	0	00	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047			
Form <b>JJU</b> 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 m		Open to Public			
Depa Intern	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	test information.	Inspection			
AF	or th	e 2021 calend		AUG 31, 2022				
	heck if	C Name of	organization	D Employer identification	on number			
a	pplicab	THE	CAYUGA COUNTY COMMUNITY					
	Addre	је СОПП	EGE FOUNDATION, INC.					
	Name	ge Doing bi	usiness as	22-2413804				
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/st					
	Final returr		FRANKLIN STREET	315.294.86				
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	1,295,424.			
	Amer returr		RN, NY 13021	H(a) Is this a group return				
	Appli tion pend		nd address of principal officer: GUY THOMAS COSENTINO	for subordinates?	Yes X No			
		SAME	AS C ABOVE	H(b) Are all subordinates include	ed? Yes No			
		empt status:		527 If "No," attach a list.	See instructions			
			GA-CC.EDU/GIVING/COLLEGE-FOUNDATION/	H(c) Group exemption nu				
	_		X Corporation Trust Association Other 🕨 📘 Y	/ear of formation: 1982 M Sta	te of legal domicile: NY			
Pa	rt I							
ø	1	Briefly describ	e the organization's mission or most significant activities: ENHANCE	AND PROVIDE ASS	ISTANCE			
ano			CATIONAL AND OTHER PROGRAMS OF CAYUGA					
'ern	2	Check this bo						
20C	3				20 19			
જ	4		ependent voting members of the governing body (Part VI, line 1b)		3			
ties	5		of individuals employed in calendar year 2021 (Part V, line 2a)		20			
Activities & Governance	6		of volunteers (estimate if necessary)		0.			
Ac			d business revenue from Part VIII, column (C), line 12		0.			
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11		Current Year			
	•	Contributions	and grants (Dart ) (III, line 1b)	Prior Year 341,907.	356,051.			
Revenue	8 9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	1,119,937.	0.			
ver		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	511,849.	371,845.			
Å			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	4,010.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,973,693.	731,906.			
			nilar amounts paid (Part IX, column (A), lines 1-3)	585,419.	605,138.			
	14		to or for members (Part IX, column (A), line 4)	0.	0.			
s		- · · ·		199,208.	176,177.			
lses	16a	Professional fi	andraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>118,829.</u>	0.	0.			
Expense	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 118,829.					
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	411,688.	149,567.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,196,315.	930,882.			
	19		expenses. Subtract line 18 from line 12	777,378.	-198,976.			
or ces				Beginning of Current Year	End of Year			
sets alanu	20	Total assets (F	Part X, line 16)		17,336,766.			
t As: d B;	21		(Part X, line 26)	2,578,561.	229,985.			
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20	19,795,839.	17,106,781.			
	rt II	Signature	Block					
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my kno	wledge and belief, it is			
true.	corre	ct. and complete	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.				

	Signature of officer	Date						
Sign Here	JOHN LATANYSHYN, PRESIDENT	Duto						
	Type or print name and title       Print/Type preparer's name     Preparer's signature	Date Check PTIN						
Paid	TRAVIS C. SMITH TRAVIS C. SMIT							
Preparer	Firm's name DERMODY, BURKE & BROWN, CPAS,	LLC Firm's EIN ▶ 01-0723685						
Use Only	Firm's address 🖕 443 N FRANKLIN ST, STE 100							
	SYRACUSE, NY 13204-1441	Phone no. 315. 471. 9171						
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No						
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2021)							

Form	THE CAYUGA COUNTY COMMUNITY D 990 (2021) COLLEGE FOUNDATION, INC. 22-241	3804	Page <b>2</b>
_	In the second seco		r age 🗕
	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 REL	LATED	
	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
	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 ex	-	
	revenue, if any, for each program service reported.	,	
4a		4,0	)10.)
	THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.'S PRIMARY		
	IS TO PROVIDE FINANCIAL SUPPORT TO THE COLLEGE AND ITS STUDENTS		
		AWARD	
		THE	-
	FOUNDATION BUILDS ITS ASSSETS THROUGH ANNUAL GIVING, MEMORIAL (		-
	PLANNED GIVING, AND BEQUESTS. DURING FISCAL 2022, THE FOUNDAT		
	AWARDED 192 STUDENT SCHOLARSHIPS AND AWARDS.		
46	(Code: ) (Expenses \$ 317,247. including grants of \$ 317,247.) (Revenue \$		
4b	(Code:) (Expenses \$317,247. including grants of \$317,247.) (Revenue \$ TO ENHANCE THE PROGRAMS OF THE COLLEGE, THE FOUNDATION DISTRIBUTED	ריםייידי	)
	\$317,247 TO SUPPORT COLLEGE-RELATED SPECIAL PROJECTS AS FACULT		
	STAFF PROFESSIONAL DEVELOPMENT GRANTS.		
	STAFF FROFESSIONAL DEVELOPMENT GRANTS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	622 111	1	
		Form QC	<b>90</b> (2021)
13200	02 12-09-21		(2021)
13200	3		

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	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	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
132003	3 12-09-21	⊢orm	390 (	(2021)

Form 990 (2021)

Part IV Checklist of Required Schedules

Form **990** (2021)

13490203 784359 0274400.1001 2021.05040 THE CAYUGA COUNTY COMMUNITY 02744001

THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION INC

	1990 (2021) COLLEGE FOUNDATION, INC. 22-24	<u>13804</u>	P	age <b>4</b>
Pa	rt 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		x	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schodula K. If "No." as to line 250	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	<b>25</b> b		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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"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			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31	-	<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O		x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		

=..... c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

132004 12-09-21

Х Form **990** (2021)

