Form **990**

Department of the Treasury Internal Revenue Service

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.

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

2017
Open to Public Inspection

<u> </u>	or the	2017 Calendar year, or tax year beginning 0011 1, 2017 and	enuing U	014 30, 201	L O			
B	Check if applicable	C Name of organization PURCHASE COLLEGE FOUNDATION, INC.		D Employer iden	ntification number			
	Addres change	S G /O GINN DIDGINGE						
	Name change			23-7066616				
	Initial return	*	Room/suite	E Telephone number				
	Final return/	735 ANDERSON HILL ROAD			4-251-6139			
	termin- ated			G Gross receipts \$	33,862,570.			
	Amend return			H(a) Is this a grou				
	Application	F Name and address of principal officer: CATHERINE M. BROD		for subordina				
	pendin	SAME AS C ABOVE		H(b) Are all subordinat				
1 1	Гах-ехе	mpt status: $X = 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1) of	or 527	If "No," attac	ch a list. (see instructions)			
J١	Nebsit	e:▶N/A		H(c) Group exemp	otion number			
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1969	9 M State of legal domicile: NY			
Pa		Summary						
•	1 1	Briefly describe the organization's mission or most significant activities: $\ { m \underline{THE}} \ \ { m I}$	FOUNDA	TION WAS I	NCORPORATED			
ž]	UNDER THE NOT-FOR-PROFIT LAWS OF THE STAT	E OF N	NEW YORK FO	OR THE			
Ē	2 (Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net				
ove	1 8	Number of voting members of the governing body (Part VI, line 1a)			3 15			
<u>ب</u> ح	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4 14			
Activities & Governance	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5 0			
ΞĘ	6	Total number of volunteers (estimate if necessary)			6 72			
d ct	7 a 7	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.			
	1 d	Net unrelated business taxable income from Form 990-T, line 34	······		7b 0.			
Revenue				Prior Year	Current Year			
	1	Contributions and grants (Part VIII, line 1h)		3,678,128				
	1	Program service revenue (Part VIII, line 2g)		2,174,107				
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,890,980	14,767,418. -35,305.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,743,215				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,035,038				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			$\begin{array}{c c} 3 \cdot & 2 \cdot 101 \cdot 737 \cdot \\ \hline 0 \cdot & 0 \cdot \end{array}$			
	45 6	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,359,454				
Expenses	15 5	Professional fundraising fees (Part IX, column (A), line 11e)			31,394.			
en	loa i	Fotal fundraising expenses (Part IX, column (D), line 25) 296, 63	32.		7. 31,334.			
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,131,938	5,776,357.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,526,430				
		Revenue less expenses. Subtract line 18 from line 12		216,785				
	10 '	To the first the		ginning of Current Ye	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 			
Net Assets or	20	Fotal assets (Part X, line 16)		79,067,912				
ASS	21	Fotal liabilities (Part X. line 26)		3,979,475				
E SE	22 1	Net assets or fund balances. Subtract line 21 from line 20		75,088,437				
Pa	art II	Signature Block	•					
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of	f my knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	e	CATHERINE M. BROD, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check if				
Paid	h	ARIEL F AMMIRATO			mployed P01346991			
-		Firm's name BONADIO & CO., LLP		Firm's EIN	<u>▶ 16-1131146</u>			
Use	Only	Firm's address 6 WEMBLEY CT			/F10\			
		ALBANY, NY 12205		Phone no.				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FOUNDATION WAS INCORPORATED UNDER THE NOT-FOR-PROFIT LAWS OF THE
	STATE OF NEW YORK FOR THE PROMOTION OF LITERATURE, HISTORY, VISUAL AND
	PERFORMING ARTS, SCIENCE 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,408,122. including grants of \$) (Revenue \$ 2,061,461.)
	THE PERFORMING ARTS CENTER, A FOUR THEATRE COMPLEX AT PURCHASE COLLEGE,
	IS THE MAJOR PROFESSIONAL, NOT-FOR-PROFIT ARTS PRESENTER IN
	SOUTHEASTERN NEW YORK-SOUTHWESTERN CONNECTICUT REGION. PRESENTATIONS
	INCLUDE PROFESSIONAL ARTISTS, SPECIAL PROGRAMS FOR K-12, VARIOUS
	SPECIAL EVENTS AND PRESENTATIONS BY PURCHASE COLLEGE CONSERVATORIES OF
	MUSIC, DANCE, AND THEATRE.
4b	(Code:) (Expenses \$2, 101, 737. including grants of \$2, 101, 737.) (Revenue \$)
710	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 FOUNDATION.
	THESE DONORS ARE INDIVIDUALS, FAMILIES, FOUNDATIONS AND CORORATIONS.
	DURING THE 2017-18 ACADEMIC YEAR, APPROXIMATELY 61.6% OF THE STUDENTS
	RECEIVED FINANCIAL AID.
	F00 FF0
4c	(Code:) (Expenses \$
	THE NEUBERGER MUSEUM OF ART IS THE PREMIER MUSEUM OF MODERN,
	CONTEMPORARY AND AFRICAN ART IN WESTCHESTER AND FAIRFIELD COUNTIES. A
	TEACHING MUSEUM, THE NEUBERGER PROMOTES THE APPRECIATION AND ENJOYMENT
	OF THE VISUAL ARTS AS INSEPARABLE FROM AN UNDERSTANDING OF THEIR PLACE
	IN CULTURAL AND INTELLECTUAL HISTORY AND THEIR RELEVANCE TO
	CONTEMPORARY SOCIAL LIFE. AS AN INTERGRAL PART OF PURCHASE COLLEGE AND
	A VITAL CENTER OF THE COMMUNITY ENGAGEMENT, THE NEUBERGER SUPPORTS
	LIFELONG LEARNING BY TAKING A CRITICAL, INTERDISCIPLINARY APPROACH TO
	ITS COLLECTIONS, EXHIBITIONS, AND PUBLIC PROGRAMS. APPROXIMATELY
	16,900 VISITORS ATTEND THE MUSEUM EACH YEAR.
A!	Other program convices (Describe in Schedule O.)
40	Other program services (Describe in Schedule O.) (Expenses \$ 2,553,751 • including grants of \$) (Revenue \$ 103,770 •)
4e	7 704 100
<u> </u>	Form 990 (2017)

Form 990 (2017) C/O SUNY PURCHASE 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		Х
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		Х
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		Х
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?			l
	If "Yes," complete Schedule D, Part IV	9	Х	l
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	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,		Ψ,	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ţ.	
46	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,"	ا مد ا		v
	complete Schedule G. Part III	19	990	(2017)

