

\_dQ[ XR' SXbR[ ^bdaT' R^\_h' <' bcPcT' aTVXbcaPcX^' ] ^=' ?B<@E<BG

bT\_ '@; ' A?@F

PdV' B@; ' A?@G

cW' RPhdVP' R^d] ch' R^^\d] Xch' R^ [ [ TVT  
U^d] SPcX^]; ' X] R=

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@HF' UaP] Z[X] ' bcaTTc

B@D<AHC<GEAF

PdQda]; ' ] h' '@B?A@

E; ACF; ?CE=

Vdh' cW^\Pb' R^bT] cX] ^

g

bP\T' Pb' R' PQ^eT

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Wcc\_bl >>fff=RPhdVP<RR=TSd>VXeX] V>R^ [ [ TVT<U^

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@HGA

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T] WP] RT' P] S' \_a^eXST' PbbXbcP] RT  
U^a' TSdRPcX^] P[ ' P] S' ^cW'a' \_a^VaP\b' ^U' RPhdVP' R^^\d] Xch' R^ [ [ TVT=

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BH@; ACB=

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@EH; CHG=

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EE; ?AD=

@H?; AHG=

FBF; A@? =

FD@; ?BH=

@; F?H; BHE =

CDD; @GG=

@C; @HD; EHB=

@D; @BC; FBB=

AA; @H? =

A; DFA=

@C; @FB; D?B=

@D; @BA; @E@=

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Y^] PcWP] ' \X [ [ Ta

Q^] PSX^' 5' R^=; ' [ [ \_

@F@' bd [ [ h6b' caPX[

\_XccbU^aS; ' ] h' @CDBC

\_?@BAA?AF

@E <@@B@@CE

7DGD8 BG@<@???

g

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
c^ T] WP] RT P] S^ \_a^eXST PbbXbcP] RT U^a TSDRpC^X^ P [ P] S^ cW a^ aT [ PcTS
\_a^VaP\b^ ^U RPhdVP R^\\d] Xch R^ [ [ TVT =

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 9 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 9 No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (R-stl ) (t%), t, 3 AHH; @EB= ) (at)tt)tt 3 )
cW RPhdVP R^d] ch R^\\d] Xch R^ [ [ TVT U^d] SPcX^]; X] R=6b^ \_aX\Pah Ud] RcX^
Xb^ c^ \_a^eXST UX] P] RXP [ bd^ \_ac^ c^ cW R^ [ [ TVT P] S^ Xcb bcdST] cb= cW
ePbc \PY^aXch^ ^U PePX [ PQ [ T Ud] Sb V^ c^ bcdST] c bRW [ PabWX\_b= Pf PaSb PaT
\PST QPbTS d\_^] PRPST\XR PRWTeT\T] c P] S^ UX] P] RXP [ ] TTS= cW U^d] SPcX^
QdX [ Sb Xcb PbbTcb cWa^dVW P] ] dP [ VXeX] V; \T^aXP [ VXUcb; [ P] ] TS
VXeX] V; P] S^ QT dTbcb= SdaX] V A?@G; cW U^d] SPcX^ Pf PaSTS B?D bcdST] c
bRW [ PabWX\_b=

4b (R-stl ) (t%), t, 3 HA; ?G?= ) (at)tt)tt 3 )
c^ T] WP] RT cW^ \_a^VaP\b^ ^U cW R^ [ [ TVT; cW U^d] SPcX^] SXbcaXQdcTS
3HA; ?G? U

3HA; = cbê \_

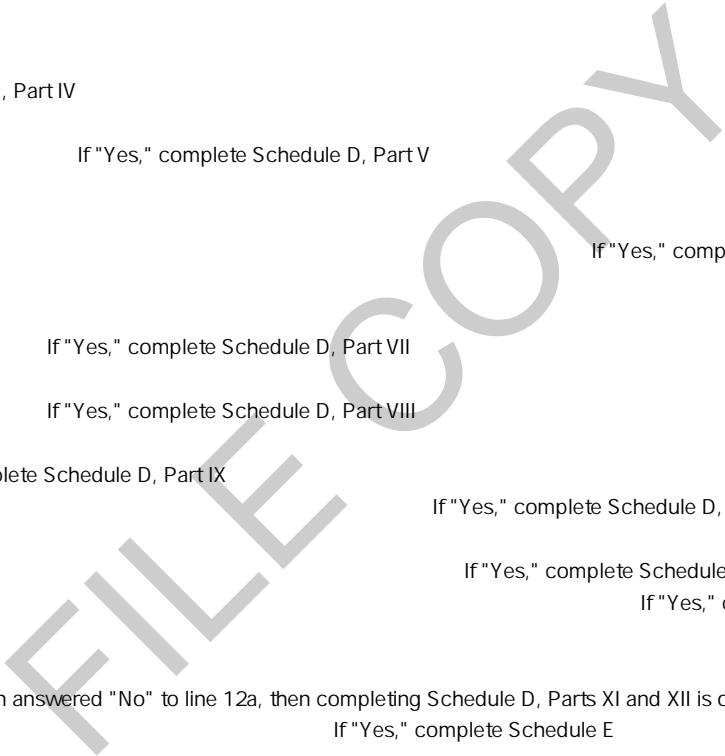
4c (R-stl ) (t%), t, 3 ) (at)tt)tt 3 )