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THE CAYUGA CC	UNTY (	COMMUNITY
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	990 (2021) COLLEGE FOUNDATION, INC.	22-2413	804	: F	Pac
Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	П
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			165	f
2a	filed for the calendar year ending with or within the year covered by this return	2a 3	3		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	x	T
D	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions		20		+
22			3a		Ľ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		┢
			30		┢
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a fareign equation for a back account accurities account or other financial		10		
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country		4a		┢
b					
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		5-		L
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		50 50		╀
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		╀
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		
	any contributions that were not tax deductible as charitable contributions?		6a		╀
D	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?		6b		┢
7	Organizations that may receive deductible contributions under section 170(c).	n via an anno vial and ta tha may say O	-		ł
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser				╀
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<u> </u>	╀
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		+
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		ł
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		╀
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		╀
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		╀
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		╇
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				ł
_			8		╞
9	Sponsoring organizations maintaining donor advised funds.				ł
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		╀
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		╋
0	Section 501(c)(7) organizations. Enter:	l in l			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		1
1	Section 501(c)(12) organizations. Enter:	L., I			
	Gross income from members or shareholders	11a	-		1
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				1
_	amounts due or received from them.)	11b			ł
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		╀
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		1
-	Section 501(c)(29) qualified nonprofit health insurance issuers.				Ļ
3					╇
3	Is the organization licensed to issue qualified health plans in more than one state?		13a		L
3 a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
3 a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the		138		
3 a b	Is the organization licensed to issue qualified health plans in more than one state?	13b	13a		
3 a b c	Is the organization licensed to issue qualified health plans in more than one state?	13b 13c	_		
3 b c 4a	Is the organization licensed to issue qualified health plans in more than one state?	13b 13c	14a		
3 b c 4a	Is the organization licensed to issue qualified health plans in more than one state?	13b 13c //e O	_		
3 b c 4a b	Is the organization licensed to issue qualified health plans in more than one state?	13b           13c           le O           orration or	14a 14b		-
3 b c 4a b	Is the organization licensed to issue qualified health plans in more than one state?	13b           13c           le O           orration or	14a		
3 b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13b     13c   Ile O Peration or	14a 14b		
3 b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13b     13c   Ile O Peration or	14a 14b		
3 a b c  4a b  5	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13b     13c   Ile O Peration or	14a 14b 15		
3  a  b  4a  5  5	Is the organization licensed to issue qualified health plans in more than one state?	13b           13c           /e O           pration or           any	14a 14b 15		
3 b c 4a 5 5	Is the organization licensed to issue qualified health plans in more than one state?	13b           13c           /e O           pration or           any	14a 14b 15		

THE	CAYU	JGA	COUNTY	CC	)MMUNI	TY
COLL	EGE	FOU	INDATIO	N,	INC.	

Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	<b>U</b> ,	d for a	"No" ı	respor	nse
	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		<u></u>			Х
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	Г	5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				
	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members	stockholders or	Г			

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х

Section	<b>B.</b> Policies	This Section B requests information about policies not required by the Internal Revenue Code.)	

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ieu		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NY			
	East the states with which a copy of this form 350 is required to be med P			abla

 18
 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

						4 0 0 0 4		
GUY	THOMAS	COSENTINO	-	315-2	94-86	527		
							s the organization's books and records	▶_

# 197 FRANKLIN STREET, AUBURN, NY 13021

132006 12-09-21

Form 990 (2021)

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Form **990** (2021)

13490203 784359 0274400.1001 2021.05040 THE CAYUGA COUNTY COMMUNITY 02744001

# Form 990 (2021) COLLEGE FOUNDATION, INC. 22-24 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

### Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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.