Part IV Checklist of Required Schedules (continued)

			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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A support of former officer diseases to the control of the control	28a		х
a		28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
0.4	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			 ₩
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	X	_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		37	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2017)

Form 990 (2017) 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	<u></u>	<u></u>	<u></u>					
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	289						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming						
	(gambling) winnings to prize winners?	······		1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X			
b	If "Yes," enter the name of the foreign country: ▶		_						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Art	ccount	s (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X			
С	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	e orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					Х			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired	7c		х			
	file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		Х			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.			0-					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a_					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	10a							
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a							
11	Section 501(c)(12) organizations. Enter:	LIUD							
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	- 14							
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?									
Note. See the instructions for additional information the organization must report on Schedule O.									
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	13b							
С	Enter the amount of reserves on hand	13c							
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b					
				Form	990	(2017)			

C/O SUNY PURCHASE Form 990 (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or too below, describe the circumstances, processes, or changes in schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		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			
	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 14			
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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
h	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 reached at the	OD		
9		9		Х
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		-23
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
_		Ha	-25	
b		100	х	
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	, , , , , , , , , , , , , , , , , , , ,	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
	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	^	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
a	The organization's CEO, Executive Director, or top management official	15a		_ <u>X</u> _
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 with a			v
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
sec	tion C. Disclosure		0.11	~~
17	List the states with which a copy of this Form 990 is required to be filed ►NY, PA, WA, AK, ME, MA, MI, MN, NH			<u>sc</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailable	:	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	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 books and records:			
	KARL DUCHEK - 914-251-6139			
	735 ANDERSON HILL ROAD, PURCHASE, NY 10577-1400		000	
	COOR COLLEGIO E O ROO RULL LICH OR CMAMPO	_	4 14 14 1	(00 17)

<u> Page</u> **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one		(D) Reportable	(E) Reportable	(F) Estimated				
	hours per week		box, unless person is both an officer and a director/trustee)		compensation from	compensation	amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CATHERINE M. BROD - EX OFFICIO	15.00									
TRUSTEE/EXEC DIRECTOR	10.00	Х						0.	0.	0.
(2) LUCILLE WERLINICH	4.00									
CHAIR		Х		X				0.	0.	0.
(3) DONALD CECIL	3.00	1							_	_
VICE CHAIR		Х		X				0.	0.	0.
(4) ANN SCHEUER	1.00									
VICE CHAIR	1.00	Х		X				0.	0.	0.
(5) SUSAN DUBIN- EX OFFICIO	1.00	.,								•
TRUSTEE	1 00	Х						0.	0.	0.
(6) THOMAS F. EGAN	1.00	3,7							_	0
TRUSTEE M. BIGUREN	2 00	Х	Н					0.	0.	0.
(7) PETER M. FISHBEIN TRUSTEE	3.00	Х						0.	0.	0.
(8) LAWRENCE OTIS GRAHAM	1.00	Λ	Н					· ·	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
(9) PATRICIA JACOBS	2.00	72	Н					•	0.	<u></u>
TRUSTEE	2.00	х						0.	0.	0.
(10) WILLIAM KLINGENSTEIN	3.00		Н					· ·	•	
SECRETARY	3100	х		Х				0.	0.	0.
(11) THOMAS J. SCHWARZ - EX OFFICIO	3.00		П						•	
TRUSTEE		Х						0.	0.	0.
(12) MICHELLE C. IFILL	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) JUDITH A. RIGGS	2.00									
TREASURER		Х		Х				0.	0.	0.
(14) JAMES SANDLING- EX OFFICIO	2.00									
TRUSTEE		Х						0.	0.	0.
(15) ROBERT F. WEINBERG	2.00									
TRUSTEE		Х						0.	0.	0.
(16) DAVID FLEISHER	1.00									
TRUSTEE		Х						0.	0.	0.
(17) SANJAY SANTHANAM	1.00	 						_	_	_
TRUSTEE		X						0.	0.	0.

732007 11-28-17

Form **990** (2017)

C/O SUNY PURCHASE

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average			Position (do not check more than one			ne	Reportable	Reportable		Estimate	ed
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	ו ו	amount	
	week (list any			fficer and a director/trustee)				from the	from related organizations		other compensa	
	hours for	direct				p		organization	(W-2/1099-MIS	- 1	from th	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(** = ** ** ** ** ** ** ** ** ** ** ** **	-/	organizat	
	organizations	al trus	nal tru		oyee	som pe					and relat	:ed
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ons
(18) RUTH HINERFELD	1.00	<u> </u>	Ĕ	JJ0	, Ke	er, Hig	요					
TRUSTEE	1.00	Х						0.		0.		0.
INOSTEE		Δ						0.		•		<u> </u>
		ļ										
4h. Cula Antal		<u> </u>					_	0.		0.		0.
1b Sub-total c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
Total number of individuals (including but not not not not not not not not not no							o re		000 of reportable	••		
compensation from the organization				G. G.I.G		,		, , , , , , , , , , , , , , , , , , , ,				0
											Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on	ſ		
line 1a? If "Yes," complete Schedule J for si										[3	X
4 For any individual listed on line 1a, is the su			mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	X
5 Did any person listed on line 1a receive or a					•			•				
rendered to the organization? If "Yes." com	plete Schedule	Jf	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con										ensat	ion from	
the organization. Report compensation for t	ine calendar ye	eare	nair	ig w	ith C	or wi	nin.	<u> </u>	ear.		(0)	
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompensatio	n
STEVEN BARCLAY AGENCY								DURST DISTING				
12 WESTERN AVENUE, PETALU	MA, CA	94	95	2			- 1	CHAIR IN LIT			100,6	00.
	,							-				
			_			_	_					
							\sqcap					
									T			
							_					
O Tabel countries to the total of the	a a la callica de la c		- 11		u.			- I	and the second			
2 Total number of independent contractors (in	ncluaina but ne	ot lin	nited	to t	thos	se lis	ed	apove) who received mo	ore tnan I			

