Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning JUL 1, 2016

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

and ending JUN 30, 2017

Inspection

OMB No. 1545-0047

C Name of organization D Employer identification number Check if applicable: PURCHASE COLLEGE FOUNDATION, INC. Address C/O SUNY PURCHASE Name 23-7066616 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 735 ANDERSON HILL ROAD 914-251-6139 City or town, state or province, country, and ZIP or foreign postal code 26,872,038. G Gross receipts \$ Amende PURCHASE, NY 10577 H(a) Is this a group return F Name and address of principal officer: CATHERINE M. BROD for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) If "No," attach a list. (see instructions) (insert no.) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number Form of organization: X Corporation Trust Association Other > L Year of formation: 1969 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION WAS INCORPORATED Activities & Governance UNDER THE NOT-FOR-PROFIT LAWS OF THE STATE OF NEW YORK FOR THE if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 192 Total number of individuals employed in calendar year 2016 (Part V, line 2a) ... 5 74 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 3,678,128. 1,665,642. Contributions and grants (Part VIII, line 1h) Revenue 2,174,107. 2,610,297. Program service revenue (Part VIII, line 2g) 4,302,517. 2,890,980. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,743, 215. 8,578,456. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,921,187. 2,035,038. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,359, 1,405,004. 454. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 4,622,337. 5,131,938. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,948,528. 8,526,430. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ... 629,928. 216,785. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 71,219,683. 79,067,912. Total assets (Part X, line 16) 3,057,777 3,979,475. 21 Total liabilities (Part X, line 26) Net, und 75,088,437. 68,161,906. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prefarer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Frod Sign BROD, EXECUTIVE DIRECTOR CATHERINE M. Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name P01346991 ARIEL F AMMIRATO ARIEL F AMMIRATO Paid Firm's EIN _ 16-1131146 Firm's name BONADIO & CO., Preparer Firm's address ▶ 6 WEMBLEY COURT Use Only Phone no. 518 - 464 - 4080 ALBANY, NY 12205 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2016) LHA For Paperwork Reduction Act Notice, see the separate instructions. 632001 11-11-16

	Check if Schedule O contains a response or note to any line in this Part III	x
1	Briefly describe the organization's mission:	
	THE FOUNDATION WAS INCORPORATED UNDER THE NOT-FOR-PROFIT LA	MC OF MUE
	STATE OF NEW YORK FOR THE PROMOTION OF LITERATURE, HISTORY,	
	PERFORMING ARTS, SCIENCE AND OTHER DEPARTMENTS OF EDUCATION	VISUAL AND
	CONTRE UNITYEDRIES OF NEW YORK AND OTHER DEPARTMENTS OF EDUCATION	AT THE
	STATE UNIVERSITY OF NEW YORK AT PURCHASE.	
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 measure	red by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	
	revenue, if any, for each program service reported.	total expenses, and
40		1 000 140
4a	7 (1010)	1,988,140.)
	THE PERFORMING ARTS CENTER, A FOUR THEATRE COMPLEX AT PURCH	
	IS THE MAJOR PROFESSIONAL, NOT-FOR-PROFIT ARTS PRESENTER IN	
	SOUTHEASTERN NEW YORK-SOUTHWESTERN CONNECTICUT REGION. PRES	
	INCLUDE PROFESSIONAL ARTISTS, SPECIAL PROGRAMS FOR K-12, VA	RIOUS
	SPECIAL EVENTS AND PRESENTATIONS BY PURCHASE COLLEGE CONSER	VATORIES OF
	MUSIC, DANCE, AND THEATRE.	
4b	(Code:) (Expenses \$ 2,035,038. including grants of \$ 2,035,038.) (Revenue \$)
	INSTITUTIONAL SCHOLARSHIPS ARE AWARDED BY THE COLLEGE USING	FUNDS FROM
	THE PURCHASE COLLEGE FOUNDATION, AS WELL AS OTHER SOURCES.	FOUNDATION
	FUNDS COME FROM THE GENEROUS CONTRIBUTIONS OF DONORS TO THE	
	THESE DONORS ARE INDIVIDUALS, FAMILIES, FOUNDATIONS AND COR	
	DURING THE 2016-17 ACADEMIC YEAR, APPROXIMATELY 59.8% OF TH	
		E BIODEMIS
	RECEIVED FINANCIAL AID.	
4c	(Code:) (Expenses \$ 608,318. including grants of \$) (Revenue \$	148,998.)
	THE NEUBERGER MUSEUM OF ART IS THE PREMIER MUSEUM OF MODERN	
	CONTEMPORARY AND AFRICAN ART IN WESTCHESTER AND FAIRFIELD C	
	TEACHING MUSEUM, THE NEUBERGER PROMOTES THE APPRECIATION AN	
	OF THE VISUAL ARTS AS INSEPARABLE FROM AN UNDERSTANDING OF	
	IN CULTURAL AND INTELLECTUAL HISTORY AND THEIR RELEVANCE TO	
	CONTEMPORARY SOCIAL LIFE. AS AN INTERGRAL PART OF PURCHASE	
	A VITAL CENTER OF THE COMMUNITY ENGAGEMENT, THE NEUBERGER S	UPPORTS
	LIFELONG LEARNING BY TAKING A CRITICAL, INTERDISCIPLINARY A	
	ITS COLLECTIONS, EXHIBITIONS, AND PUBLIC PROGRAMS. APPROXI	
	16,900 VISITORS ATTEND THE MUSEUM EACH YEAR.	
	TO, JUU VISITORS ATTEMD THE MUSEUM EACH TEAK.	
4d		
	Text text text text text text text text	969.)
4e	Total program service expenses ▶ 7,339,829.	
		Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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? If "Yes," complete Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	440	х	
	Part VI	11a	Λ	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	17
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III	13	000	