Name and title         Average hours per veek veek used         Description to the below         Description to the below         Description to the organization from below         Reportable compensation from used         Estimated compensation from the organization         Estimated compensation from to the organization           (1)         OUY THOMAS COSENTINO         40.000         x         x         94,813.         0.         6,660.           (2)         JOBN LATANYSHY         2.000         x         x         0.         0.         0.           (3)         DR. DENTIS GOLDADAY         2.000         x         x         0.         0.         0.         0.           (3)         DR. DENTIS GOLDADAY         2.000         x         x         0.         0.         0.         0.           (4)         KEVIN LAMONTAGNE         2.000         x         x         0.         0.         0.         0.           (5)         ALIZ AUGENCH         1.000         x         x         0.         0.         0.         0.           (6)         PARELON         1.000         x         x         0.         0.         0.         0.           (1)         MERICINE PERSIDENT         0.500         x         0.         0.	(A)	(B)			(0	C)			(D)	(E)	(F)	
hours per veck, with spaces is both an week (its any hours for metabolin and additional additional and additional additionadditionadditinadditional additional additional additional additio	Name and title	Average	(do					one	Reportable			
Vere (ist ary hours for mated organization granizations (W-2/1094-MISC)         Inolin failed organization (W-2/1094-MISC)         Ownerstand (W-2/1094-MISC)         Ownerstand (W-2/1094-MISC)         Ownerstand (W-2/1094-MISC)         Ownerstand (W-2/1094-MISC)         Ownerstand (W-2/1094-MISC)         Ownertand (W-2/1094-MISC)         Ownerstand (W-2		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		
(1)         GUY THOMAS COSENTINO         40.00         x         94,813.         0.         6,660.           ERECUTIVE DIRECTOR         3.00         x         x         0.         0.         0.           PRESIDENT         1.00         x         x         0.         0.         0.           OR. DENNIS GOLADAY         2.00         x         x         0.         0.         0.           (3)         DR. DENNIS GOLADAY         2.00         x         x         0.         0.         0.           (4)         KEVIN LAMONTAGNE         2.00         x         x         0.         0.         0.           (5)         ALZA QUENS         1.00         x         x         0.         0.         0.           (6)         PATRICIA CALLAHAN         1.00         x         x         0.         0.         0.           (7)         KELLY GRIDLEY         1.00         x         x         0.         0.         0.           (8)         JOR CALLAHAN         50.         X         X         0.         0.         0.           (8)         JOR CALLAHAN         SO.         0.50         X         0.         0.         0.				cer an	ia a a I	recto	r/trus	tee)				
(1)         GUY THOMAS COSENTINO         40.00         x         94,813.         0.         6,660.           ERECUTIVE DIRECTOR         3.00         x         x         0.         0.         0.           PRESIDENT         1.00         x         x         0.         0.         0.           OR. DENNIS GOLADAY         2.00         x         x         0.         0.         0.           (3)         DR. DENNIS GOLADAY         2.00         x         x         0.         0.         0.           (4)         KEVIN LAMONTAGNE         2.00         x         x         0.         0.         0.           (5)         ALZA QUENS         1.00         x         x         0.         0.         0.           (6)         PATRICIA CALLAHAN         1.00         x         x         0.         0.         0.           (7)         KELLY GRIDLEY         1.00         x         x         0.         0.         0.           (8)         JOR CALLAHAN         50.         X         X         0.         0.         0.           (8)         JOR CALLAHAN         SO.         0.50         X         0.         0.         0.			recto									
(1)         GUY THOMAS COSENTINO         40.00         x         94,813.         0.         6,660.           ERECUTIVE DIRECTOR         3.00         x         x         0.         0.         0.           PRESIDENT         1.00         x         x         0.         0.         0.           OR. DENNIS GOLADAY         2.00         x         x         0.         0.         0.           (3)         DR. DENNIS GOLADAY         2.00         x         x         0.         0.         0.           (4)         KEVIN LAMONTAGNE         2.00         x         x         0.         0.         0.           (5)         ALZA QUENS         1.00         x         x         0.         0.         0.           (6)         PATRICIA CALLAHAN         1.00         x         x         0.         0.         0.           (7)         KELLY GRIDLEY         1.00         x         x         0.         0.         0.           (8)         JOR CALLAHAN         50.         X         X         0.         0.         0.           (8)         JOR CALLAHAN         SO.         0.50         X         0.         0.         0.			or di	ee			sated		J. J	•		
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(1)         GUY THOMAS COSENTINO         40.00         x         94,813.         0.         6,660.           ERECUTIVE DIRECTOR         3.00         x         x         0.         0.         0.           PRESIDENT         1.00         x         x         0.         0.         0.           OR. DENNIS GOLADAY         2.00         x         x         0.         0.         0.           (3)         DR. DENNIS GOLADAY         2.00         x         x         0.         0.         0.           (4)         KEVIN LAMONTAGNE         2.00         x         x         0.         0.         0.           (5)         ALZA QUENS         1.00         x         x         0.         0.         0.           (6)         PATRICIA CALLAHAN         1.00         x         x         0.         0.         0.           (7)         KELLY GRIDLEY         1.00         x         x         0.         0.         0.           (8)         JOR CALLAHAN         50.         X         X         0.         0.         0.           (8)         JOR CALLAHAN         SO.         0.50         X         0.         0.         0.			ual tr	tional		yolqr	st con yee	_	1099-1420)			
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(2)         JOHN LATANYSHYN         2.00         X         X         0.         0.         0.           PRESIDENT         1.00         X         X         0.         0.         0.         0.           VICE PRESIDENT         0.50         X         X         0.         0.         0.           VICE PRESIDENT         0.50         X         X         0.         0.         0.           (4)         REVIN LAMONTAGNE         2.00         X         0.         0.         0.           (5)         ALIZA QUERNS         1.00         X         0.         0.         0.           (6)         PATRICIA CALLAHAN         1.00         X         X         0.         0.         0.           (6)         PATRICIA CALLAHAN         1.00         X         X         0.         0.         0.           (7)         KELLEY GRIDEY         1.00         X         X         0.         0.         0.           (8)         JOHN CALLAHAN, EGO.         0.50         X         0.         0.         0.           IMMEDIATE PAST PRESIDENT         0.50         X         0.         0.         0.         0.           IDRECTOR	(1) GUY THOMAS COSENTINO	40.00	_	-								
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(4)         KEVIN LAMONTAGNE         2.00         X         X         0.         0.         0.           TRRASURER/FINANCE CHAIR         1.00         X         X         0.         0.         0.         0.           (5)         ALIZA QUENIS         1.00         X         X         0.         0.         0.         0.           (6)         PATRICIA CALLAHAN         1.00         X         X         0.         0.         0.           (7)         KELLEY GRIDLEY         1.00         X         X         0.         0.         0.           (7)         KELLEY GRIDLEY         1.00         X         X         0.         0.         0.           (7)         KELLEY GRIDLEY         1.00         X         X         0.         0.         0.           (1)         DINECTOR         0.50         X         0.         0.         0.         0.           (9)         DR. BRIAN DURANT         0.50         X         0.         0.         0.         0.           (10)         EDWARD HERRLING         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.50         X <td>(3) DR. DENNIS GOLLADAY</td> <td></td>	(3) DR. DENNIS GOLLADAY											
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(5) ALIZA QUERNS       1.00       X       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(4) KEVIN LAMONTAGNE											
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(8) JOHN CALLAHAN, ESQ.0.50X0.0.0.DIRECTORX0.500.0.0.0.(9) DR. BRIAN DURANT0.50X0.0.0.DIRECTORX0.500.0.0.(10) EDWARD HERRLING0.50X0.0.0.DIRECTOR0.50X0.0.0.(11) GAIL HOMICK HERRLING0.500.0.0.0.DIRECTORX0.0.0.0.0.(12) DOUGLAS KINNEY0.500.0.0.0.DIRECTORX0.0.0.0.0.(13) PAMELA KIRKWOOD0.50X0.0.0.DIRECTORX0.0.0.0.0.(14) JOHN KLINK0.50X0.0.0.DIRECTORX0.0.0.0.0.(15) DAVID MANUSCIA0.50X0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.	(7) KELLEY GRIDLEY											
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(9) DR. BRIAN DURANT       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.         (10) EDWARD HERRLING       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.         (11) GAIL HOMICK HERRLING       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.         (12) DOUGLAS KINNEY       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.         (13) PAMELA KIRKWOOD       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.         (14) JOHN KLINK       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.         (15) DAVID MAMUSCIA       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.         (16) LORAINE MILLER       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.         (17) TIMOTHY RICE       0.50       0.0.0.0.       0.		0.50									-	
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(11) GAIL HOMICK HERRLING       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.         (12) DOUGLAS KINNEY       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (13) PAMELA KIRKWOOD       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (14) JOHN KLINK       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (15) DAVID MAMUSCIA       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (16) LORAINE MILLER       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.         (17) TIMOTHY RICE       0.50       X       0.0.0.         DIRECTOR       X       0.0.0.       0.	(10) EDWARD HERRLING	0.50										
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(12) DOUGLAS KINNEY         0.50         X         0.0		0.50										
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(13) PAMELA KIRKWOOD       0.50       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (14) JOHN KLINK       0.50       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (15) DAVID MAMUSCIA       0.50       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (16) LORAINE MILLER       0.50       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (17) TIMOTHY RICE       0.50       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00		0.50							0		0	
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(14) JOHN KLINK       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         (15) DAVID MAMUSCIA       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         (16) LORAINE MILLER       0.50       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         URECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.		0.50	37						0		0	
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.	
(15) DAVID MAMUSCIA         0.50         X         0. <td></td> <td>0.50</td> <td>37</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td>		0.50	37						0		0	
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.	
(16) LORAINE MILLER         0.50         X         0. <td></td> <td>0.50</td> <td>37</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td>		0.50	37						0		0	
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Λ</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Λ						0.	0.	0.	
(17) TIMOTHY RICE         0.50         X         0.		0.50	v						_	<u> </u>	<u>م</u>	
DIRECTOR X 0. 0. 0.			^	<u> </u>					0.	0.	0.	
		0.50	v						n .	n –	n	
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2021.05040 THE CAYUGA COUNTY COMMUNITY 02744001