Form 990 (2017) C / O SUN
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			<u></u>	o	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					OIL OIL
ant	. u	Membership dues	1 1					
p, E	c	Fundraising events	1 1	139,702.				
ifts	d	Related organizations	1 1	459,645.				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributi		·				
Sir	f	All other contributions, gifts, gran						
outi her	-	similar amounts not included above	1 1	3,123,647.				
ğ	а	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·					
Cor	h	Total. Add lines 1a-1f		>	3,722,994.			
				Business Code				
O	2 a	PERFORMING ARTS CENTER	INCOME	711190	2,061,461.	2,061,461.		
, vic	b	OTHER INCOME		900099	146,633.	146,633.		
Sei	С	NEUBERGER MUSEUM OF ART	r	453220	109,369.	109,369.		
Program Service Revenue	d	PURCHASE COLLEGE FOUNDA	ATION TICKE	711190	1,111.	1,111.		
ogra Re	е							
Pro	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			2,318,574.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	1,205,420.			1,205,420.
	4	Income from investment of tax						
	5	Royalties	. <u></u>	<u></u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	26,567,464.					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	13,561,998.					
	d	Net gain or (loss)		·	13,561,998.			13,561,998.
Ð	8 a	Gross income from fundraising	g events (not					
nue		including \$139						
Other Revenu		contributions reported on line						
er F		Part IV, line 18	a					
ŧ		Less: direct expenses						
		Net income or (loss) from fund		>	-35,305.			-35,305.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	44	Miscellaneous Revenu		Business Code				
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d			20,773,681.	2,318,574.	0.	14 732 112
	12	Total revenue . See instructions.		🕨 🛚	20,113,001.	4,310,3/4.	υ.	14,732,113.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	2,101,737.	2,101,737.		
3	Grants and other assistance to foreign	2/202//0//	2,202,7070		
•	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	1,262,217.	849,280.	412,937.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10.050	40.050		
9	Other employee benefits	48,269.	48,269.		
0	Payroll taxes	49.	49.		
1	Fees for services (non-employees):				
а	Management	20 170		20 170	
b	Legal	39,178.		39,178.	
С	Accounting	131,161.		131,161.	
d	Lobbying	21 204			21 204
e	Professional fundraising services. See Part IV, line 17	31,394.		100 710	31,394
f	Investment management fees	198,718.		198,718.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 0/5 /12	1 647 007	144 240	152 165
_	column (A) amount, list line 11g expenses on Sch 0.)	1,945,412.	1,647,907.	144,340.	153,165
2	Advertising and promotion	1,089,631.	916,508.	158,790.	14,333
3	Office expenses	1,009,031.	910,300.	130,790.	14,555
4	Information technology				
5 6	Royalties				
7	Occupancy	247,661.	247,661.		
8	Payments of travel or entertainment expenses	217,0021	217,0020		
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	15,134.		15,134.	
3	Insurance	41,162.	3,276.	37,886.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) PRODUCTION	1,002,086.	989,807.		12,279
a b	REPAIRS AND MAINTENANCE	657,610.	657,610.		12,212
c	RECEPTION EXPENSE	141,442.	86,682.		54,760
d	DUES AND MEMBERSHIPS	70,591.	38,803.	1,087.	30,701
e	All other expenses	39,857.	39,857.	_,,,,,	,
5 5	Total functional expenses. Add lines 1 through 24e	9,220,023.	7,784,160.	1,139,231.	296,632
-	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,680,616.	1	2,752,945.	
	2	Savings and temporary cash investments			997,374.	2	998,061.
	3	Pledges and grants receivable, net	307,551.	3	1,010,211.		
	4	Accounts receivable, net		485,424.	4	644,340.	
	5	Loans and other receivables from current and fo			·		,
	_	trustees, key employees, and highest compensa		, , , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	-	· ·			
		employers and sponsoring organizations of sect					
G		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			24,609.	9	35,497.
	10a	Land, buildings, and equipment: cost or other			·		·
		basis. Complete Part VI of Schedule D	10a	527,405.			
	b	Less: accumulated depreciation	10b	527,405. 473,411.	69,128.	10c	53,994.
	11	Investments - publicly traded securities			52,440,646.	11	53,994. 58,723,375.
	12	Investments - other securities. See Part IV, line 1			21,034,012.	12	19,405,095.
	13	Investments - program-related. See Part IV, line				13	, ,
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	28,552.	15	58,848.		
	16	Total assets. Add lines 1 through 15 (must equ		79,067,912.	16	83,682,366.	
	17	Accounts payable and accrued expenses			378,668.	17	762,022.
	18	Grants payable			18		
	19	Deferred revenue			1,012,554.	19	1,314,136.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
itie		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables [.]	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			2,588,253.	25	2,179,564.
	26				3,979,475.	26	4,255,722.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
nce	27	Unrestricted net assets			6,447,769.	27	7,218,364.
sala	28				30,593,819.	28	34,112,583.
P	29			<u></u> . L	38,046,849.	29	38,095,697.
Fu		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
1SS	31	Paid-in or capital surplus, or land, building, or ed	Juipmer	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33				75,088,437.	33	79,426,644.
	34	Total liabilities and net assets/fund balances	79,067,912.	34	83,682,366.		

Form **990** (2017)

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,77		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,22		
3	Revenue less expenses. Subtract line 2 from line 1	3	11,55	<u>3,6</u>	<u>58.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,08	8,4	<u>37.</u>
5	Net unrealized gains (losses) on investments	5	-7,21	5,4	<u>51.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	79,42	6,6	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. PURCHASE COLLEGE FOUNDATION, INC.

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

	C/O SUNY PURCHASE	23-7066616
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.	
The organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(a)(b)(b)(b)(b)(b)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)	(iii). Enter the hospital's name,
	city, and state:	
5	An organization operated for the benefit of a college or university owned or operated by a governmental un	it described in
	section 170(b)(1)(A)(iv). (Complete Part II.)	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the	e general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a l	and-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of t	he college or
	university:	
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membersh	in fees, and gross receipts from

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

See section 509(a)(2). (Complete Part III.)

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.

- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported of	organizations					
g	Provide the following information	n about the supporte	d organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
- Fota							

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Schedule A (Form 990 or 990-EZ) 2017

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1964124.	5761032.	1665642.	3678128.	3995455.	17064381.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	87,515.	858,585.	854,661.	863,584.	966,330.	3630675.
4	Total. Add lines 1 through 3	2051639.	6619617.	2520303.	4541712.	4961785.	20695056.
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)						3670190.
6	Public support. Subtract line 5 from line 4.						17024866.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2051639.	6619617.	2520303.	4541712.	4961785.	20695056.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2275643.	2854001.	3378636.	1744720.	1205420.	11458420.
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						32153476.
12	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for	-			•		
800	organization, check this box and stop						>
	etion C. Computation of Publi						F2 0F
	Public support percentage for 2017 (li					14	52.95 %
15	Public support percentage from 2016					15	45.71 %
16a	33 1/3% support test - 2017. If the c						. 37
	stop here. The organization qualifies	. ,	•		li 45 i- 00 4 /00/		
b	33 1/3% support test - 2016. If the c						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	_	
1-	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•				. □
40	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n ala not check a l	box on line 13, 16a	i, 160, 17a, or 17b	, cneck this box ar	na see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
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	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here)
_	ction C. Computation of Publi						
15	Public support percentage for 2017 (I			olumn (f))		15	%
<u>16</u>	Public support percentage from 2016					16	%
_	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2017. If the						7 is not
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	hay on line 14 10	or 10h chock th	nic hay and can inc	structions	

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.)

