVED BY T	HE	
FOUNDATION'S BOARD OF DIRECTORS	S.				
THE FOUNDATION AWARDS SCHOLARS	ITPS TO STUD	ENTS OF CA	AYIIGA COMMI	NTTY	
COLLEGE BASED ON APPLICATIONS S				5.33	

# THE CAYUGA COUNTY COMMUNITY

Schedule I (Form 990) COLLEGE FOUNDATION, INC.  Part IV Supplemental Information	22-2413804 Page 2
Supplemental information	
CHOSEN EITHER BY COMMITTEES OF THE BOARD OF DIRECTORS OF T	HE FOUNDATION
OR INDEPENDENT COMMITTEES, AS PRESCRIBED BY DONOR RESTRICT	IONS.
,	
	0 M800 V

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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 990-EZ.

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

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

2020 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 22-2413804

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

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

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

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

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

AUDIT/FINANCE COMMITTEE'S RECOMMENDATION.

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

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

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

THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES

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

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

OF DIRECTORS.

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

ALL ORGANIZATIONAL, GOVERNING, AND FINANCIAL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR WORKING HOURS AT THE FOUNDATION'S OFFICE.

IN ADDITION, THE FOUNDATION'S FORM 990 WILL BE POSTED TO ITS WEBSITE.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.	Employer identification number 22-2413804
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
	Jacob
CHANGE IN BENEFICIAL INTEREST IN TRUST	33,152.
FORM 990, PART XII, LINE 2C	
THE FOUNDATION DID NOT CHANGE ITS OVERSIGHT PROCESS OF TH	HE AUDIT OF ITS
FINANCIAL STATEMENTS OR THE SELECTION OF AN INDEPENDENT A	AUDITOR.

#### 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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

THE CAYUGA COUNTY COMMUNITY Name of the organization COLLEGE FOUNDATION, INC.

Employer identification number 22-2413804

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FRG NEWCO LLC - 82-4687491	ACQUIRE AND HOLD REAL				THE CAYUGA COUNTY
L97 FRANKLIN STREET AUBURN, NY 13021	PROPERTY FOR THE BENEFIT OF THE FOUNDATION.	NEW YORK	1,123,753.	3,016,980.	COMMUNITY COLLEGE FOUNDATION INC.

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	
				501(c)(3))		Yes	No
CCCF RIVER GLEN HOLDINGS, INC 46-3618488	TO COLLECT INCOME FROM				THE CAYUGA COUNTY		
197 FRANKLIN STREET	REAL PROPERTY FOR THE				COMMUNITY COLLEGE		
AUBURN, NY 13021	BENEFIT OF THE FOUNDATION.	DELAWARE	501 (C)(3)	LINE 12A, I	FOUNDATION, INC.	X	
10001							
	_						

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

Schedule R (Form 990) 2020 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, scluded from tax under	Predominant income S	Predominant income		Predominant income	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or F managing partner?	(k) Percentag ownership																									
		country)		sections 512-514)		ussons	Yes	No	K-1 (Form 1065)	Yes No																														
					H																																			
					7-																																			

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	(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	Section 512(b)(13) controlled entity?	
		country)						Yes	
							-		
									-

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	-	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	H	X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)			X
d	Loans or loan guarantees to or for related organization(s)			X
е	Loans or loan guarantees by related organization(s)		7-	X
f	Dividends from related organization(s)	11		x
g				X
h	Purchase of assets from related organization(s)		L	X
i	Exchange of assets with related organization(s)		-	X
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		x
1	Performance of services or membership or fundraising solicitations for related organization(s)	100 000	120	X
n	Performance of services or membership or fundraising solicitations by related organization(s)			X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		x
q				X
r	Other transfer of cash or property to related organization(s)	1r		x
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	20		

Schedule R (Form 990) 2020 COLLEGE FOUNDATION, INC.

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 unde sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	(k) Percentage ownership

# THE CAYUGA COUNTY COMMUNITY

Schedule R	(Form 990) 2020	COLLEGE	FOUNDATION,	INC.	22-2413804	Page 5
Part VII	(Form 990) 2020 Supplemental Info	rmation				
	Provide additional inforr	nation for response	es to questions on Sche	edule R. See instructions.		
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			NIW			
	4			,		
			7			
				****		
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				W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
032165 10-28-2	20				Schedule R (Form 9	990) 2020

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2020

Open to Public Inspection

#### 1.General Information and Ending (mm/dd/yyyy) 08/31/2021 For Fiscal Year Beginning (mm/dd/yyyy) 09/01/2020 Check if Applicable: Name of Organization: Employer Identification Number (EIN): 22-2413804 THE CAYUGA COUNTY COMMUNITY COLLEGE FOUN Address Change Name Change Mailing Address: NY Registration Number: Initial Filing 197 FRANKLIN STREET 03-16-38 Final Filing Telephone: City / State / ZIP: Amended Filing AUBURN, NY 13021 315 2948627 Reg ID Pending Email: Website: CAYUGA-CC. EDU/GIVING/COLLEGE-FOUNDATION GCOSENTIN@CAYUGA-CC Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) registration category: 7A only Charities Registry at www.CharitiesNYS.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. JOHN LATANYSHYN President or Authorized Officer: PRESIDENT Signature Print Name and Title Date KEVIN LAMONTAGNE Chief Financial Officer or Treasurer: TREASURER Print Name and Title Signature Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filling exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for a checklist of for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

25.

7A filing fee:

EPTL filing fee:

058451 01-07-21 1019

complete your filing.

See the checklist on the

fee(s). Indicate fee(s) you

are submitting here:

next page to calculate your

5. Fee

Make a single check or money order

payable to:

"Department of Law"

No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

Total fee:

775.

750.

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

# CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	c Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,00	00 and up to \$750,000.
Audit Report if you received total revenue and support greater than \$750,000	
No Review Report or Audit Report is required because total revenue and supp	port is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	TA Class are available of the collecte annually about the first Vanto
X \$25, if you did not check the 7A exemption in Part 3a.	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These
X \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
Send Your Filing	Where do I find my appointing a NET WORTHS
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?
	NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22
NYS Office of the Attorney General	IRS Form 990 EZ Part I, line 22
Charities Bureau Registration Section	IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and
New York, NY 10005	Total Liabilities (Part II, line 23(b)).

Need Assistance?
Visit: www.Chari

/isit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

088461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

# CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2020

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

NY Registration Number:

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

03-16-38

2. Government Grants					
Name of Government Agency	Amount of Grant				
1. U.S. SMALL BUSINESS ADMINISTRATION	1.	35,500.			
2.	2.				
3.	3.				
4.	4.				
5.	5.				
6.	6.				
7.	7.				
8.	8.				
9.	9.				
10.	10.				
11.	11.				
12.	12.				
13.	13.				
14.	14.				
15.	15.				
Total Government Grants:	Total:	35,500.			