Q

4d Other program services (Describe in Schedule O.)
(t%), t, 3 ) (at)tt)tt 3 )

4e Total program service expenses |

		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 -----	g	
2	Is the organization required to complete Schedule B, Schedule of Contributors? -----	g	
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 -----		g
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		g
5	If "Yes," complete Schedule C, Part III		g
6	If "Yes," complete Schedule D, Part I		g
7	If "Yes," complete Schedule D, Part II		g
8	If "Yes," complete Schedule D, Part III		g
9	If "Yes," complete Schedule D, Part IV		g
10	If "Yes," complete Schedule D, Part V	g	
11	If "Yes," complete Schedule D, Part VI		g
a	If "Yes," complete Schedule D, Part VII		g
b	If "Yes," complete Schedule D, Part VIII		g
c	If "Yes," complete Schedule D, Part IX		g
d	If "Yes," complete Schedule D, Part X		g
e	If "Yes," complete Schedule D, Part X		g
f	If "Yes," complete Schedule D, Part X		g
12a	Schedule D, Parts XI and XII If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		g
12b	If "Yes," complete Schedule E	g	
13			g
14a			g
b	If "Yes," complete Schedule F, Parts I and IV		g
15	If "Yes," complete Schedule F, Parts II and IV		g
16	If "Yes," complete Schedule F, Parts III and IV		g
17	If "Yes," complete Schedule G, Part I		g
18	If "Yes," complete Schedule G, Part II		g
19	If "Yes," complete Schedule G, Part III		g





		Yes	No
1a	1a		
b	1b		
c			
2a	2a		
b			
Note.	e-file		
3a			
b	If "No," to line 3b, provide an explanation in Schedule O		
4a			
b			
5a			
b			
c			
6a			
b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b			
c			
d	7d		
e			
f			
g			
h			
8	Sponsoring organizations maintaining donor advised funds.		
9	Sponsoring organizations maintaining donor advised funds.		
a			
b			
10	Section 501(c)(7) organizations.		
a	10a		
b	10b		
11	Section 501(c)(12) organizations.		
a	11a		
b	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts.		
b	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a			
Note.			
b			
c	13b		
	13c		
14a			
b	If "No," provide an explanation in Schedule O		

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		@F				
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(1) KELLEY GRIDLEY PRESIDENT	A=?? A=??	g	g						?	=	?	=	?	=
(2) JOHN LATANYSHYN VICE PRESIDENT	A=?? A=??	g	g						?	=	?	=	?	=
(3) LISA GREEN TREASURER	@=?? ?=D?	g	g						?	=	?	=	?	=
(4) ALI ZA QUERNS SECRETARY	@=?? ?=D?	g	g						?	=	?	=	?	=
(5) PATRICIA CALLAHAN ASSISTANT SECRETARY	@=??	g	g						?	=	?	=	?	=
(6) DR DENNIS GOLLADAY DIRECTOR	?=D?	g							?	=	?	=	?	=
(7) EDWARD HERRLING DIRECTOR	?=D?	g							?	=	?	=	?	=
(8) GAIL HOMICK HERRLING DIRECTOR	?=D?	g							?	=	?	=	?	=
(9) PAMELA KIRKWOOD DIRECTOR	?=D?	g							?	=	?	=	?	=
(10) JOHN KLINK DIRECTOR	?=D?	g							?	=	?	=	?	=
(11) DAVID MANUSCIA DIRECTOR	?=D?	g							?	=	?	=	?	=
(12) L. MICHAEL TREADWELL DIRECTOR	?=D?	g							?	=	?	=	?	=
(13) CAROLINE WESTOVER DIRECTOR	?=D?	g							?	=	?	=	?	=
(14) DREW WILCOX DIRECTOR	?=D?	g							?	=	?	=	?	=
(15) DR BRIAN DURANT DIRECTOR	?=D?	g							?	=	?	=	?	=
(16) DOUGLAS KINNEY DIRECTOR	?=D?	g							?	=	?	=	?	=
(17) JOSEPH REITZ DIRECTOR	?=D?	g							?	=	?	=	?	=

Form 990 (2017)