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

Sche	edule A (Form 990 or 990-EZ) 2017 C/O SUNY PURCHASE	<u>23-7066616</u>	5 Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations	T	Yes	No
4	Ways a majority of the expeniention's divertors by twistons during the toy year along a majority of the divertors		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			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 year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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			
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Sche Par	t V Type III Non-Functionally Integrated 509(mi-aliana	3-700010 Page 7
	on D - Distributions	a)(o) capporting orga	inizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		Current real
	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity	t purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2	
4	Amounts paid to acquire exempt-use assets	3 or supported organizations		
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		
Ū	(provide details in Part VI). See instructions.	io organization to responsive		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	and a and an add by mile a an add a	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
<u>d</u>	Excess from 2016			
ее	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

PURCHASE COLLEGE FOUNDATION, INC.

Schedule A	(Form 990 or 990-EZ) 2017 C/O SUNY PURC	CHASE	23-7066616 Page 8
Part VI	Supplemental Information. Provide the exp Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a line 1; Part IV, Section D, lines 2 and 3; Part IV, Sect	anations required by Part II, line 10; Part II, line 17a or a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 on E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V nes 2, 5, and 6. Also complete this part for any addition	r 17b; Part III, line 12; I and 2; Part IV, Section C, V, Section B, line 1e; Part V,
-			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number 23-7066616

Pai	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6		·	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's exc	_		No
6	Did the organization inform all grantees, donors, and donor advis			
	for charitable purposes and not for the benefit of the donor or do			
	impermissible private benefit?		Yes I	No
Pai				
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or educ	cation) Preservation of a hist	torically important land area	
	Protection of natural habitat	Preservation of a cer	tified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Ye	ear_
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structu	ure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	r 7/25/06, and not on a historic structu	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, releas			
	year >			
4	Number of states where property subject to conservation easem	ent is located		
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it ho	lds?	Yes I	No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing cons	servation easements during the year	
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	tion easements during the year	
	> \$			
8	Does each conservation easement reported on line 2(d) above sa			
	and section 170(h)(4)(B)(ii)?		Yes I	No
9	In Part XIII, describe how the organization reports conservation e	·		
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for	
Da	conservation easements.	at Historical Transcriptor and Ot	Non Oineilan Annata	
Pai	rt III Organizations Maintaining Collections of A		tner Similar Assets.	
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under SFAS 116 (ASC 9			
	historical treasures, or other similar assets held for public exhibit	•	nce of public service, provide, in Part XIII	,
	the text of the footnote to its financial statements that describes			
b	, ,			
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of pul	blic service, provide the following amoun	ts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treasu		ıl gain, provide	
	the following amounts required to be reported under SFAS 116 (, ,		
а	Revenue included on Form 990, Part VIII, line 1			—
h	Assets included in Form 990 Part X		S	

732051 10-09-17

Schedule D (Form 990) 2017

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

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(continue	ed)
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that are a s	ignificant ı	use of its c	ollection ite	ms
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?] Yes	No
Par	t IV Escrow and Custodial Arrang	jements. Comple	te if the organizatio	n answered "Yes" o	n Form 990	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	s or other assets not	included			
	on Form 990, Part X?] Yes	X No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo				ility?	X] Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on Part XIII				X
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance	67,592,831.	60,111,704.	63,381,666.	62,8	347,380.	53,72	27,605.
	Contributions	4,025,782.	1,030,533.	417,006.	1,4	181,172.	25	0,736.
	Net investment earnings, gains, and losses	7,487,722.	9,456,099.	-468,505.	1,7	752,807.	11,11	5,191.
	Grants or scholarships	2,101,737.	767,977.	783,594.	-	774,188.	53	39,878.
	Other expenditures for facilities							
	and programs	1,756,479.	2,237,528.	2,434,869.	1,9	25,504.	1,70	06,277.
f	Administrative expenses							
g	End of year balance	75,248,119.	67,592,831.	60,111,704.	63,3	881,666.	62,84	17,380.
2	Provide the estimated percentage of the curre	ent vear end balance						
а	Board designated or quasi-endowment	10.25	%	,				
	Permanent endowment ► 51.72	%	- -					
	Temporarily restricted endowment ▶38							
	The percentages on lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses		ion that are held ar	nd administered for t	he organiz	ation		
	by:	9-			9		Ye	es No
	(i) unrelated organizations						3a(i)	Х
	(ii) related organizations						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organizat						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11a. S	ee Form 990. Part X	. line 10.			
	Description of property	(a) Cost or ot			Accumulat	ed	(d) Book va	alue
	2 000 (p. 00 p. 0 p. 0 p. 0 p. 0 p. 0 p.	basis (investm	` '	' '	epreciation	I	(4, 200	u.u.u
1a	Land	,						
	Buildings							
	Leasehold improvements							
	Equipment	I	52	7,405.	473,4	11.	53.	994.
	Other	I		,	-,-		,	
	. Add lines 1a through 1e. (Column (d) must ed		(column (R) line 1	Oc)			53.	994.