THE CAYU	JGA	COUNTY	CC	MMUNITY
COLLEGE	FOU	INDATION	J,	INC.

22-2413804 Page 8

Form 990 (2	021) COLLEGE I	FOUNDAT	101	Ν,	II	NC	•			22-24	13	<u>304</u>	P	age <b>8</b>
Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)	•		(D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable		F۹	stimate	⊳d
	Name and the	hours per					e than is bot		compensation	compensation			nount	
		week					or/trus		from	from related			other	
		(list any	or.						the	organizations			pensa	
		hours for	direct				_		organization	(W-2/1099-MISC	2/		rom th	
		related	e or (	tee			sateo		(W-2/1099-MISC/	1099-NEC)	"		anizat	
		organizations	ruste	l trus		ee	npen		1099-NEC)	1000 1120)		•	d relat	
		below	lual t	tiona		ploy	st col	_	10001120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				e.g.		
(19) MADE	SOUTHWICK	0.50	-	-	0	ž	Ξē	Œ						
	boomwick	0.30	x						0.		ο.			0.
DIRECTOR			^						0.		••			0.
(19) DAVI	D VERDI	0.50												•
DIRECTOR			Х						0.		0.			0.
(20) AMAN	DA STANKUS	0.50												
DIRECTOR			X						0.		0.			Ο.
(21) MEGH	AN STAPLETON STEENBURGH	0.50												
DIRECTOR		0.50	x						0.		٥.			Ο.
(22) ELME	P CHEPPV	0.50												
		0.30	x						0.		ο.			0.
FORMER DI	RECTOR		^						0.		••			0.
									0/ 012		~		<u> </u>	60
	otal								94,813.		0.		0,0	60.
c Total	from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total	(add lines 1b and 1c)								94,813.		0.		6,6	60.
2 Total	number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportable				
comp	ensation from the organization													0
L													Yes	No
3 Did th	e organization list any former officer,	director trust	ا مم		amn	love		· hic	nheet compensated emr		ſ			
	<b>.</b>											3		х
	a? If "Yes," complete Schedule J for s				•••••							<u> </u>		
	ny individual listed on line 1a, is the su	-		-						the organization				37
	elated organizations greater than \$150											4		X
5 Did ar	ny person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	i any	y unr	elat	ted organization or indiv	dual for services				
rende	red to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		X
Section B.	Independent Contractors													
1 Comp	lete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of comp	ens	ation	from	
•	ganization. Report compensation for	•	•											
	(A)	the balendar y	our	onai	iig v	VICII	01 10		(B)			(0	<u>ר</u>	
	(٨) Name and business	address	N	ONE	7				Description of s	ervices	С		ר nsatio	n
			TAC	5141	_			_						
								-						
											_			
2 Total I	number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,	000 of compensation from the organi	zation 🕨					0							
													000 /	0004

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13490203 784359 0274400.1001 2021.05040 THE CAYUGA COUNTY COMMUNITY 02744001

Form 990 (2021)

### THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Pa	rt v	VII		en mede de enville				
			Check if Schedule O contains a response	or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts t	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S, G			Fundraising events 1c					
ar /			Related organizations 1d					
imil S, C			Government grants (contributions) <b>1e</b>					
tion r Si			All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	356,051.				
d Ort		g	Noncash contributions included in lines 1a-1f					
an		h	Total. Add lines 1a-1f	►	356,051.			
				Business Code				
e	2	a						
Program Service Revenue		b						
n Si		С						
Rev		d						
rog		е						
₽.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter		255 004			255 004
			other similar amounts)		355,804.			355,804.
	4		Income from investment of tax-exempt bond p					
	5	)	Royalties	(ii) Personal				
	~	_		(II) Fersonal				
	0		Gross rents <u>6a</u> Less: rental expenses <b>6b</b>					
			Less: rental expenses 6b Rental income or (loss) 6c					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory $7a 579, 559$ .					
		h	Less: cost or other basis					
e		Ň	and sales expenses <b>7b</b> 563, 518.					
/eni		с	Gain or (loss) 7c 16,041.					
Revenue		d	Net gain or (loss)		16,041.			16,041.
er	8		Gross income from fundraising events (not		-			
đ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10k					
		С	Net income or (loss) from sales of inventory	<b>&gt;</b>				
sn				Business Code	4 010	4 010		
neol	11	а	CRAFT FAIR BOOTH INCOM	900099	4,010.	4,010.		
ven		b						
Miscellaneous Revenue		c						
Ϊ			All other revenue	L	1 010			
			Total. Add lines 11a-11d		4,010. 731,906.	4,010.	0.	371,845.
	12		Total revenue. See instructions	🕨	131,300.	<u> </u>	U .	Form <b>990</b> (2021)
13200	ษ 12	∠-U9	-21					1 UTIT <b>330</b> (2021)

### THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Form 990 (2021) Part IX Statement of Functional Expenses

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

Do not	Check if Schedule O contains a respons include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)
7b, 8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations ad domestic governments. See Part IV, line 21	317,247.	317,247.		
<b>2</b> G	rants and other assistance to domestic dividuals. See Part IV, line 22	287,891.	287,891.		
<b>3</b> Gi or	rants and other assistance to foreign ganizations, foreign governments, and foreign		20170911		
	dividuals. See Part IV, lines 15 and 16 enefits paid to or for members				
<b>5</b> Co	ompensation of current officers, directors,	100 000		C.4. CTO	42, 110
	ustees, and key employees	107,798.		64,679.	43,119
	ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	53,583.		12,246.	41,337
	ension plan accruals and contributions (include	, -		· · · ·	
se	ection 401(k) and 403(b) employer contributions)	4,134.		908.	3,226
	ther employee benefits	10,662.		5,014.	5,648
	ees for services (nonemployees):				-,
	anagement				
	egal	1,323.		1,323.	
	ccounting	18,095.		18,095.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	vestment management fees	63,924.		63,924.	
-	ther. (If line 11g amount exceeds 10% of line 25, olumn (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Ad	dvertising and promotion				
<b>13</b> O	ffice expenses	33,056.	16,973.	16,083.	
<b>14</b> In	formation technology				
<b>15</b> Ro	oyalties				
<b>16</b> O	ccupancy	<u> </u>			
<b>17</b> Tr	ravel	649.		649.	
	ayments of travel or entertainment expenses r any federal, state, or local public officials				
	onferences, conventions, and meetings	3,025.		3,025.	
	terest				
	ayments to affiliates epreciation, depletion, and amortization				
	surance	1,616.		1,616.	
24 Ot ab lin	ther expenses. Itemize expenses not covered pove. (List miscellaneous expenses on line 24e. If le 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	VENT EXPENSES	16,547.			16,547
	ISCELLENOUS EXPENSE	9,802.		850.	8,952.
с <u>D</u> d	UES, MEMBERSIPHS, & L	1,530.		1,530.	
	ll other expenses				
	otal functional expenses. Add lines 1 through 24e	930,882.	622,111.	189,942.	118,829
26 Jo	<b>bint costs</b> . Complete this line only if the organization				
re	ported in column (B) joint costs from a combined				
ed	lucational campaign and fundraising solicitation.				
Ch	neck here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021

132010 12-09-21

Form 990 (2021)

11

### THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	836,781.	1	102,200.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	18,147.	3	6,998.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	30,965.	9	17,750.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b	2,831,774.	10c	
	11	Investments - publicly traded securities	18,355,674.	11	16,859,428.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	301,059.	15	350,390.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,374,400.	16	17,336,766.
	17	Accounts payable and accrued expenses	227,728.	17	229,985.
	18	Grants payable		18	
	19	Deferred revenue	2,350,833.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ĩ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,578,561.	26	229,985.
s		Organizations that follow FASB ASC 958, check here $\blacktriangleright$ X			
JCe		and complete lines 27, 28, 32, and 33.			2 202 202
alar	27	Net assets without donor restrictions	4,619,082.	27	3,323,263.
Ä	28	Net assets with donor restrictions	15,176,757.	28	13,783,518.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
г Т		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A:	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	19,795,839.	32	17,106,781.
	33	Total liabilities and net assets/fund balances	22,374,400.	33	17,336,766.
					Form <b>990</b> (2021)

132011 12-09-21

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THE CAYU	JGA COUNTY	COMMUNITY
COLLEGE	FOUNDATIO	N, INC.

Form	1 990 (2021) COLLEGE FOUNDATION, INC.	22	-2413804	Pag	ge <b>12</b>
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	731		
2	Total expenses (must equal Part IX, column (A), line 25)	2	930		
3	Revenue less expenses. Subtract line 2 from line 1	3	-198	3,9'	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,795	5,8	39.
5	Net unrealized gains (losses) on investments	5	-1,873	3,2	66.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-531	.,5	08.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-85	5,3	08.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17,106	5,7	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			

	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 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 audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2021)

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Department of the Treasury				omplete if the orgar 49	Public Charity Status and Public Support mplete 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.					
Interna	al Rever	nue Service			/Form990 for instruction			nformation.		Inspection
Nam	e of t	he organizati			NTY COMMUNIT	Y				identification number
				EGE FOUNDA						2-2413804
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ns.	
The	organ	ization is not a	a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or association	on of churches described	d in <b>sectio</b>	on 170(b)(*	1)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)				
3		•	•		anization described in <b>se</b>			•		
4			-	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
_		city, and stat			No					
5					llege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
6				Complete Part II.)	nental unit described in s	nantion 1	70(6)(4)(4)	60		
6 7	Х		-	-	intial part of its support f				the general	public described in
•		•		omplete Part II.)		ioni a gov	orninorna		ine general	
8					(1)(A)(vi). (Complete Parl	t II.)				
9		-			in section 170(b)(1)(A)(		ed in conju	unction with a	land-grant	college
					culture (see instructions).					
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
					(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				,
12		-	-	-	ively for the benefit of, to				-	
					ed in section 509(a)(1) o					Sneck the box on
2			•	• •	of supporting organizatio supervised, or controlled		-		-	, aivina
а					gularly appoint or elect a	•				
			•	complete Part IV, Se		Thajonty				apporting
b		0			d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	vina
				-	anization vested in the s			-		-
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с		Type III fu	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	<b>y integrated.</b> A supp	oorting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)
			-		zation generally must sat	•		-	d an attent	iveness
		•		,	nplete Part IV, Sections					
е			•		written determination fro			а Туре I, Туре	e II, Type III	
	<b>F</b> ints				nally integrated support					[]
f			of supported of supported of supported of supported of the support	n about the supporte	d organization(s)					
<u> </u>		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)

# THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Schedule A (Form 990) 2021

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

22-2413804 Page 2

(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	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	254,588.	744,407.	467,468.	341,907.	356,051.	2164421.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5,460.	5,710.	5,460.	5,460.	5,460.	27,550.
4	Total. Add lines 1 through 3	260,048.	750,117.	472,928.	347,367.	361,511.	2191971.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						0101071
	Public support. Subtract line 5 from line 4.						2191971.
	ction B. Total Support	()0017	(1) 0010	( ) 0010	( 1) 0000	( ) 0001	(0 T ) )
	endar year (or fiscal year beginning in)	(a) 2017 260,048.	(b)2018 750,117.	(c) 2019 472,928.	(d) 2020 347,367.	(e)2021 361,511.	(f) Total 2191971.
	Amounts from line 4	200,040.	/50,11/•	472,920.	547,507.	501,511.	2191971.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	338,265.	424,252.	465,563.	290,216.	355,804.	1874100.
9	Net income from unrelated business	550,205.	121,252.	405,505.	250,210.	555,004.	10/4100.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					4,010.	4,010.
11	Total support. Add lines 7 through 10					_,	4070081.
	Gross receipts from related activities,	etc. (see instructi	ons)			12 1	,119,937.
	First 5 years. If the Form 990 is for th	,	,	fourth. or fifth tax	vear as a section {		<u> </u>
	organization, check this box and <b>stor</b>	-			•		►
Se	ction C. Computation of Publ						
14	Public support percentage for 2021 (	line 6, column (f), c	livided by line 11,	column (f))		14	53.86 %
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	57.92 %
16a	1 33 1/3% support test - 2021. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	I			<b>&gt;</b> X
b	<b>33 1/3% support test - 2020.</b> If the c	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
k	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a		
						Schedule A	(Form 990) 2021

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$\mathbf{THE}$	CAYUGA	COUNTY	COMMUNITY

#### 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	1 <b>(f)</b> Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here						►
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	►
b	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ation 🕨
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	
1320	23 01-04-22					Sched	dule A (Form 990) 2021
				16			

# THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Schedule A (Form 990) 2021 COLL

(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.)

### Section A. All Supporting Organizations

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

132024 01-04-21

Schedule A (Form 990) 2021

13490203 784359 0274400.1001 2021.05040 THE CAYUGA COUNTY COMMUNITY 02744001

# THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Schedule A (Form 990) 2021

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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, or trustees were allocated among the	s, ed		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			<b>—</b>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
600	supported organizations played in this regard.	3		L
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructi	ons).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (s	e instructio		
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	0-		
L.	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	04		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
h.	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	<u>3a</u>		

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.* 132025 01-04-22

3b Schedule A (Form 990) 2021

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$\mathbf{THE}$	CAYU	JGA	COUNTY	CC	OMMUNITY
COLI	EGE	FOU	JNDATION	J,	INC.

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

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#### THE CAYUGA COUNTY COMMUNITY COLLEGE FOIINDATION TNC

Sche Par	t V Type III Non-Functionally Integrated 509		nizations / /·		2-2413804 Page 7
	on D - Distributions		(continu	ied)	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exe	mot purposos		1	Current rear
2	Amounts paid to supported organizations to accomplish exercise Amounts paid to perform activity that directly furthers exemption	· · · ·		•	
2	organizations, in excess of income from activity	or purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets	5	4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	-	
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Underdistribution Pre-2021	IS	Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
-	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

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Schedule A (Form 990) 2021	COLLEGE	YUGA COUNTY COM E FOUNDATION, I	NC.	22-2413804 Pag
Part IV, Section A, li line 1; Part IV, Section	ines 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9c, 11a, 11 Part IV, Section E, lines 1c, 2a	b, and 11c; Part IV, Se a, 2b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V for any additional information.
SCHEDULE A, PART	II, LINE 1	10, EXPLANATION	FOR OTHER	INCOME:
CRAFT FAIR BOOTH	INCOME			
2021 AMOUNT: \$	4,010.			
132028 01-04-22				Schedule A (Form 990)

SC	HEDULE D		al Financial Statements			MB No. 1545-	0047	
(Forr	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZUZ		
	ment of the Treasury		Attach to Form 990.			Open to Pu	blic	
-	I Revenue Service		90 for instructions and the latest informat					
Nam	e of the organization	COLLEGE FOUNDATION				ntification no 2413804		
Pa	rt I Organiza		d Funds or Other Similar Funds of	or Acco				
		n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	<b>(b)</b> Fu	inds and ot	her accounts		
1	Total number at er	nd of year						
2	Aggregate value of	f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	5 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?							
~			exclusive legal control? dvisors in writing that grant funds can be us			Yes	No	
6	0							
	impermissible priva		or donor advisor, or for any other purpose co	0		Yes	No	
Pa			ganization answered "Yes" on Form 990, Pa			165	NO	
1		servation easements held by the organizat						
		of land for public use (for example, recrea		historical	ly important	t land area		
		f natural habitat	Preservation of a		•			
	Preservation	of open space						
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of	a co <u>nser</u>				
	day of the tax year	·.			Held at th	e End of the Ta	ax Year	
а	Total number of co	onservation easements		2a				
b					_			
С			ucture included in (a)					
d			after 7/25/06, and not on a historic structure					
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganizati	on during tr	ie tax		
4	year	where property subject to conservation ea	coment is located					
4 5		tion have a written policy regarding the pe						
5	-		t holds?			Yes	No	
6			handling of violations, and enforcing conser					
	•							
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easem	ents during	the year		
	▶\$							
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)	(4)(B)(i)				
	and section 170(h)	(4)(B)(ii)?				Yes	No	
9			on easements in its revenue and expense s					
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statemen	ts that de	escribes the	e		
		ounting for conservation easements.		0				
Pa		-	f Art, Historical Treasures, or Oth	er Sim	llar Asse	ts.		
-		the organization answered "Yes" on Form						
Ia	•	· •	58, not to report in its revenue statement and			<s< th=""><th></th></s<>		
		· · · · · · · · · · · · · · · · · · ·	blic exhibition, education, or research in furth ncial statements that describes these items.					
b	••		58, to report in its revenue statement and ba		eet works o	f		
5	-		c exhibition, education, or research in further					
		ng amounts relating to these items:				,		
	•	с с		►	\$			
					\$			
2	.,		asures, or other similar assets for financial g		-			
		unts required to be reported under FASB A						
а	Revenue included	on Form 990, Part VIII, line 1		►	\$			
b					\$			
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.		Schedule	e D (Form 990	0) 2021	
13205	1 10-28-21		27					
			27					