Form 990 (2016)

Checklist of Required Schedules (continued) Part IV Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Schedule L. Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X X Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 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 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note, All Form 990 filers are required to complete Schedule O

Form 990 (2016) C/O SUNY PURCHASE Part V Statements Regarding Other IRS Filings and Tax Compliance

	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				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report				
•	(gambling) winnings to prize winners?	<u></u>	10	X	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	100			
-	filed for the calendar year ending with or within the year covered by this return [2a] If ot least one is reported on line 2a, did the experientian file all required for dead on the content of the second on the second on the content of the second on the content of the second on the seco			77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?				v
	If "You " hope it filed a Form 200 T for this year? If "Ale " to line 2h annide an audionation in Oak adult. O		3a		X
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over a	3b		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account,		40		x
h	If "Yes," enter the name of the foreign country:	unity:	4a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	Inte (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or		30		
	any contributions that were not tax deductible as charitable contributions?	•	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions		- Ou		
	were not tax deductible?		6b		
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control	act?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	3899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	he			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
3.2	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	.1			
a	Initiation fees and capital contributions included on Part VIII, line 12 10c Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10c				
11	Section 501(c)(12) organizations. Enter:)	-		
а	Gross income from members or shareholders 11:	. [
b	Gross income from other sources (Do not net amounts due or paid to other sources against	•			1,
U	amounts due or received from them.)	,			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		IZU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
ч	Note. See the instructions for additional information the organization must report on Schedule O.		.00		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	0			
С	Enter the amount of reserves on hand				
	Dilli i ii ii i i i i i i i i i i i i i		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Form 990 (2016)

C/O SUNY PURCHASE

23-7066616

Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 23-7066616 Page 6

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		100	140		
	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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other						
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6								
7a								
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	cockholders, or						
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:						
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)						
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, 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	1?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	*************************		12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," describe	1					
	in Schedule O how this was done	**********************		12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?	***************************************		14	X			
15	Did the process for determining compensation of the following persons include a review and approva	I by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					-		
_	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure					-		
17	List the states with which a copy of this Form 990 is required to be filed ►NY, PA, WA, AK, M					,SC		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s o	nly) a	vailab	le			
	for public inspection. Indicate how you made these available. Check all that apply.							
		in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	of interest policy	, and	finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records:						
	CATHERINE M. BROD - 914-251-6040				-	_		
_	735 ANDERSON HILL ROAD, PURCHASE, NY 10577-1400		_	-	000	(05:		
63200	SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	990	(2016)		

23-7066616

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) LUCILLE WERLINICH	1.00	х		X				0.	0.	0	
CHAIR		Λ		Λ		-		0.	0.	0.	
(2) DONALD CECIL	3.00	**		77				0	0	0	
VICE CHAIR	2 00	X		X	-	-		0.	0.	0.	
(3) MICHELLE C. IFILL	2.00							0	0	0	
TRUSTEE	1 00	X			-	-		0.	0.	0.	
(4) ANN SCHEUER	1.00									0	
TREASURER	2 00	X		X	-	-		0.	0.	0.	
(5) DIAN PETRILLO	3.00										
SECRETARY	1 00	X		X		-		0.	0.	0.	
(6) CARL AUSTIN	1.00								•		
TRUSTEE	1.00	X		_	-	-		0.	0.	0.	
(7) CATHERINE M. BROD - EX OFFICIO TRUSTEE/EXEC. DIRECTOR	15.00 10.00	X						0.	0.	0.	
(8) SUSAN DUBIN	1.00										
TRUSTEE		X						0.	0.	0.	
(9) THOMAS F. EGAN	2.00										
TRUSTEE		X		_	1			0.	0.	0.	
(10) PETER M. FISHBEIN	3.00										
TRUSTEE		X				_		0.	0.	0.	
(11) DAVID FLEISHER TRUSTEE	1.00	x						0.	0.	0.	
(12) LAWRENCE OTIS GRAHAM	1.00										
TRUSTEE		X						0.	0.	0.	
(13) EMILY GRANT	1.00										
TRUSTEE	1.00	X						0.	0.	0.	
(14) RUTH HINDERFELD	1.00					1					
TRUSTEE		X						0.	0.	0.	
(15) PHYLLIS HYACINTHE	1.00										
TRUSTEE		X						0.	0.	0.	
(16) PATRICIA JACOBS	2.00										
TRUSTEE		X						0.	0.	0.	
(17) WILLIAM KLINGENSTEIN	1.00	-									
TRUSTEE		X	1					0.	0.	0.	
632007 11-11-18						-				Form 990 (2016	