Schedule D (Form 990) 2017

C/O SUNY PURCHASE

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X	/ line 12	
(a) Description of Security or category (including name of security)	(b) Book value			d-of-year market value
1) Financial derivatives	()	()		,
Classic hold aguity interests				
3) Other				
(A) FIDELITY CONTRA FUND	4,332,376.	END-OF-YEAR	MARKET	VALUE
(B) VANGUARD 500 INDEX	1,002,0101	21(2 01 12111		VIII 0 I
(C) ADMIRAL FUND	8,867,112.	END-OF-YEAR	МУБКЕТ	WALITE
(D) INVESTMENTS HELD FOR GIFT	0,001,112.	DIVD OI IDIII	HIMICHI	VIIIOI
(E) ANNUITIES	189,032.	END-OF-YEAR	муркет	WAT.IIE
(F) VANGUARD MID CAP INDEX	6,016,575.	END-OF-YEAR		
(G)	0,010,373.	DIVD OI IDAN	TIMILIT	VALOL
(H)				
	19,405,095.			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	17,403,073.			
	Faura 000 Dart IV lines	14 - Caa Farra 000 Dart V	Clima 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			d-of-year market value
	(b) DOOK value	(C) Method of Valuation	on. Oost or end	1-01-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line of Description	11d. See Form 990, Part X	(, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a)		I1d. See Form 990, Part X	x, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		I1d. See Form 990, Part X	(, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		I1d. See Form 990, Part X	(, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		I1d. See Form 990, Part X	(, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		I1d. See Form 990, Part X	(, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		I1d. See Form 990, Part X	(, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		I1d. See Form 990, Part X	s, line 15.	(b) Book value
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		I1d. See Form 990, Part X	s, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		I1d. See Form 990, Part X	(, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	I1d. See Form 990, Part X	6, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		•	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a)	Description 15.) On Form 990, Part IV, line		•	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a)	Description 15.) On Form 990, Part IV, line	11e or 11f. See Form 990,	•	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Other Liabilities. Complete if the organization answered "Yes" (a)	Description 15.) on Form 990, Part IV, line	11e or 11f. See Form 990,	•	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Other Liabilities. Complete if the organization answered "Yes" (a) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO STATE UNIVERSITY OF	Description 15.) On Form 990, Part IV, line	I1e or 11f. See Form 990,	•	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) YORK	Description 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value	•	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO STATE UNIVERSITY OF (3) YORK (4) GIFT ANNUITY PAYABLE	Description 15.) on Form 990, Part IV, line	I1e or 11f. See Form 990,	•	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO STATE UNIVERSITY OF (3) YORK (4) GIFT ANNUITY PAYABLE (5) DUE TO PURCHASE COLLEGE	Description 15.) On Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 163,752. 85,241.	•	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO STATE UNIVERSITY OF (3) YORK (4) GIFT ANNUITY PAYABLE (5) DUE TO PURCHASE COLLEGE (6) ASSOCIATION	Description 15.) On Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value	•	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO STATE UNIVERSITY OF (3) YORK (4) GIFT ANNUITY PAYABLE (5) DUE TO PURCHASE COLLEGE (6) ASSOCIATION (7)	Description 15.) On Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 163,752. 85,241.	•	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Other Liabilities. Complete if the organization answered "Yes" (a) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO STATE UNIVERSITY OF (3) YORK (4) GIFT ANNUITY PAYABLE (5) DUE TO PURCHASE COLLEGE (6) ASSOCIATION (7) (8)	Description 15.) On Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 163,752. 85,241.	•	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Other Liabilities. Complete if the organization answered "Yes" (a) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO STATE UNIVERSITY OF (3) YORK (4) GIFT ANNUITY PAYABLE (5) DUE TO PURCHASE COLLEGE (6) ASSOCIATION (7)	Description 15,) On Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 163,752. 85,241.	•	

732053 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 C/O SUNY PURCHASE	FOUNDATION, II		23_	7066616 Page 4
Part XI Reconciliation of Revenue per Audited Fina	ncial Statements Wi	th Revenue per Re	turn.	7000010 Fage
Complete if the organization answered "Yes" on Form 990		•		
Total revenue, gains, and other support per audited financial stat			1	14,072,908.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains (losses) on investments	2a	-7,215,451.		
b Donated services and use of facilities	2b	966,330.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	123,288.		
e Add lines 2a through 2d			2e	-6,125,833
3 Subtract line 2e from line 1			3	20,198,741
4 Amounts included on Form 990, Part VIII, line 12, but not on line	1	100 510		
a Investment expenses not included on Form 990, Part VIII, line 7b		198,718. 376,222.	-	
b Other (Describe in Part XIII.)		•	١	F74 040
c Add lines 4a and 4b			4c	574,940.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII Reconciliation of Expenses per Audited Final	art I. line 12.) Incial Statements W	ith Expenses per F	5 Retur	
Complete if the organization answered "Yes" on Form 990		iii Expendee per i	iotai	•••
1 Total expenses and losses per audited financial statements			1	10,071,639
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a Donated services and use of facilities	1	966,330.		
b Prior year adjustments		·		
c Other losses	_			
d Other (Describe in Part XIII.)		84,004.		
e Add lines 2a through 2d			2e	1,050,334.
3 Subtract line 2e from line 1			3	9,021,305.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b		198,718.		
b Other (Describe in Part XIII.)	4b			100 710
c Add lines 4a and 4b			4c	198,718.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990,) Part XIII Supplemental Information.	Part I, line 18.)		5	9,220,023.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Par	and 4: Dort IV lines	1h and 2h: Dort V line 4	· Dort	V line 2: Dort VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t			, rail	A, IIIIe 2, Part AI,
intes 2d and 45, and 1 are All, lines 2d and 45. Also complete this part t	o provide arry additional in	omation.		
PART IV, LINE 2B:				
THIS AMOUNT REFLECTS CUSTOMER DEPOSI	TS PERTAINING	TO USE OF C	ERT	AIN
FACILITIES AT THE PERFMORMING ARTS (ENTER AND ARE	RETURNED ON	CE	ALL
ODITOMIONO ADE MEM				
OBLIGATIONS ARE MET.				
-				
PART XI, LINE 2D - OTHER ADJUSTMENTS	5:			
,				
PURCHASE COLLEGE - PERFORMING ARTS (ENTER FOUNDAT	ION		
REVENUE				123,288.
DADM VI IING 4D AMILO AD THAMACON	٠.			
PART XI, LINE 4B - OTHER ADJUSTMENTS) ;			
REVENUE ATTRIBUTABLE TO CONSOLIDATE) ENTITIES			459.645.

FUNDRAISING EXPENSE

Schedule D (Form 990) 2017

-83,423.