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK SCUTHWICK DIRECTOR	? = D?	g						? =	? =	? =
(19) DAMIEN VERDI DIRECTOR	? = D?	g						? =	? =	? =
(20) GUY THOMAS COSENTINO EXECUTIVE DIRECTOR	AC = ?? @E = ??			g				GD; ??? =	? =	E; G?? =
1b Sub-total								GD; ??? =	? =	E; G?? =
c Total from continuation sheets to Part VII, Section A								? =	? =	? =
d Total (add lines 1b and 1c)								GD; ??? =	? =	E; G?? =

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		



**Part VIII** Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~ ~ ~ ~ ~	1a				
	b	Membership dues ~ ~ ~ ~ ~	1b				
	c	Fundraising events ~ ~ ~ ~ ~	1c				
	d	Related organizations ~ ~ ~ ~ ~	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ~ ~	1f	254,588			
	g	Total. Add lines 1a-1f			254,588		
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue ~ ~ ~ ~ ~					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~ ~ ~ ~ ~		338,265			338,265
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a			(i) Real			
				(ii) Personal			
	6 b						
	7 a			(i) Securities			
				(ii) Other			
7 b							
7 c							
7 d							
8 a							
8 b							
8 c							
9 a							
9 b							
9 c							
10 a							
10 b							
10 c							
Miscellaneous Revenue							
11 a							
11 b							
11 c							
11 d							
11 e							
Total. Add lines 11a-11d ~ ~ ~ ~ ~							
12	c- p (f t t) t t = See instructions			1,206,227	0	0	951,639

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

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

Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~	HA; ?G?=	HA; ?G?=		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~ ~ ~ ~ ~	AHH; @EB=	AHH; @EB=		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~ ~ ~				
4 Benefits paid to or for members ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~	H@; G??=		FB; CC?=	@G; BE?=
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~ ~ ~				
7 Other salaries and wages ~ ~ ~ ~ ~	DH; FAE=		CF; FG@=	@@; HCD=
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	B; BAD=		A; EE?=	EED=
9 Other employee benefits ~ ~ ~ ~ ~	B; CAA=		A; FBF=	EGD=
10 Payroll taxes ~ ~ ~ ~ ~	@@; AAD=		G; HG?=	A; ACD=
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~	AC; CCC=		AC; CCC=	
c Accounting ~ ~ ~ ~ ~	@@; ?BB=		@@; ?BB=	
d Lobbying ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~ ~ ~ ~ ~	FE; BA?=		FE; BA?=	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	@B; BCA=		@B; BCA=	
12 Advertising and promotion ~ ~ ~ ~ ~				
13 Office expenses ~ ~ ~ ~ ~	F; ?DH=		F; ?DH=	
14 Information technology ~ ~ ~ ~ ~	@B; DDC=		@B; DDC=	
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~				
17 Travel ~ ~ ~ ~ ~				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~ ~				
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~				
23 Insurance ~ ~ ~ ~ ~	@; DAE=		@; DAE=	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ^cWt' a' Ud] SaPXbX] V' Tg_ T]	BA; @AD=			BA; @AD=
b ^cWt' a' ^_TaPcX] V' Tg_ T] bT	@?; GHD=		@?; GHD=	
c _____				
d _____				
e All other expenses _____				
25 c- p( t) r x- p( t% t) t. = Add lines 1 through 24e	FD@; ?BH=	BH@; ACB=	AHB; FF@=	EE; ?AD=
26 Y-x .i- ., ., = Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

		(A)		(B)	
Assets	1	FH; FD@=	1	ABC; G@? =	
	2		2		
	3	CAD=	3		
	4		4	DF =	
	5				
			5		
	6				
			6		
	7		7		
	8		8		
	9		9		
	10a				
		10a			
	b	10b	10c		
	11		@C; @@D; D@F =	11	@C; GHH; GEE =
	12			12	
13			13		
14			14		
15			15		
16	Total assets	@C; @HD; EHB =	16	@D; @BC; FBB =	
17	26	@G; HG? =	17	A; DFA =	
18			18		
19		B; A@? =	19		
20			20		
21			21		
22					
			22		
23			23		
24			24		
25					
			25		
26		AA; @H? =	26	A; DFA =	
	9				
27		B; E@E; GBA =		B; GFA; EGG =	
28		D; AAF; FE? =		D; CGB; ?DD =	
29		D; BAG; H@@ =		D; FFE; C@G =	
30					
31					
32					
33		@C; @FB; D?B =		@D; @BA; @E@ =	
34		@C; @HD; EHB =		@D; @BC; FBB =	

**Part XI** Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) -----	1	@; A?E; AAF=
2	Total expenses (must equal Part IX, column (A), line 25) -----	2	FD@; ?BH=
3	Revenue less expenses. Subtract line 2 from line 1 -----	3	CDD; @GG=
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) -----	4	@C; @FB; D?B=
5	Net unrealized gains (losses) on investments -----	5	AE?; HD@=
6	Donated services and use of facilities -----	6	
7	Investment expenses -----	7	
8	Prior period adjustments -----	8	
9	Other changes in net assets or fund balances (explain in Schedule O) -----	9	ACA; D@H=
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) -----	10	@D; @BA; @E@=