(A) Name and title	(B) Average hours per week	(do		Pos heck ss pe	c) ition more erson	than	one h an	(D) Reportable compensation from	(E) Reportabl compensat	portable		ited it of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	ns	othe compen- from organiz and rel organiza	sation the ation ated
(18) JUDITH J. NOLAN - EX OFFICIO TRUSTEE	1.00	x						0.		0.		0.
(19) BARRY PEARSON - EX OFFICIO TRUSTEE	2.00	x						0.		0.		0.
(20) JUDITH A. RIGGS TRUSTEE	2.00	х						0.		0.		0.
(21) JAMES SANDLING - EX-OFFICIO TRUSTEE	1.00	x						0.		0.		0.
(22) THOMAS J. SCHWARZ - EX OFFICIO TRUSTEE	1.00	x						0.		0.		0.
(23) ROBERT F. WEINBERG TRUSTEE	2.00	х						0.		0.		0.
(24) ROBERT FEDER TRUSTEE	1.00	X						0.		0.		0.
(25) JOHM M. TOLOMER TRUSTEE (26) DEBORAH SLANER LARKIN	1.00	X						0.	-	0.		0.
TRUSTEE 1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						> > >	0. 0. 0.		0. 0. 0.		0. 0. 0.
Total number of individuals (including but a compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	no re	eceived more than \$100,	000 of reporta	ble	Ye	0 s N o
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for											3	Х
For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab 50,000? If "Yes,	le c	omp ompl	ens ete	ation Sch	n an edul	d otl	her compensation from t for such individual	he organization	n 	4	Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor											5	х
Complete this table for your five highest complete the stable for your five highest complete the your fi										mpens	ation from	
the organization. Report compensation for (A) Name and business		/ear	end	ing v	with	or w	/ithir	the organization's tax y (B) Description of se			(C)	ion
BLUE FLOWER ARTS, LLC P.O. BOX 1361, MILLBROOK		54	5					ARTIST FEES			110,	
				-		-					_	
Total number of independent contractors \$100,000 of compensation from the organ		not	limite	ed to	o the	ose I	isted	d above) who received m	ore than			

Form 990 (2016)

C/O SUNY PURCHASE Form 990 (2016) 23-7066616 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (A) Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 10 d Related organizations 1d 231,889 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 3,446,239 g Noncash contributions included in lines 1a-1f; \$_ h Total. Add lines 1a-1f 3,678,128 **Business Code** Program Service Revenue 1,950,707. 1,950,707. 2 a PERFORMING ARTS CENTER INCOME 711190 453220 148,998 b NEUBERGER MUSEUM OF ART 148,998 C OTHER INCOME 900099 62,019 62,019 d PURCHASE COLLEGE FOUNDATION TICKE 711190 12,383 12,383 f All other program service revenue ... Total. Add lines 2a-2f 2,174,107 Investment income (including dividends, interest, and other similar amounts) 1,744,720 1,744,720. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (ii) Other (i) Securities assets other than inventory 19,275,083 b Less: cost or other basis and sales expenses ______ 18,128,823 1,146,260. d Net gain or (loss) 1,146,260 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses ______b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

b _

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

2,174,107.

8,743,215,

Part IX Statement of Functional Expenses

Do.	Check if Schedule O contains a respons	se or note to any line in t		(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,035,038.	2,035,038.		
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				
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	1,221,300.	1,015,641.	205,659.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	126,805.	126,805.		
10	Payroll taxes	11,349.	11,349.		
11	Fees for services (non-employees):				
a	Management				
b	Legal	59,989.		59,989.	
	Accounting	37,485.		37,485.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	144,138.		144,138.	
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		1,661,820.	90,135.	209,472
12	Advertising and promotion	134,672.	130,301.		4,371
13	Office expenses	747,034.	509,176.	77,564.	160,294
14	Information technology				
15	Royalties				
16	Occupancy	100 505	450 500		
17	Travel	182,595.	173,083.	2,682.	6,830
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	15 124		15 124	
22	Depreciation, depletion, and amortization	15,134. 34,975.	61	15,134.	
23	Insurance	34,975.	64.	34,911.	
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 0.)				
2	PRODUCTION	1,110,813.	1,102,434.		8,379
	REPAIRS AND MAINTENANCE	417,498.	417,498.		0,0,0
	RECEPTION EXPENSE	187,675.	102,197.		85,478
	DUES AND MEMBERSHIPS	67,239.	23,159.	-8,195.	52,275
	All other expenses	31,264.	31,264.	122	/
25	Total functional expenses. Add lines 1 through 24e	8,526,430.	7,339,829.	659,502.	527,099
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 3,762,756. Cash - non-interest-bearing 3,680,616. 1 997,374. 307,551. Savings and temporary cash investments 2 997,374. 2 Pledges and grants receivable, net 233,072. 3 221,393. Accounts receivable, net 485,424. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 46,090. 24,609. 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 527,405. 10a b Less: accumulated depreciation 84,262. 10b 458,277. 10c 69,128. Investments - publicly traded securities 42,495,477. 52,440,646. 11 11 23,243,798. Investments - other securities. See Part IV, line 11 21,034,012. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 135,461. 28,552. 15 71,219,683. 79,067,912. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 235,949. 378,668. 17 17 18 Grants payable 18 786,166. 1,012,554. Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21

Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified persons.

Secured mortgages and notes payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here X and

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Retained earnings, endowment, accumulated income, or other funds

Complete Part II of Schedule L

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

79,067,912. Form **990** (2016)

75,088,437.

2,588,253.

3,979,475.

6,447,769.

30,593,819.

38,046,849.

22

23

24

25

30

31

32

33

2,035,662.

6,546,791.

24,685,889.

36,929,226.

68,161,906.

71,219,683.

3,057,777.

iabilities

Net Assets or Fund Balances

26

27

Schedule D

Total liabilities. Add lines 17 through 25

Permanently restricted net assets

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

Temporarily restricted net assets

b Were the organization's financial statements audited by an independent accountant?