Part XIII Supplemental Information (continued)	23 7000010 Page 5
TOTAL TO SCHEDULE D, PART XI, LINE 4B	376,222.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PURCHASE COLLEGE - PERFORMING ARTS CENTER FOUNDATION	
EXPENSES	581.
FUNDRAISING EXPENSE	83,423.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	84,004.
PART V, LINE 4	
THE ENDOWMENT FUNDS ARE DESIGNATED TO PROVIDE LONG TERM SUPPORTED	ORT FOR THE
PROGRAMS OF SUNY PURCHASE COLLEGE. THE FUNDS ARE USED TO SUPP	PORT
SCHOLARSHIPS AND CAMPUS PROGRAMS.	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number 23-7066616

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) AGB INSTITUTIONAL STRATEGIES Yes | No 1133 20TH ST NY SUITE 300 CAMPAIGN PLANNING Х 0 15,000 -15,000. MARTS & LUNDY - 1200 WALL ST DATABASE REVIEW FOR MAJOR LYNDHURST, NJ 07071 GIFTS Х 0 12,250 -12,250. 27 250 -27 250. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration CA, CO, ME, MD, MA, MI, MN, NH, NJ, NY, ND, OH, PA, SC, WA, WI, AL, AR, CO, FL, GA, KS, KY, LA, MS MI,NM,NC,OK,OR,RI,TN,VA,WV

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 C/O SUNY PURCHASE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNIVERSARY		NONE	(add col. (a) through
			GALA			
			(event type)	(event type)	(total number)	col. (c))
ne			71 7	(1)	(
Revenue	1	Gross receipts	187,820.			187,820.
	2	Less: Contributions	139,702.			139,702.
	3	Gross income (line 1 minus line 2)	48,118.			48,118.
	4	Cash prizes				
S	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				83,423.
	10				•	83,423.
		Net income summary. Subtract line 10 from li			_	-35,305.
Pa	rt I	Gaming. Complete if the organization a				•
		\$15,000 on Form 990-EZ, line 6a.				
			(-) Disc.	(b) Pull tabs/instant	(-) Olli	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
svel.						
Ä	1	Gross revenue				
	2	Cash prizes				
ses						
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor		No —	No No	
		Direct expense summary. Add lines 2 through		,		
	8	Net gaming income summary. Subtract line 7	trom line 1, column (d)		·····	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b	If "	Yes," explain:				
	_					
	_					

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

PURCHASE COLLEGE FOUNDATION, INC.

Sch	edule G (Form 990 or 990-EZ) 2017 C/O SUNY PURCHASE 23-	·7066	616	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility		1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the harne and address of the person time propares the organization organization of garming, openial events become and resolution			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
				_
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		l	
	retain the state gaming license?	📖	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D :	organization's own exempt activities during the tax year > \$			
Ра	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		_		
SC.	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	<u>.s:</u>		
(I) NAME OF FUNDRAISER: AGB INSTITUTIONAL STRATEGIES			
<u>\ </u>) NAME OF FUNDATISER. AGD INSTITUTIONAL STRATEGIES			
(I) ADDRESS OF FUNDRAISER: 1133 20TH ST NY SUITE 300, WASHINGTON	ם ו	: 2	0036
`-	, indiana in the second of the	, ,		

PURCHASE COLLEGE FOUNDATION, INC.

Schedule G	i (Form 990 or 990-EZ)	C/O	SUNY	PURCHASE	23-7066616	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation	(continue	ed)		
			,			
						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

PURCHASE COLLEGE FOUNDATION, INC.

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2017)

C/O SUNY	<u>PURCHASE</u>						23-7066616
Part I General Information on Grants a	nd Assistance					•	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	<u></u>
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	=				anization answered "Y	es" on Form 990, Part IV	, line 21, for any
recipient that received more than S					(f) Method of	Т Т	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_							
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				•
3 Enter total number of other organizations	s listed in the line	1 table					>

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

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.	791	2,101,737.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2					
95% OF INSTITUTIONAL SCHOLARSHIPS	ARE APPLI	ED DIRECTI	Y TO STUDE	NT	
AGGOVERN DV THE DVDGVAGE GOLLEGE O		amiidenm ar		_	
ACCOUNTS BY THE PURCHASE COLLEGE O	FFICE OF	STUDENT SE	ERVICES. TH	<u>E</u>	
REMAINDER ARE AWARDED DIRECTLY TO	CURRENT S	TUDENTS OF	THE COLLE	GE FOR	
EDUCATIONAL RELATED EXPENDITURES W	HICH HELP	TO ENRICH	H STUDENTS'	COLLEGE	
EXPERIENCES AND SUPPORT THEIR ABIL	ІТУ ТО СО	MPLETE THE	EIR DEGREES	•	

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Open To Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization PURCHASE COLLEGE FOUNDATION, INC. **Employer identification number** C/O SUNY PURCHASE 23-7066616 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization KELSEY BROD DAUGHTER OF EXEC 18,000.FY 16/17 SCHO

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

DAUGHTER OF EXEC

KELSEY BROD

11,000.FY 17/18 SCHO

Juliedale L	(1 01111 330 01	330-LZ) Z011	0,0	00111	I OICOIIIDI	
Dort IV	Ducinos	Transactio	na las	بمايرام	Interceted Des	_

(a) Name of interested per		"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
					Yes	No
Part V Supplemental Info		onses to questions on Schedule L (see in	nstructions).	1		
SCH L, PART III, G	RANTS OR	ASSISTANCE BENEFITT	ING INTERES	STED PERSONS	:	
(A) NAME OF PERSON	: KELSEY	BROD				
(B) RELATIONSHIP B	ETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ION:		
DAUGHTER OF EXECUT	IVE DIRE	CTOR				
(C) AMOUNT OF GRAN	r \$ 18,	000.				
(D) TYPE OF ASSIST	ANCE: FY	16/17 SCHOLARSHIPS				
(A) NAME OF PERSON	: KELSEY	BROD				
(B) RELATIONSHIP B	ETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ION:		
DAUGHTER OF EXECUT	IVE DIRE	CTOR				
(C) AMOUNT OF GRAN	г\$ 11,	000.				
(D) TYPE OF ASSIST	ANCE: FY	17/18 SCHOLARSHIPS				
SCHEDULE L PART II	I					
THE AWARD OF \$18,0	00 FOR F	Y 1617 WAS INADVERTE	NTLY OVERLO	OOKED IN		
COMPLETING THE FORM	м 990.	ADDITIONALLY, MS. BR	OD, EXECUT	IVE DIRECTOR	. ,	
DID NOT RECUSE HER	SELF FRO	M APPROVAL OF THE FU	NDING TRANS	SFER FROM		
PURCHASE COLLEGE FO	OITAGNUC	N TO PURCHASE COLLEG	E TO COVER	AWARDED		

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
SCHOLARSHIPS. HOWEVER, AS IN NORMAL PRACTICE THE TRANSFERS WERE
APPROVED BY ANOTHER OFFICER OF THE COLLEGE. IT SHOULD ALSO BE NOTED
THAT MS. BROD SIGNED HER CONFLICT OF INTEREST STATEMENT DISCLOSING THAT
HER DAUGHTER WAS A STUDENT IN A GRADUATE PROGRAM AND RECEIVING
FINANCING AID.
IN REVIEWING THE FACTS OF THE AWARDS AND FUNDING PROCESS, IT WAS
DETERMINED THAT THE AWARDS TO KELSEY BROD WERE INITIATED AND APPROVED
BY APPROPRIATE FACULTY PERSONS.
IN THE FUTURE, A SYSTEM OF CHECKING FOR DISCLOSURE OF INTERESTED
PARTIES AND DEFINING ANNUAL RECLUSIONS WILL BE ESTABLISHED AND ADHERED
TO.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number 23-706616

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 \$ 2,553,751. INCLUDING GRANTS OF \$ 0. REVENUE \$ 103,770.