**Part XII** Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ----- If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input checked="" type="checkbox"/>		g
2b	Were the organization's financial statements audited by an independent accountant? ----- 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 <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>	g	
2c	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? ----- If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	g	
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? -----		g
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

(Form 990 or 990-EZ)

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

^ \ Q ] --@DCD-??CF

StEpfj. t) .:-u.wt'cAp, tjs  
X. tAp(atit)tt bt/xt

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization cWf' RPhdVP' R^d] ch' R^\d] Xch' R^[ [ TVT  
U^d] SPcX^] ; ' X] R=

Employer identification number  
AA<AC@BG?C

- 1 section 170(b)(1)(A)(i).
- 2 section 170(b)(1)(A)(ii).
- 3 section 170(b)(1)(A)(iii).
- 4 section 170(b)(1)(A)(ii).

- 5 section 170(b)(1)(A)(iv).
- 6 section 170(b)(1)(A)(v).
- 7 g

- 8 section 170(b)(1)(A)(vi).
- 9 section 170(b)(1)(A)(ix)

- 10
- 11 section 509(a)(2).
- 12 section 509(a)(4).

section 509(a)(1) section 509(a)(2) section 509(a)(3).

a TypZ.A  
d

b | ' | '

c

d 6 | ' :

e

f

g

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(i)	(ii)	(iii)	(iv) Is the organization listed in your governing document?		(v)	(vi)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. bta for. &t Dv-l. &t C=

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(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.)

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 8 Public support.

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Investment income.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 16 %

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 If "Yes," answer (b) and (c) 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.		
c Substitutions only.		
6 If "Yes," provide detail in Part VI.		
7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a If "Yes," provide detail in Part VI.		
b If "Yes," provide detail in Part VI.		
c If "Yes," provide detail in Part VI.		
10a If "Yes," answer 10b below.		
b (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



		Yes	No
11			
a			
	11a		
b			
	11b		
c	If "Yes" to a, b, or c, provide detail in Part VI.		
	11c		

		Yes	No
1			
	If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
e			
2			
	Part VI		
	2		

		Yes	No
1			
	bf		
	ctivel• g s\$ f		
	Part VI		
	bf !		
	M		
	1		

		Yes	No
1			
2			
	Part VI		
	2		
3			
	Part VI		
	3		

1		(see instructions).	
a	line 2		
b			
c	Part VI		
2	Answer (a) and (b) below.		
a			
	Part VI identify		
	those supported organizations and explain		
	2a		
b			
	Part VI		
	2b		
3	Answer (a) and (b) below.		
a			
	Part VI.		
	3a		
b			
	Part VI		
	3b		

1

See instructions.

Section A - Adjusted Net Income		
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8 Adjusted Net Income	8	
9 <sup>a</sup> 78		
10 A <sup>a</sup>		
11		
12		

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**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

- 1c; Part IV, Section
- 1 S
- 1c; Part IV, Section, le, eSIV

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(Form 990, 990-EZ,  
or 990-PF)  
Step 1 of 1  
X.t/p(atit)ttbt/xt

Attach to Form 990, Form 990-EZ, or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

^ \ Q ] - = @ D C D ? ? C F

Name of the organization

cWt' RPhdVP' R^d] ch' R^\\d] Xch' R^ [ [ TVT  
U^d] SPcX^] ; ' X] R=

AA<AC@BG?C

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 cWf' RPhdVP' R^d] ch' R^\\d] Xch' R^ [ [ TVT  
 U^d] SPcX^] ; ' X] R=

T| €{-Stfxt}.xrp.x-} } t| qtf  
 AA<AC@BG?C

(see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
@		\$ AD; B?? =	Person 9 Payroll Noncash (Complete Part II for noncash contributions.)
A		\$ @?; ??? =	Person 9 Payroll Noncash (Complete Part II for ZIP :
B		AF; D?? =	Person 9 Payroll Noncash
C		AF; D?? =	Person 9 Payroll Noncash
D	FILE	@?; ??? =	Person 9 Payroll Noncash
E		@?; ??? =	Person 9 Payroll Noncash