X Consolidated basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Both consolidated and separate basis

Form 990 (2016)

2c X

X

2b X

3a

consolidated basis, or both:

Separate basis

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PURCHASE COLLEGE FOUNDATION, INC.

Employer identification number 23-7066616

	C/0	SUNY PURCE	HASE			23-7066616
Part I	Reason for Public	Charity Status	(All organizations must co	mplete this par	t.) See instructions.	
The orga	inization is not a private found					
1	A church, convention of ch	urches, or associati	on of churches described	in section 170	(b)(1)(A)(i).	
2	A school described in sect					
3	A hospital or a cooperative	hospital service org	ganization described in se	ection 170(b)(1)	(A)(iii).	
4					ection 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:					,
5	An organization operated for	or the benefit of a co	ollege or university owned	or operated by	a governmental unit descri	bed in
	section 170(b)(1)(A)(iv). (C					
6	A federal, state, or local go	vernment or govern	mental unit described in :	section 170(b)(1)(A)(v).	
7 X						I public described in
	section 170(b)(1)(A)(vi). (C				3	, p
8	A community trust describe)(1)(A)(vi), (Complete Part	: 11.)		
9					conjunction with a land-gran	t college
					, city, and state of the college	
	university:	,			, only, and oldin of the bollo	30 01
10		Illy receives: (1) mor	e than 33 1/3% of its sur	port from contr	butions, membership fees,	and gross receipts from
					than 33 1/3% of its suppo	
					acquired by the organization	
	See section 509(a)(2). (Con		(logo doction or r tax) in	om businesses i	acquired by the organization	alter dulle 30, 1975.
11	An organization organized		sively to test for public sa	fety See section	on 509(a)(4)	
12					nctions of, or to carry out th	a purposes of one or
					(2). See section 509(a)(3).	
	lines 12a through 12d that					Check the box in
a					d organization(s), typically b	v ob inc
a _					directors or trustees of the	
				i majority of the	directors of trustees of the	supporting
b [organization. You must o			tion with its our	norted ergenization(s) by b	aving.
ь					ported organization(s), by h	
				ame persons in	at control or manage the su	рропеа
- [organization(s). You mus			in connection	oith and functionally interes	to all college
C		_	•		rith, and functionally integra	ted with,
	its supported organizatio					vination(a)
d L					ion with its supported organ	
					on requirement and an atten	tiveness
- [requirement (see instruct					
e					t is a Type I, Type II, Type II	
	functionally integrated, o				,	
	ter the number of supported				·····	
g Pr	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization	isted (v) Amount of monetary	(vi) Amount of other
	organization	()	(described on lines 1-10	Yes N	eupport (see instructions)	
			above (see instructions))	162 14	0	
						-
						-
_		-	-			
						-
Total					W 400 CO	

Schedule A (Form 990 or 990-EZ) 2016 C/O SUNY PURCHASE

23-7066616 Page 2

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 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 5,761,032. 1,665,642. 1,964,124. 3,678,128. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to 87,515. the organization without charge 85,770. 858,585. 854,661. 863,584. 2 750 115. 4 Total. Add lines 1 through 3 4,541,712, 4,264,294 2,051,639 6,619,617 2,520,303 19,997,565. 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) 5,715,450. 6 Public support. Subtract line 5 from line 4 14,282,115, Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 2,520,303 4,541,712 19,997,565. 4,264,294 2,051,639 6,619,617 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... 991,924 2,275,643 2,854,001 3,378,636 1,744,720. 11,244,924. 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 31,242,489. 12 Gross receipts from related activities, etc. (see instructions) 12 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

14Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))1445.71%15Public support percentage from 2015 Schedule A, Part II, line 141540.60%

16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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

Schedule A (Form 990 or 990-EZ) 2016

► X

PURCHASE COLLEGE FOUNDATION, INC. Schedule A (Form 990 or 990-EZ) 2016 C/O SUNY PURCHASE 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.)	

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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	-					
3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support					1, , , ,	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	(a) 2012	(6) 2010	(0) 2014	(4) 2010	(6) 2010	(i) rotal
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 in 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 five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organia	zation,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2016 (li			column (f))		15	
16 Public support percentage from 2015						
Section D. Computation of Inves						
17 Investment income percentage for 20	16 (line 10c, colu	ımn (f) divided by l	ine 13, column (f))		17	
18 Investment income percentage from 2						
19a 33 1/3% support tests - 2016. If the						17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2015. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and	stop here. The org	janization qualifies	as a publicly sup	ported organization	·
20 Private foundation. If the organization						

Part IV Supporting Organizations

(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.)

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 (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 Did the organization add, substitute, or remove any supported organizations during the tax year? 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. 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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.)

1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a 10b		Ve-	Ne
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	3a		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	2h		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	30		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4a		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	40		
5b 5c 6 7 8 9a 9b 9c 10a 10b	40		
5b 5c 6 7 8 9a 9b 9c 10a 10b			
5b 5c 6 7 8 9a 9b 9c 10a			-
5b 5c 6 7 8 9a 9b 9c 10a	Fo		
6 7 8 9a 9b 9c 10a	5d		
6 7 8 9a 9b 9c	5b		
7 8 9a 9b 9c 10a	5c		
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a			1
9a 9b 9c 10a	6		
9a 9b 9c 10a			
9a 9b 9c 10a	7		
9a 9b 9c 10a			
9b 9c 10a	8		
9b 9c 10a			
9b 9c 10a	9a		
9c 10a 10b			
10a	9b		-
10a	90	+	
10b	90		
10b			
	10a		
	401		
n 990 or 990-EZ) 2016		990-F	7) 2016

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

	3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		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 in (b) and (c)			-
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
'				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the 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,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion 6. Type it Supporting Organizations		Von	Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruction	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2016

PURCHASE COLLEGE FOUNDATION, INC.