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

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

MANAGEMENT IN THE PRESENTATION OF THESE FILINGS.

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) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization PURCHASE COLLEGE FOUNDATION, INC. **Employer identification number** 23-7066616 C/O SUNY PURCHASE 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 SHEE SHALL LEAVE THE MEETING DURING THE DISCSSION OF, AND VOTE ON, THE CONTRACT, TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. EACH YEAR AT THE BOARD OF TRUSTEE'S 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) (2017)	Page 2
Name of the organization PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE	Employer identification number 23-706616
ANDERSON HILL ROAD, PURCHASE, NY 10577.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PURCHASED COLLEGE SERVICES:	
PROGRAM SERVICE EXPENSES	468,544.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	468,544.
PERFORMER FEES:	
PROGRAM SERVICE EXPENSES	954,488.
MANAGEMENT AND GENERAL EXPENSES	12,230.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	966,718.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	224,875.
MANAGEMENT AND GENERAL EXPENSES	132,110.
FUNDRAISING EXPENSES	153,165.
TOTAL EXPENSES	510,150.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,945,412.
FORM 990, PART XII, LINE 2C:	
THERE IS ONE AUDIT COMMITTEE FOR PURCHASE COLLEGE FOUNDATI	
PERFORMING ARTS CENTER FOUNDATION, AND FRIENDS OF THE NEUB	
EACH OF THE RELATED ORGANIZATIONS' BOARD IS REPRESENTED ON	
COMMITTEE.	

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number 23-7066616

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

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	SUPPORT THE PERFORMING						
13-4072259, 735 ANDERSON HILL ROAD,	ARTS CENTER AT SUNY				PURCHASE COLLEGE		
PURCHASE, NY 10577	PURCHASE	NEW YORK	501(C)(3)	LINE 12A, I	FOUNDATION	X	
PURCHASE COLLEGE FOUNDATION HOUSING CORP -							
13-4086734, 735 ANDERSON HILL ROAD,	SEE EXPLANATION IN PART				PURCHASE COLLEGE		
PURCHASE, NY 10577	VII	NEW YORK	501(C)(3)	LINE 10	FOUNDATION	X	

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

Schedule R (Form 990) 2017

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)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata		General	Percentage
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	
				,							
									1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

1a

X

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b Gift, grant, or capital contribution to related organization(s)				1b		_X_
				_	X	
d Loans or loan guarantees to or for related organization(s)				1d	X	
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				. 1f		_X_
						Х
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		<u>X</u>
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	tion(s)			1n		X
Sharing of paid employees with related organization(s)				1 0		X
p Reimbursement paid to related organization(s) for expenses				1p		_X_
q Reimbursement paid by related organization(s) for expenses				1q		X
					L	<u>X</u>
				1s	Х	
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
(1) PERFORMING ARTS CENTER FOUNDATION	С	459,645.	COST			
(2)						
(3)						
(4)						
(5)						
(6)						
732163 09-11-17			Sched	ule R (For	m 990)	2017
	11					

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- ate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							\vdash					
							\Box					
							Н				-	
							Ш					
							Ш					

Schedule R (Form 990) 2017

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

				Enter file	r's identifyin	a number
Type or	Name of exempt organization or other filer, see instru					n number (EIN) or
print	PURCHASE COLLEGE FOUNDATION	I, INC	•	23-7066616		
File by the	C/O SUNY PURCHASE	a a in a two sats	iono	Social security number (SSN)		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, some 735 ANDERSON HILL ROAD	ee instruct	ions.	Social se	curity number	(5514)
instructions.	City, town or post office, state, and ZIP code. For a for PURCHASE, NY 10577	reign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	m 990-BL 02 Form 1041-A				08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	orm 990-PF 04 Form 5227					10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990	m 990-T (trust other than above) 06 Form 8870 KARL DUCHEK				12	
Teleph	books are in the care of \blacktriangleright $\frac{735}{6139}$ ANDERSON Higher No. \blacktriangleright $\frac{914-251-6139}{6139}$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit (in the Uni	Fax No. ▶ted States, check this box			
● If this box ▶		and atta	ch a list with the names and EINs of	all membe	ers the extens	
box 🕨	. If it is for part of the group, check this box quest an automatic 6-month extension of time until		- 15 0010		ers the extens pt organization	sion is for.
box ▶	. If it is for part of the group, check this box	MA	7 15, 2019 , to file			sion is for.
1 I re for	. If it is for part of the group, check this box quest an automatic 6-month extension of time until	MAN organizatio	7 15, 2019 , to file on the file of the fi		pt organizatio	sion is for.
1 I re for DI II the for DI II the for DI II the II	. If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the calculation calendar year or tax year beginning JUL 1 , 2017 ne tax year entered in line 1 is for less than 12 months, classical calculations.	MAN organizatio, an	to file to the file of the fil	e the exem	pt organizatio	sion is for. on return
1 I re for P	. If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or or Tuber 1 tax year beginning JUL _ 1 , _ 2017 ne tax year entered in line 1 is for less than 12 months, cl Change in accounting period	MAN organizatio, an	to file to the file of the fil	e the exem	pt organizatio	sion is for. on return
1 I re for 2 If the nor	. If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or or tax year beginning JUL _ 1 , 2017 ne tax year entered in line 1 is for less than 12 months, calendar in accounting period change in accounting period	mAN organizatio , an neck reaso or 6069, 6	to file to 15, 2019 to file the service of the s	the exem	pt organizatio	sion is for. on return
1 I re for 2 If the noor b If the	. If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or or tax year beginning JUL 1 , 2017 te tax year entered in line 1 is for less than 12 months, calendar in accounting period in application is for Forms 990-BL, 990-PF, 990-T, 4720, an efundable credits. See instructions.	max organization , an neck reason or 6069, e	to file to 15, 2019 to file the results of the r	the exem	pt organizatio	sion is for. on return
1 I re for 2 If the norm b If the est	. If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the oxide calendar year or or Tax year beginning JUL 1 , 2017 te tax year entered in line 1 is for less than 12 months, or Change in accounting period in application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069 in application is for Forms 990-PF, 990-T, 4720, or 6069	, an neck reaso or 6069, e	to file to 15, 2019 to file the results of the results and the results are results are results and the results are results and the results are	Final return	· n	sion is for. on return