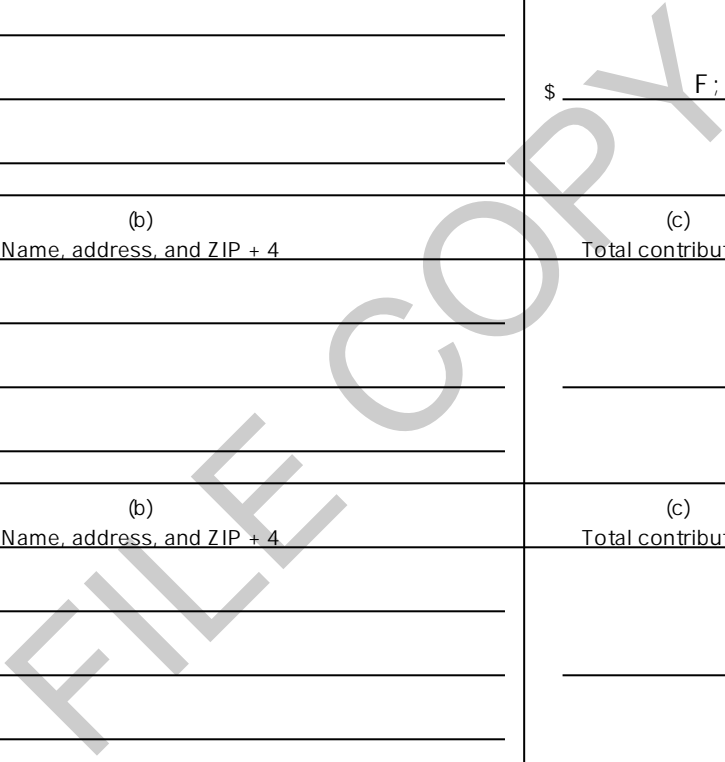
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] p| t'-u-fp} xp.x-}  
 cWf' RPhdVP' R^d] ch' R^\\d] Xch' R^ [ [ TVT  
 U^d] SPcX^] ; ' X] R=

T| €{-Stfst}.xrp.x-} t| qtf  
 AA<AC@BG?C

(see instructions). Use duplicate copies of Part I if additional space is needed.

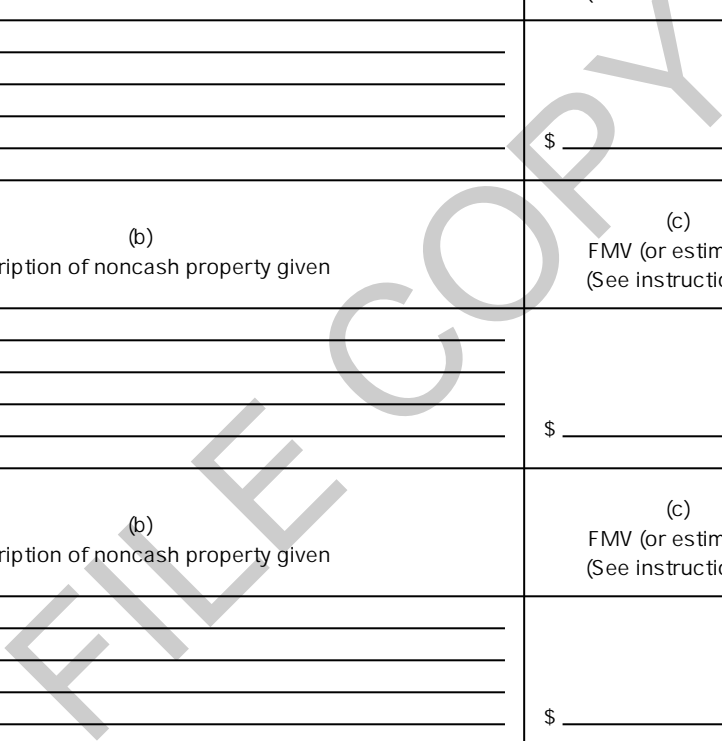
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
F		\$ _____ G; @@E =	Person 9 Payroll Noncash (Complete Part II for noncash contributions.)
G		\$ _____ F; FD? =	Person 9 Payroll Noncash (Complete Part II for ZIP :
			Person Payroll Noncash
			Person Payroll Noncash
			Person Payroll Noncash
			Person Payroll Noncash



] p | t -u-fvp} x p .x-} T | €{-Stfst}.xrp.x-} } t | qt f  
 c W F ' R P h d V P ' R ^ d ] c h ' R ^ \ \ d ] X c h ' R ^ [ [ T V T  
 U ^ d ] S P c X ^ ] ; ' X ] R = AA < A C @ B G ? C

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____





] p  t' -u-fvp} xp.x-} cWf' RPhdVP' R^d] ch' R^\\d] Xch' R^ [ [ TVT U^d] SPcX^] ; ' X] R=	T  €(-StfXst).xrp.x-} } t  qt f  AA<AC@BG? C
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**Part III** Exclusively f(x-x-t,; rvp/xfpq(t; t.r.r-r-) .fqf .x-), .-f-vp} xp.x-), 'st,r/fqts'x} ,tr.x-) 'D?@#8F8' 738 -f7@8.wp...p{ | -f' .vp} '3@??? u-f  
 .wt 'Stpf'p-| 'p} S-) t'r-) .fqf.-f= Complete columns 7 through 8 on the following line entry. U-f-vp} xp.x-),  
 r-| €(t.xv\_p.f.X)t).t.f.wt .-p(-ut%{t,xt(\$f(x-x-t,; rvp/xfpq(t; t.r.r-r-) .fqf .x-), -u3@???-f(t, , u-f.wt 'Stpf= (Enter this info. once) | \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	

(Form 990)

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

11-01-2014

Step 1 of 1: Summary of information

Attach to Form 990.