Schedule A (Form 990 or 990-EZ) 2016 C/O SUNY PURCHASE 23-7066616 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 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 10 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 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 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) 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

4

5

4

5

6

Enter greater of line 2 or line 3

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4		Carlo	
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			A App.
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
_	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

PURCHASE COLLEGE FOUNDATION, INC. Schedule A (Form 990 or 990-EZ) 2016 C/O SUNY PURCHASE Part VI Supplemental Information. Provide the explanations of the explanation of the expla 23-7066616 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, (See instructions.)

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Schedule A (Form 990 or 990-EZ) 2016

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2016

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number

23-7066616

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 50	on is covered by the General Rule or a Special Rule . 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under i)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 0-EZ, line 1. Complete Parts I and II.					
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribut is checked, en purpose. Don'	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box liter here the total contributions that were received during the year for an exclusively religious, charitable, etc., tomplete any of the parts unless the General Rule applies to this organization because it received nonexclusively litable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

PURCHASE COLLEGE FOUNDATION, INC.

C/O SUNY PURCHASE

Employer identification number

23-7066616

Part I	Contributors (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			
1	PURCHASE COLLEGE ASSOCIATION, INC. C/O SUNY PURCHASE, 735 ANDERSON HILL ROAD PURCHASE, NY 10577	\$ 250,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	JEWISH COMMUNAL FUND 575 MADISON AVENUE SUITE 703 NEW YORK, NY 10022	s <u>128,250.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	JOSEPH AND SOPHIA ABELES FOUNDATION 18 PONDS LANE PURCHASE, NY 10577	\$ 110,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	PEPSICO INC. 700 ANDERSON HILL ROAD PURCHASE, NY 10577	\$\$562,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	JOHN R. AMBROSEO 461 HEATHER COURT LOS ALTOS, CA 94022	\$\$ <u>631,305.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	DANIEL NICCUM 929 PHEASANT WALK DRIVE SCHAUMBURG, IL 60193	\$ 250,000.	Person X Payroll			

623452 10-18-18

16080426 784124 PUR009001

2016.05070 PURCHASE COLLEGE FOUNDATION PUR00901

Name of organization PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number

23-7066616

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	STRYPEMONDE FOUNDATION 1384 PARK LANE PELHAM, NY 10803	\$ 171,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	FRANCES & BENJAMIN BENENSON FOUNDATION 708 3RD AVENUE, 28TH FLOOR NEW YORK, NY 10117	\$100,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	COMMONWEALTH CHARITABLE FUND 8910 PURDUE ROAD, SUITE 555 INDIANAPOLIS, IN 46268	s100,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

PURCHASE COLLEGE FOUNDATION, INC.

Employer identification number

C/O SUNY PURCHASE

23-7066616

art II	Noncash Property (See instructions). Use duplicate copies of P.	art 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
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		 	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. Form Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization Employer identification number PURCHASE COLLEGE FOUNDATION, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fact that the total of exclusively religious of the total of exclusively religious. C/O SUNY PURCHASE
Part III Exclusively religiou completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public

Inspection

C/O SUNY PURCHASE

C/O SUNY PURCHASE

Funds or Other Similar Funds or Accordance

C/O SUNY PURCHASE

PURCHASE COLLEGE FOUNDATION, INC.

Employer identification number 23-7066616

Pari	organizations waintaining borior Advised organization answered "Yes" on Form 990, Part IV, line		Account	its. Complete ir tri	е
	organization answered Yes on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds	s and other accou	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
	Did the organization inform all donors and donor advisors in w		funds		
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes	No No
	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?			Yes	☐ No
Par					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (e.g., recreation or ed		cally importa	ant land area	
	Protection of natural habitat	Preservation of a certifie			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservat	ion easement on t	the last
	day of the tax year.			Held at the End of th	
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic stru				
	Number of conservation easements included in (c) acquired a				
d					
3	listed in the National Register Number of conservation easements modified, transferred, rele			during the tax	
	year ►	odic monitoring, inspection, handling of		Yes	□ No
	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,				
6	Staff and volunteer nours devoted to monitoring, inspecting, i	landing of violations, and emorcing conse	ivation case	ments during the	your
7	Amount of expenses incurred in monitoring, inspecting, hand			ts during the year	
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	***************************************		Yes	☐ No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	ion's financial statements that describes th	ie organizati	on's accounting for	and or
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	ner Simila	ar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and bala	nce sheet works o	of art,
14	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheran-	ce of public	service, provide, i	n Part XIII,
	the text of the footnote to its financial statements that describ				
h	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance	sheet works of ar	t, historical
D	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, p	rovide the following	ng amounts
	relating to these items:	,			
	(i) Revenue included on Form 990, Part VIII, line 1		> 5	\$	
	(ii) Assets included in Form 990, Part X				
_	If the organization received or held works of art, historical tre	asures, or other similar assets for financial			
2	the following amounts required to be reported under SFAS 1				
	Revenue included on Form 990, Part VIII, line 1		>	\$	
a	Assets included in Form 990, Part X				
р	Assets included in Form 990, Part X	o for Form 000		Schedule D (Form	n 990) 201