	THE CAY	UGA COUNTY	COMMUNITY					
		FOUNDATIO					13804	
Par	t III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts(continued	1)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significan	t use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how thev further t	he organization's ex	empt purr	ose in Par	t XIII.	
5	During the year, did the organization solicit o	•		•				
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Par		······································			-,,		
1a	Is the organization an agent, trustee, custodi		liary for contribution	s or other assets no	t included	ł		
	on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				100	110
			nowing table.				Amount	
~	Beginning balance				1c			
	Additions during the year							
	Additions during the year							
	Distributions during the year							
	Ending balance Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • •		162	NO
Par								
1 01		(a) Current year	(b) Prior year	(c) Two years back	1	vears hack	(a) Four yea	rs hack
		-						
	Beginning of year balance	10,156,805.	15,140,434.			612,203.	13,96	
	Contributions	227,502.	742,939.			208,219.		0,069.
	Net investment earnings, gains, and losses	-852,029.	1,705,312.			-20,072.		6,270.
	Grants or scholarships	669,786.	463,360.	293,259.		464,595.	39.	1,243.
е	Other expenditures for facilities							
	and programs	-5,716.	6,968,520.	344,619.		212,212.	24	8,939.
	Administrative expenses							
	End of year balance	8,868,208.			14,	123,543.	14,61	2,203.
	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment	31.9600	_%					
b	Permanent endowment ► 26.4800	%						
С	Term endowment ► 41.5600 g	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the organ	ization		
	by:						Yes	
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumula	ed	(d) Book va	lue
		basis (investn	nent) basis	(other) de	epreciatio	n		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
-	Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	10c)				0.
Total		gaar onn 000, r art		···/		Schodula	D (Form 99	• •
						Jonedule	, ה (היה און מ	JJ 202

132052 10-28-21

$\mathbf{THE}$	CAYU	JGA	COUNTY	C	OMMUNITY
COLI	LEGE	FOI	INDATION	J.	INC.

	(Form 990) 2021	COLLEGE FOU	NDATION, IN	C.	22-2413804 Page 3
Part VII		Other Securities.			
				ine 11b. See Form 990, Part X, line	
		Ory (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
	h) must squal Form 000	Dort V. col. (P) line 12 )			
		), Part X, col. (B) line 12.) ► Program Related.			
			on Form 990 Part IV I	ine 11c. See Form 990, Part X, line	- 13
	(a) Description of		(b) Book value		Cost or end-of-year market value
(1)	(u) Becomption of				
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	h) must equal Form 990	), Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.				
		anization answered "Yes"	on Form 990, Part IV, I	ine 11d. See Form 990, Part X, line	e 15.
			Description	, ,	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Fo	orm 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilitie	s.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Par	t X, line 25.
1.	<b>(a)</b> De	escription of liability			(b) Book value
(1) Fed	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, col. (B) lin	e 25.)		
2. Liability	for uncertain tax pos	sitions. In Part XIII, provide	e the text of the footnot	te to the organization's financial sta	atements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

132053 10-28-21

	THE CAYUGA COUNTY COMMU		
Sche	edule D (Form 990) 2021 COLLEGE FOUNDATION, INC	•	22-2413804 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements $\dots$		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

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

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

INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS

NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).

# MANAGEMENT IS UNAWARE OF ANY UNRELATED BUSINESS ACTIVITIES THAT MAY BE

SUBJECT TO UNRELATED BUSINESS INCOME TAX OR ANY ACTIVITIES THAT WOULD

# JEOPARDIZE THE FOUNDATION'S EXEMPT STATUS.

# PART V, LINE 4:

132054 10-28-21

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

30

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

WHILE PROVIDING A SUBSTANTIAL AND MODERATELY STABLE SOURCE OF INCOME TO

THE FOUNDATION FOR ITS PROGRAMS.

THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS IS FOR

SCHOLARSHIPS, MEMORIAL AWARDS, CAMPUS IMPROVEMENTS, EQUIPMENT, AND OTHER

GRANTS.

PART V, LINE 1E

Schedule D (Form 990) 2021

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 D (Form 990) 2021

132055 10-28-21

13490203 784359 0274400.1001 2021.05040 THE CAYUGA COUNTY COMMUNITY 02744001

SCHEDULE IGrants and Other Assistance to Organizations,(Form 990)Governments, and Individuals in the United States													
(			lete if the organizatio					2021					
Department of the Treasury Internal Revenue Service       ► Attach to Form 990.         ► Go to www.irs.gov/Form990 for the latest information.         Name of the organization       THE CAYUGA COUNTY COMMUNITY         Employer id													
Name of the organizati	on THE CAYUG COLLEGE F							Employer identification number 22-2413804					
Part I General In	nformation on Grants a		•										
criteria used to a	zation maintain records ward the grants or assis IV the organization's pro	stance?						ction X Yes No					
Part II Grants and	d Other Assistance to hat received more than	Domestic Organ	izations and Domesti	i <b>c Governments.</b> C	omplete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any					
	Idress of organization /ernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
CAYUGA COMMUNITY 197 FRANKLIN ST AUBURN, NY 13021	COLLEGE	15-6007451	501(C)(3)	317,247.	0.			EQUIPMENT, CAMPUS IMPROVEMENT, AND OTHER GRANTS					
2 Enter total numb	er of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table			L	<u>1.</u>					
	er of other organization												

# THE CAYUGA COUNTY COMMUNITY

Schedule I (Form 990) 2021

# COLLEGE FOUNDATION, INC.

22-2413804

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUDENT SCHOLARSHIPS & AWARDS	192	287,891.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION, WHOSE MISSION IS TO ENGANCE AND PROVIDE ASSISTANCE FOR

EDUCATIONAL AND OTHER RELATED PROGRAMS OF CAYUGA COMMUNITY COLLEGE, AWARDS

GRANTS TO CAYUGA COMMUNITY COLLEGE AS REQUESTED. ALL REQUESTS FROM THE

SUPPORTED ORGANIZATION ARE REVIEWED AND APPROVED BY THE FOUNDATION'S BOARD

OF DIRECTORS.

## THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS OF CAYUGA COMMUNITY COLLEGE

BASED ON APPLICATIONS SUBMITTED BY STUDENTS, AWARDEES ARE CHOSEN EITHER BY

Part IV Supplemental Information

### COMMITTEES OF THE BOARD OF DIRECTORS OF THE FOUNDATION OR INDEPENDENT

COMMITTEES, AS PRESCRIBED BY DONOR RESTRICTIONS.

Schedule I (Form 990)

132291 04-01-21

SCHEDULE O (Form 990)

(Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.



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.

Schedule O (Form 990) 2021

Schedule O (Form 990) 202	21	Page <b>2</b>
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:

CHANGE IN BENEFICIAL INTEREST IN TRUST

-85,308.

FORM 990, PART XII, LINE 2C

### THE FOUNDATION DID NOT CHANGE ITS OVERSIGHT PROCESS OF THE AUDIT OF ITS

FINANCIAL STATEMENTS OR THE SELECTION OF AN INDEPENDENT AUDITOR.

132212 11-11-21

SCHEDULE R (Form 990)	•		ted Organizations and Unrelated Partnerships									
	► Co	emplete if the organization answered  Atta	"Yes" on Form 990, Part IV, ach to Form 990.	iine 33, 34, 350, 3	io, or 37.			202				
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990		est information.			Open to Public Inspection					
Name of the organization		OUNTY COMMUNITY					Employer identification nu 22-2413804					
Part I Identification o	of Disregarded Entities. Com	plete if the organization answered "Yes	" on Form 990, Part IV, line 3	33.								
	(a)	(b)	(c)	(d)	(e)		(	f)				
	, and EIN (if applicable) egarded entity	Primary activity			me End-of-year			t controlling entity				
Part II Identification o organizations du	of Related Tax-Exempt Orga uring the tax year.	nizations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, t	pecause it had one	or more relate	ed tax-exe	mpt				
	(a) ddress, and EIN ed organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct cont entity	0	(c Section 5 contr enti				
			5 77		501(c)(3))			Yes	No			
CFRG NEWCO, INC 8 197 FRANKLIN STREET	4-2831967	ACQUIRE AND HOLD REAL PROPERTY FOR THE BENEFIT			c	THE CAYUGA	COLLEGE					
AUBURN, NY 13021		OF THE FOUNDATION	DELAWARE	501(C)(1)	LINE 12B, II E	OUNDATION,	, INC.	X				
		—										
For Paperwork Reduction	Act Notice, see the Instruc SEE PART	tions for Form 990. VII FOR CONTINUATIO	NS			Sch	nedule R (	Form 99	0) 2021			

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	CAYUGA COUL															
	EGE FOUNDA											22-2			· ·	2 age
Part III Identification of Related Or organizations treated as a part	rganizations Taxable artnership during the t	as a Partn tax year.	iership. Complete i	f the organi	zation answe	ered "Ye	es" on Forr	n 990, P	art IV, line	e 34, b	ecaus	e it had one o	r more	relate	d	
(a)	(b)	(c)	(d)		(e)		(f)	(	g)	()	h)	(i)		(j)	()	<)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	(related, excluded fr	nant income , unrelated, rom tax under s 512-514)		e of total come	end-	are of of-year sets		ortionate tions?	Code V-UE amount in b 20 of Sched K-1 (Form 10	ox <sup>m</sup> ule <sup>p</sup>	anaging artner?		ntage ership
	-															
	-															
	-															
	-															
	-															
Part IV Identification of Related Or organizations treated as a co	I rganizations Taxable prporation or trust dur	as a Corpo ing the tax	I oration or Trust. C year.	Complete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, P	I art IV,	l line 34	l 1, because it h	ad on	e or m	ore rel	ated
(a) Name, address, and F of related organizatio		(b) Primary activity		(c) (d) Legal domicile (state or foreign		ontrolling Type o ntity (C corp.		(e) ype of entity corp, S corp, or trust)		<b>(f)</b> Share of total income		<b>(g)</b> Share of end-of-year assets		entage	contr	i) tion o)(13) rolled ity?
				country)											Yes	No

# THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Schedule R (Form 990) 2021

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
	Gift, grant, or capital contribution to related organization(s)	1b		X		
	Gift, grant, or capital contribution from related organization(s)	1c		X		
	Loans or loan guarantees to or for related organization(s)	1d		X		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		Х		
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		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	Х			
р	Reimbursement paid to related organization(s) for expenses	1p		X		
	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		X		
s	Other transfer of cash or property from related organization(s)	1s		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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(</u> 4)			
<u>(</u> 5)			
_(6)	20		

#### THE CAYUGA COUNTY COMMUNITY 1 COLLEGE FOUNDATION, INC.

Schedule R (Form 990) 2021

#### 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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c) orgs. Yes 1	  sec. (3) ? <b>NO</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes NC	(k) <sup>r</sup> Percentage ownership

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021

# THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

#### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CFRG NEWCO, INC.

EIN: 84-2831967

**197 FRANKLIN STREET** 

AUBURN, NY 13021

PRIMARY ACTIVITY: ACQUIRE AND HOLD REAL PROPERTY FOR THE BENEFIT OF THE

FOUNDATION

DIRECT CONTROLLING ENTITY: THE CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION,

INC.

132165 11-17-21