Open to Public Inspection

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

Name of the organization: cWt' RPhdVP' R^d] ch' R^\\d] Xch' R^ [ [ TVT U^d] SPcX^] ; ' X] R=

Employer identification number: AA<AC@BG?C

organization answered "Yes" on Form 990, Part IV, line 6.

Complete if the

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of contributions, aggregate values, and compliance questions regarding donor advised funds and grant purposes.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, and monitoring requirements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for works of art and historical treasures.

cW' RPhdVP' R^d] ch' R^\d] Xch' R^ [ [ TVT  
U^d] SPcX^]; ' X] R=

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13,966,046	12,656,634	12,745,751	13,584,716	12,248,422
150,069	704,771	284,250	269,142	266,634
1,136,270	1,263,886	613,552	-218,072	1,775,640
391,243	455,802	507,150	597,702	387,771
248,939	203,443	479,769	292,333	318,209
14,612,203	13,966,046	12,656,634	12,745,751	13,584,716

AA=HD  
BH=DB  
BF=DA

g  
g

? =

AF

**Part VII** Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII** Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

**Part IX** Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**Part X** Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

[Redacted]

1				1
2				
a			2a	
b			2b	
c			2c	
d			2d	
e	2a	2d		2e
3	2e	1		3
4				
a			4a	
b			4b	
c	4a	4b		4c
5		3	4c. (This must equal Form 990, Part I, line 12.)	5

[Redacted]

1				1
2				
a			2a	
b			2b	
c			2c	
d			2d	
e	2a	2d		2e
3	2e	1		3
4				
a			4a	
b			4b	
c	4a	4b		4c
5		3	4c. (This must equal Form 990, Part I, line 18.)	5

[Redacted]

\_Pac' e; ' [ X] T' Cl'

c^' TPa] ' aTcda] b' cWPc' ZTT'\_ \_PRT' fXcW ^a' TgRTTS' X] U[ PcX^] ' ^eTa' cW' [ ^] V<cTa\  
fWX[ T' \_a^eXSX] V' P' bdQbcP] cXP[ ' P] S' \^STaPcT[ h' bcPQ[ T' b^daRT' ^U' X] R^T' c^  
cW' U^d] SPcX^] ' U^a' Xcb' \_a^VaP\b=

cW' X] cT] STS' dbTb' ^U' cW' ^aVP] Xi PcX^] 6b' T] S^f\T] c' Ud] Sb' Xb' U^a  
bRW[ PabWX\_b; ' \T\^aXP[ ' PfPaSb; ' RP\ \_db' X\ \_a^eT\T] cb; ' T' dX\_\T] c; ' P] S' ^cW'a  
VaP] cb='

SCHEDULE I  
(Form 990)

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**2017**

Open to Public  
Inspection

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

| Attach to Form 990.

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

St€pf. t) :-u.wt cfp. t5  
X.tfp(at)tt bt/xt

Name of the organization **cWt' RPhdVP' R^d] ch' R^\\d] Xch' R^ [ [ TVT  
U^d] SPcX^ ; ' X] R=** Employer identification number  
**AA<AC@BG?C**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAYUGA COMMUNITY COLLEGE 197 FRANKLIN STREET AUBURN, NY 13021	15-6007451	CAYUGA COUNTY, NY	92,080	0			OTHER GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~ | \_\_\_\_\_ @=

3 Enter total number of other organizations listed in the line 1 table ~~~~~ | \_\_\_\_\_

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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSH PS	305	299,163	0		

Part IV

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

\_Pac^ X; ^ [ X] T^ AI^

cW^ U^d] SPcX^ ; ^ Pb^ P^ bd\_\_^acX] V^ ^aVP] Xi PcX^ ; ^ Pf PaSb^ VaP] cb^ c^ Xcb

bd\_\_^acTS^ ^aVP] Xi PcX^ ; ^ Pb^ aT^ dTbcTS=^ P [ [ ^ aT^ dTbc^ Ua^\\^ cW^ bd\_\_^acTS

^aVP] Xi PcX^ ; ^ PaT^ aTeXfTS^ P] S^ P\_\_a^eTS^ Qh^ cW^ U^d] SPcX^ ] 6b^ Q^PaS^ ^U