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

632051 08-29-16

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or	Other S	Similar	Asset	S(contin	ued)	90 =
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that a	re a signif	icant use	of its c	ollection	items	3
	(check all that apply):									
а	Public exhibition	d	Loan or exch	nange program	S					
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization	's exempt	purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other	similar ass	sets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	n answered "Ye	es" on For	m 990, P	art IV, li	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other asse	ets not incl	luded				
	on Form 990, Part X?							Yes	X	No
	If "Yes," explain the arrangement in Part XIII a									
								Amount		
C	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fo						X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Pa	art XIII				X	
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	orm 990, Part IV	/, line 10.					
		(a) Current year	(b) Prior year	(c) Two years I	back (d)	Three year	s back	(e) Four	years	back
1a	Beginning of year balance	60,111,704.	63,381,666.	62,847,	380.	53,727	,605.	46	290,	766.
b	Contributions	1,030,533.	417,006.	1,481,	172.	250	,736.	2	554,	500.
C	Net investment earnings, gains, and losses	9,456,099.	-468,505.	1,752,	807.	11,115	,191.	7	,063,	613.
d	Grants or scholarships	767,977.	783,594.	774,	188.	539	,878.		691,	396.
е	Other expenditures for facilities									
	and programs	2,237,528.	2,434,869.	1,925,	504.	1,706	,277.	1	489,	878.
f	Administrative expenses									
g	End of year balance	67,592,831.	60,111,704.		666.	62,847	,380.	53	,727,	605.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	4.91	%							
b	Permanent endowment ► 56.29	%								
C	Temporarily restricted endowment ▶3									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administere	ed for the	organizati	ion			
	by:							0.00	Yes	
	(i) unrelated organizations							a		X
	(ii) related organizations									X
b	If "Yes" on line 3a(ii), are the related organiza					************		3b		
4	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment tunas.				_		_	_
Pa	rt VI Land, Buildings, and Equipm Complete if the organization answere		Part IV line 11a	See Form 990	Part Y lin	9 10				
						mulated	1	(d) Boo	k valu	0
	Description of property	(a) Cost or or basis (investr		t or other (other)		ciation		(a) boo	n valu	C
	land.		Daois	(30.01)	230.0					
	Land									
	Buildings									
	Leasehold improvements		50	27,405.	45	8,27	7.	6	9.1	28.
	Equipment		52	.,,1000		,				
	Other		X. column (R) line	10c.)			-	6	9,1	28.
Tota	n. Add mes Ta timodgir Te. [Column [d] mast e	iqual i olili ooo, i art	Ty Doloral (D) and			Sc	chedule	D (For		

Schedule D	(Form 990) 2016	C/	0	SUNY	P
Part VII	Investments -	Other	Se	curities	5.

	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. See Form 990, Part X	line 12.	
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuatio		of-year market value
(1) Financ	cial derivatives				
(2) Closel	y-held equity interests				
(3) Other					
(A) F	IDELITY CONTRA FUND	15,446,470.	END-OF-YEAR	MARKET	VALUE
(B) V.	ANGUARD 500 INDEX				
(C) A	DMIRAL FUND	5,392,025.	END-OF-YEAR	MARKET	VALUE
(D) I	NVESTMENTS HELD FOR GIFT				
(E) A	NNUITIES	195,517.	END-OF-YEAR	MARKET	VALUE
(F)					
(G)					•
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	21,034,012.			
Part VI	II Investments - Program Related.				
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X	line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n: 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" of		11d. See Form 990, Part X	line 15.	
	(a) D	escription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				-	
(9)					
	olumn (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X		- Form 000 D- 1 N/ II	11a av 11f 0 5 000	Dod V II. or	
	Complete if the organization answered "Yes" of			raπ x, line 25	
1.	(a) Description of liability		b) Book value		
	ederal income taxes	Z ATIENI			
	OUE TO STATE UNIVERSITY OF	NEW	620 015		
	ORK		628,815.		
	GIFT ANNUITY PAYABLE		90,341.		
	OUE TO PURCHASE COLLEGE		1 700 245		
	SSOCIATION		1,700,245.		
	OUE TO AFFILIATES		168,852.		
(8)					
(9)			2 500 252		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line	25.)	2,588,253.		

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

Schedule D (Form 990) 2016

632053 08-29-16

1	Total revenue, gains, and other support per audited financial statements	*****************		1	16,525,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	6,709,746.		
b	Donated services and use of facilities	2b	863,584.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	584,943.		
е	Add lines 2a through 2d	*************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2e	8,158,273.
3	Subtract line 2e from line 1			3	8,367,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	144,138.		
b	Other (Describe in Part XIII.)	4b	231,889.		
C	***************************************	***************************************		4c	376,027.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	8,743,215.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		ith Expenses per	Reti	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, Ii				
1	Total expenses and losses per audited financial statements			1	9,488,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a	Donated services and use of facilities	2a	863,584.		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	242,245.		
е	Add lines 2a through 2d		***!**************************	2e	1,105,829.
3	Subtract line 2e from line 1			3	8,382,292.
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	144,138.		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b		***************************************	4c	144,138.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	8,526,430.
Pa	rt XIII Supplemental Information.	10			
PA	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT IV, LINE 2B: IS AMOUNT REFLECTS CUSTOMER DEPOSITS P			CEF	RTAIN
FA	CILITIES AT THE PERFMORMING ARTS CENTE	R AND AR	E RETURNED C	NCE	ALL
OB	LIGATIONS ARE MET.				
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
PU	RCHASE COLLEGE - PERFORMING ARTS CENTE	R FOUNDA	TION		
RE	VENUE				584,943
	RT XI, LINE 4B - OTHER ADJUSTMENTS:			_	
DA	KT AL. LINE 4D - UTBER ADJUSTMENTS:				
	VENUE ATTRIBUTABLE TO CONSOLIDATED ENT	TTTES			231,889

PURCHASE COLLEGE FOUNDATION, INC.	
Schedule D (Form 990) 2016 C/O SUNY PURCHASE Part XIII Supplemental Information (continued)	23-7066616 Page 5
Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PURCHASE COLLEGE - PERFORMING ARTS CENTER FOUNDATION	
EXPENSES	242,245.
PART V, LINE 4	
THE ENDOWMENT FUNDS ARE DESIGNATED TO PROVIDE LONG TERM SU	PPORT FOR THE
PROGRAMS OF SUNY PURCHASE COLLEGE. THE FUNDS ARE USED TO S	SUPPORT
SCHOLARSHIPS AND CAMPUS PROGRAMS.	

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

PURCHASE COLLEGE FOUNDATION, INC. Name of the organization Employer identification number C/O SUNY PURCHASE 23-7066616 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? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.

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

Page 2

C/O SUNY PURCHASE 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
SCHOLARSHIPS ARE GIVEN TO STUDENTS BASED ON NEED, ACADEMIC PERFORMANCE AND ARTISTIC ACHIEVEMENTS.	755	2,035,038.	0.		

PART I, LINE 2

95% OF INSTITUTIONAL SCHOLARSHIPS ARE APPLIED DIRECTLY TO STUDENT

ACCOUNTS BY THE PURCHASE COLLEGE OFFICE OF STUDENT SERVICES. THE

REMAINDER ARE AWARDED DIRECTLY TO CURRENT STUDENTS OF THE COLLEGE FOR

EDUCATIONAL RELATED EXPENDITURES WHICH HELP TO ENRICH STUDENTS' COLLEGE

EXPERIENCES AND SUPPORT THEIR ABILITY TO COMPLETE THEIR DEGREES.

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury

Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

OMB No. 1545-0047

2016

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number 23-7066616

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTION AND SUPPORT OF PURCHASE COLLEGE, STATE UNIVERSITY OF NEW
YORK. UNIQUELY, PURCHASE COLLEGE COMBINES BOTH RENOWNED AND HIGHLY
SELECTIVE PROFESSIONAL AND CONSERVATORY ARTS PROGRAMS WITH
DISTINGUISHED LIBERAL ARTS AND SCIENCES PROGRAMS. THE LARGEST PROGRAMS
ARE IN VISUAL ARTS, MUSIC, LIBERAL STUDIES, PSYCHOLOGY, DANCE, BIOLOGY,
JOURNALISM AND NEW MEDIA.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES
EXPENSES \$ 2,272,854. INCLUDING GRANTS OF \$ 0. REVENUE \$ 36,969.
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING FORM 990, IT IS PROVIDED ELECTRONICALLY TO THE MEMBERS OF
THE BOARD OF DIRECTORS FOR THEIR PERSONAL REVIEW AND QUESTIONING.
SUBSEQUENTLY, AND PRIOR TO THE FILING OF THE PURCHASE COLLEGE FOUNDATION
FORM 990, THE PERFORMING ARTS CENTER FOUNDATION FORM 990, AND THE PURCHASE
COLLEGE FOUNDATION HOUSING CORPORATION FORM 990 (THE PRINCIPAL AFFILIATES),
THE COMBINED AUDIT COMMITTEE WILL CONDUCT A REVIEW OF ALL THREE FORMS 990
WITH THE AUDITORS AND TAX PREPARERS PRESENT AND PARTICIPATING WITH
MANAGEMENT IN THE PRESENTATION OF THESE FILINGS.
FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY PROVIDES FOR ANNUAL WRITTEN ACKNOWLEDGEMENT BY EACH TRUSTEE OR OFFICER THAT EACH HAS READ AND IS FAMILIAR WITH THE

CONFLICT-OF-INTEREST POLICY AND AS TO WHETHER OR NOT THE TRUSTEE OR OFFICER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

HAS A CONFLICT OF INTEREST. IF A CONFLICT EXISTS, THE COMPLETE DETAILS OF THE CONFLICT ARE TO BE DESCRIBED IN WRITING AND SUBMITTED TO THE BOARD CHAIR OR THE PRESIDENT. THE BOARD CHAIR OR PRESIDENT SHALL REFER THE ISSUE TO THE EXECUTIVE COMMITTEE, OR OTHER BOARD COMMITTEE (THE 'BODY') HAVING DECISION-MAKING AUTHORITY OVER THE SUBSTANTIVE MATTER IN QUESTION.