SXaTRc^ab=

cW^ U^d] SPcX^ ; ^ Pf PaSb^ bRW^ [ PabWX\_b^ c^ bcdST] cb^ ^U^ RPhdVP^ R^\\d] Xch^ R^ [ [ TVT

QPbTS^ ^] ^ P\_\_[ XRPcX^ ] b^ bdQ^XccTS^ Qh^ bcdST] cb=^ Pf PaSTTb^ PaT^ RW^bT] ^ TXcW^a^ Qh

R^\\XccTTb^ ^U^ cW^ Q^PaS^ ^U^ SXaTRc^ab^ ^U^ cW^ U^d] SPcX^ ; ^ a^ X] ST\_T] ST] c

Part IV Supplemental Information

R^\\XccTTb; Pb \_aTbRaXQTS Qh S^] ^a aTbcaXRcX^] b=

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(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.

^ \ Q ] - = @ D D ? ? C F

Step(s) to be completed  
X t A p ( a t t i ) t t b t A x t

Attach to Form 990 or 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Open to Public Inspection

Name b

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Employer identification number  
AA < AC @ B G ? C

U ^ a \ ' H H ? ; ' \_ P a c ' e X ; ' b T R c X ^ ' Q ; ' [ X ] T ' @ @ Q I ' .

c W ' U ^ a \ ' H H ? ' X b ' a T e X T f T S ' X ] ' S T c P X [ ' Q h ' c W ' U ^ d ] S P c X ^ ] 6 b ' U X ] P ] R T ' R ^ \ \ X c c T T

f W ' e ^ c T b ' c ^ ' a T R ^ \ \ T ] S ' c ^ ' c W ' Q ^ P a S ' ^ U ' S X a T R c ^ a b ' c W P c ' X c ' Q T ' P \_ \_ a ^ e T S = ' c W

Q ^ P a S ' ^ U ' S X a T R c ^ a b ' X b ' c W ] ' \_ a ^ e X S T S ' f X c W c W ' U ^ a \ ' H H ? ' P ] S ' e ^ c T b ' c ^ ' P \_ \_ a ^ e T

^ U ' X c b ' U X [ X ] V ' Q P b T S ' ^ ] ' X c b ' ^ f ] ' a T e X T f ' P ] S ' c W ' U X ] P ] R T ' R ^ \ \ X c c T T 6 b

a T R ^ \ \ T ] S P c X ^ ] =

U ^ a \ ' H H ? ; ' \_ P a c ' e X ; ' b T R c X ^ ' Q ; ' [ X ] T ' @ A R I ' .

S X a T R c ^ a b ' P ] S ' ^ U U X R T a b ' \ d b c ' S X b R [ ^ b T ' P ] h ' P R c d P [ ' ^ a ' \_ ^ b b X Q [ T ' R ^ ] U [ X R c b ; ' P ] S

c W ' ] P c d a T ' c W a T ^ U ; ' c ^ ' c W ' \_ a T b X S T ] c ' ^ U ' c W ' R ^ a \_ ^ a P c X ^ ' P ] ] d P [ [ h ; ' ^ a ' P b

b d R W b X c d P c X ^ ] b ' \ P h ' P a X b T = ' S X b R [ ^ b d a T b ' \ P h ' P [ b ^ ' Q T ' \ P S T ' c ^ ' c W ' Q ^ P a S ' P b ' P

f W [ T ' ^ a ' c ^ ' c W ' U X ] P ] R T ' R ^ \ \ X c c T T = ' c W ' R ^ a \_ ^ a P c X ^ ] ' b W P [ [ ' S ^ R d \ T ] c ' c W

T g X b c T ] R T

P ] S ' c W ' a T b ^ [ d c X ^ ] ' ^ U ' P ] h ' P ] S ' P [ [ ' R ^ ] U [ X R c b ' X ] ' X c b ' R ^ a \_ ^ a P c T ' a T R ^ a S b =

U ^ a \ ' H H ? ; ' \_ P a c ' e X ; ' b T R c X ^ ' Q ; ' [ X ] T ' @ D P I ' .

c W ' \_ a ^ R T b b ' U ^ a ' S T c T a \ X ] X ] V ' R ^ \ \_ T ] b P c X ^ ] ' ^ U ' c W ' T g T R d c X e T ' S X a T R c ^ a ' X ] R [ d S T b

P ' a T e X T f ' P ] S ' a T R ^ \ \ T ] S P c X ^ ] ' U ^ a ' P \_ \_ a ^ e P [ ' Q h ' c W ' \_ T a b ^ ] ] T [ ' R ^ \ \ X c c T T ; ' f W X R W

R ^ ] b X b c b ' ^ U ' P [ [ ' X ] S T \_ T ] S T ] c ' S X a T R c ^ a b ; ' P ] S ' d [ c X \ P c T ' P \_ \_ a ^ e P [ ' ^ U ' c W ' Q ^ P a S

^ U ' S X a T R c ^ a b =

U ^ a \ ' H H ? ; ' \_ P a c ' e X ; ' b T R c X ^ ' R ; ' [ X ] T ' @ H I ' .