THE TRUSTEE OR OFFICER WHO DISCLOSES A DIRECT OR INDIRECT FINANCIAL INTEREST IN A PROPOSED OR EXISTING CONTRACT, TRANSACTION OR ARRANGEMENT MAY MAKE A PRESENTATION AND RESPOND TO QUESTIONS BY THE BODY, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSION OF, AND VOTE ON, THE CONTRACT, TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

EACH YEAR AT THE BOARD OF TRUSTEES' ANNUAL MEETING, THE CONFLICT-OF-INTEREST POLICY IS DISTRIBUTED AND WRITTEN ACKNOWLEDGMENTS SUBMITTED. DURING THE COURSE OF THE YEAR, FINANCIAL RESULTS AND TRANSACTIONS ARE REVIEWED FOR REASONABLENESS AND APPROPRIATENESS, INCLUDING WITH REGARD TO ANY POTENTIAL FOR THERE BEING A CONFLICT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY, PA, WA, AK, ME, MA, MI, MN, NH, NJ, OH, SC, CO, CA, HI, MD, NV, ND, UT, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF

INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 735 Schedule O (Form 990 or 990-EZ) (2016) 632212 08-25-18

16080426 784124 PUR009001 2016.05070 PURCHASE COLLEGE FOUNDATION PUR00901

Name of the organization PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE	Employer identification number 23-7066616
ANDERSON HILL ROAD, PURCHASE, NY 10577.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PERFORMER FEES:	
PROGRAM SERVICE EXPENSES	889,152.
MANAGEMENT AND GENERAL EXPENSES	24,460.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	913,612.
PURCHASED COLLEGE SERVICES:	
PROGRAM SERVICE EXPENSES	467,782.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	467,782.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	304,886.
MANAGEMENT AND GENERAL EXPENSES	65,675.
FUNDRAISING EXPENSES	209,472
TOTAL EXPENSES	580,033
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,961,427
FORM 990, PART XII, LINE 2C:	
THERE IS ONE AUDIT COMMITTEE FOR PURCHASE COLLEGE FOUNDA	TION,
PERFORMING ARTS CENTER FOUNDATION, AND PURCHASE COLLEGE	FOUNDATION
HOUSING CORP. EACH OF THE RELATED ORGANIZATIONS' BOARD I	S REPRESENTED
ON THIS COMMITTEE.	
ON THIS COMMITTEE.	

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

16080426 784124 PUR009001 2016.05070 PURCHASE COLLEGE FOUNDATION PUR00901

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

PURCHASE COLLEGE FOUNDATION, INC.

C/O SUNY PURCHASE

2016
Open to Public Inspection

OMB No. 1545-0047

Employer identification number 23-7066616

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (b) (c) (d) (e) (a) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling Name, address, and EIN (if applicable) of disregarded entity entity foreign country)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
PERFORMING ARTS CENTER FOUNDATION, INC 13-4072259, 735 ANDERSON HILL ROAD, PURCHASE, NY 10577	SUPPORT THE PERFORMING ARTS CENTER AT SUNY PURCHASE	NEW YORK	501(C)(3)	LINE 12A, I	PURCHASE COLLEGE FOUNDATION	х	
PURCHASE COLLEGE FOUNDATION HOUSING CORP - 13-4086734, 735 ANDERSON HILL ROAD, PURCHASE, NY 10577	SEE EXPLANATION IN PART	NEW YORK	501(C)(3)	LINE 10	PURCHASE COLLEGE FOUNDATION	х	

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

Schedule R (Form 990) 2016

Page 2

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

(a) Name, address, and EIN of related organization	(state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(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) General managir partner	(k) Percentag ownership	
		foreign country)			dosets	Yes	No	K-1 (Form 1065)	Yes No	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	nicitle Direct controlling Type of entity Sh	(f) Share of total income	Share of total Share of	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?		
		country)		or dusty		233613		Yes	No
					,,,,				

Schedule R (Form 990) 2016 C/O SUNY PURCHASE

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

Not	e: 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 trans	sactions with one or more	related organizations liste	ed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlle	d entity	******************************		1a		Х
b	Gift, grant, or capital contribution to related organization(s)	***************************************			1b		X
C	Gift, grant, or capital contribution from related organization(s)				10	X	
d	Loans or loan guarantees to or for related organization(s)	***************************************			1d	X	
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				46		X
a	Sale of assets to related organization(s)		***************************************	***************************************	1f		
h	Purchase of assets from related organization(s)			***************************************	1g		X
i	Exchange of assets with related organization(s)		***************************************	***************************************	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)		*******************************		1i		X
,			***************************************		1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for relate	ed organization(s)			11		X
m	Performance of services or membership or fundraising solicitations by relate	d organization(s)	***************************************	***************************************	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related org	anization(s)			1n		X
0	Sharing of paid employees with related organization(s)		***************************************		10		X
			11+1+4+4+++++++++++++++++++++++++++++++		10		
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1g		X
		***************************************	******************************		19		
r	Other transfer of cash or property to related organization(s)				1r		х
s	Other transfer of cash or property from related organization(s)	***************************************			1s	х	- 21
2	If the answer to any of the above is "Yes," see the instructions for information	n on who must complete t	his line, including covered	d relationships and transaction thresholds.	13		
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount	involved		
1) I	PERFORMING ARTS CENTER FOUNDATION	С	231,889	COST			
2)							
3)						****	
1)							
5)							
					_		
3)							

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

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

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

PURCHASE COLLEGE FOUNDATION, INC. 23-7066616 Page 5 Schedule R (Form 990) 2016 C/O SUNY PURCHASE Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. FORM 990, SCHEDULE R, PART II NAME OF RELATED ORGANIZATION: PURCHASE COLLEGE FOUNDATION-HOUSING CORP. PRIMARY ACTIVITY: TO ACQUIRE, LEASE, CONSTRUCT, RENOVATE AND MAINTAIN DORMITORIES AT SUNY PURCHASE.

632165 09-06-16

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