P [ [ ' ^ a V P ] X i P c X ^ ] P [ ; ' V ^ e T a ] X ] V ; ' P ] S ' U X ] P ] R X P [ ' S ^ R d \ T ] c b ' P a T ' P e P X [ P Q [ T ' U ^ a

\_ d Q [ X R ' X ] b \_ T R c X ^ ] ' S d a X ] V ' a T V d [ P a ' f ^ a Z X ] V ' W ^ d a b ' P c ' c W ' U ^ d ] S P c X ^ ] 6 b ' ^ U U X R T =

X ] ' P S S X c X ^ ] ; ' c W ' U ^ d ] S P c X ^ ] 6 b ' U ^ a \ ' H H ? ' f X [ [ ' Q T ' \_ ^ b c T S ' c ^ ' X c b ' f T Q b X c T =

Name of the organization cWf RPhdVP R^d] ch R^\\d] Xch R^ [ [ TVT U^d] SPcX^] ; X] R=	Employer identification number AA<AC@BG? C
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U^a\ HH?; \_Pac gX; [ X] T H; RWP] VTb X] ] Tc PbbTcbI

caP] bUTa ^U ] Tc PbbTcb Ua^ RRRU aXeTa V [ T] W^ [ SX] Vb; X] R= ACA; D@H=

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SCHEDULE R  
(Form 990)

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

Open to Public Inspection

Step 1. Enter the organization's name and EIN (if applicable) on the line below.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

COMMUNITY COLLEGE FOUNDATION, INC.  
197 FRANKLIN STREET  
AUBURN, NY 13021

Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling owner
CFRG NEWCO LLC - 82-4687491 197 FRANKLIN STREET AUBURN, NY 13021	ACQUIRE AND HOLD REAL PROPERTY FOR THE BENEFIT OF THE FOUNDATION	NEW YORK	0	5,892	COMMUNITY COLLEGE FOUNDATION, INC.

**Part II** Identification of Related Tax-Exempt Organizations.

(a) Name, address, and EIN (if applicable) of related tax-exempt organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling owner	(g) Is the organization a related tax-exempt organization?	
						Yes	No
COOF RIVER GLEN HOLDINGS, INC. - 46-3618488 197 FRANKLIN STREET AUBURN, NY 13021	TO COLLECT INCOME FROM REAL PROPERTY FOR THE BENEFIT OF THE FOUNDATION	DELAWARE	NC	UIT			

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**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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		g
b Gift, grant, or capital contribution to related organization(s)		g
c Gift, grant, or capital contribution from related organization(s)		g
d Loans or loan guarantees to or for related organization(s)		g
e Loans or loan guarantees by related organization(s)		g
f Dividends from related organization(s)		g
g Sale of assets to related organization(s)		g
h Purchase of assets from related organization(s)		g
i Exchange of assets with related organization(s)		g
j Lease of facilities, equipment, or other assets to related organization(s)		g
k Lease of facilities, equipment, or other assets from related organization(s)		g
l Performance of services or membership or fundraising solicitations for related organization(s)		g
m Performance of services or membership or fundraising solicitations by related organization(s)		g
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	g	
o Sharing of paid employees with related organization(s)	g	
p Reimbursement paid to related organization(s) for expenses		g
q Reimbursement paid by related organization(s) for expenses		g
r Other transfer of cash or property to related organization(s)		g
s Other transfer of cash or property from related organization(s)		g

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RRRU' aXeTa' V[ T] ' W^[ SX] Vb; ' X] R=	b	ACA; D@H=	UPXa' \PaZTc' eP[ dT
(2) RUaV' ] TfR^; ' [ [ R	a	CD; ?D?=	UPXa' \PaZTc' eP[ dT
(3)			
(4)			
(5)			
(6)			

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) If V-UBI amount in box 20 of Schedule K-1 is reported		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information.

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

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cWf' RPhdVP' R^d] ch' R^^\d] Xch' R^ [ [ TVT  
U^d] SPcX^]; 'X] R=

AA<AC@BG?C

@HF' UaP] Z [ X] ' bcaTTc

PdQda]; ' ] h' ' @B?A@

Vdh' cW^\Pb' R^bT] cX] ^

B@D<AHC<GEAF

---

Yd [ h' @D; ' A?@H

g

bT\_ '@; ' A?@F

PdV' B@; ' A?@G

? =

? =

? =

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

Schedule E - Registration  
Exemption for Charitable Organizations

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Need Assistance?