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

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STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE 735 ANDERSON HILL ROAD PURCHASE, NY 10577

PREPARED BY:

BONADIO & CO., LLP 6 WEMBLEY CT ALBANY, NY 12205

AMOUNT OF TAX:

BALANCE DUE OF \$25

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

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

2017

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/	2017 and Ending (r	mm/dd/yyyy) 06/30/2	2018				
	lame of Organization: PURCHASE COLLE			Employer Identification Number (EIN): 23-706616				
Name Change	Mailing Address: 735 ANDERSON H		·	NY Registration Number: 15-95-71				
Final Filing C	City / State / ZIP:	10577		Telephone: 914 2516139				
Reg ID Pending V	Vebsite: N/A			Email:				
Check your organization's								
registration category: X 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.								
2. Certification								
See instructions for certifications	ation requirements. Imprope	certification is a violation	of law that may be subject	to penalties. The certification requires				
two signatories.								
	nalties of perjury that we revi true, correct and complete ir			best of our knowledge and belief, oplicable to this report.				
			CATHERINE N	M. BROD				
President or Authorized Of	ficer:		EXECUTIVE I	DIRECTOR				
	Signature		Print Name KARL DUCHER					
Chief Financial Officer or T	reactiver.		SENIOR DIRE	· -				
One i mancial onice of i	Signature		Print Name					
3. Annual Reporting I	Exemption							
	•	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both				
				ed Char500. No fee, schedules, or				
I .				e exemption, you must file applicable				
schedules and attachments	and pay applicable fees.			•				
	-			overnment agencies, etc. did not				
1	oou <u>and</u> the organization did s during the fiscal year.	not engage a professiona	i tund raiser (PFR) or tund r	aising counsel (FRC) to solicit				
	o daring the needs year.							
3h EPTI fili	na exemption: Gross receipt	s did not exceed \$25,000 s	and the market value of ass	sets did not exceed \$25,000 at any time				
during the fi	<u> </u>	3 dia 1101 exceed \$20,000 t	and the market value of ass	acts did not exceed \$25,000 at any time				
	·							
4. Schedules and Att	achments							
See the following page								
	•		· ·	aising counsel or commercial co-venturer				
schedules and	for fund	raising activity in NY State?	If yes, complete Schedule	4a.				
attachments to								
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:					
next page to calculate your		_		Make a single check or money order				
fee(s). Indicate fee(s) you				payable to: "Department of Law"				
are submitting here:	\$ 25.	\$	\$ 25.	Department of Law				

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

The Exempt dategory folds to all organizations who registration states. It does not fold to its in that designation.

768451 04-27-18 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	· · · · · · · · · · · · · · · · · · ·
Review Report if you received total revenue and support greater than \$250,000	D and up to \$750,000.
X Audit Report if you received total revenue and support greater than \$750,000	1: 1 H #050.000
No Review Report or Audit Report is required because total revenue and support	
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	requirea
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	•
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations . These
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.
Send Your Filing	MI LEGICAL LA STANDETHO
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
	- IRS Form 990 Part I, line 22
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and
New York, NY 10005	Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

Page 2

CHAR500

2017

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR),** in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information	on				
Name of Organization:		NY Registration Number:			
PURCHASE COLLEGE	FOUNDATION, INC. C/O SUNY PURCHASE	15-95-71			
2. Professional Fund Rais	er, Fund Raising Counsel, Commercial Co-Venturer Inforn	nation			
Fund Raising Professional type:	Name of FRP:	NY Registration Number:			
Professional Fund Raiser	32-50-88				
	Telephone:				
X Fund Raising Counsel	1200 WALL ST W	201-460-1660			
Commercial Co-Venturer	City / State / ZIP:				
	LYNDHURST, NJ 07071				
3. Contract Information					
Contract Start Date:	Contract End Date:				
4. Description of Services					
Services provided by FRP: DATABASE REVIEW F	FOR MAJOR GIFT CAPACITY				
	. 011 1110 011 011 1 011110 1 1				
E Description of Compan	a chian				
5. Description of Compen Compensation arrangement with I		Amount Paid to FRP:			
CONTRACT		12,250.			
		12,230.			
6. Commercial Co-Ventur	er (CCV) Report				
Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s)					
required by	y Section 173(a) part 3 of the Executive Law Article 7A?				

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1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated April 2018)

Form **990**

Department of the Treasury Internal Revenue Service

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.

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

2017
Open to Public Inspection

<u> </u>	or the	2017 Calendar year, or tax year beginning 0011 1, 2017 and	enuing U	014 30, 201	L O			
B	Check if applicable	C Name of organization PURCHASE COLLEGE FOUNDATION, INC.		D Employer iden	ntification number			
	Addres change	S G /O GINN DIDGINGE						
	Name change			23-	-7066616			
	Initial return	*	Room/suite	E Telephone num				
	Final return/	735 ANDERSON HILL ROAD			4-251-6139			
	termin- ated			G Gross receipts \$ 33,862,570.				
	Amend return			H(a) Is this a grou				
	Application	F Name and address of principal officer: CATHERINE M. BROD		for subordina				
	pendin	SAME AS C ABOVE		H(b) Are all subordinat				
1 1	Гах-ехе	mpt status: $X = 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1) of	or 527	If "No," attac	ch a list. (see instructions)			
J١	Nebsit	e:▶N/A		H(c) Group exemp	otion number			
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1969	9 M State of legal domicile: NY			
Pa		Summary						
•	1 1	Briefly describe the organization's mission or most significant activities: $\ { m \underline{THE}} \ \ { m I}$	FOUNDA	TION WAS I	NCORPORATED			
Activities & Governance]	UNDER THE NOT-FOR-PROFIT LAWS OF THE STAT	E OF N	NEW YORK FO	OR THE			
Ē	2 (Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net				
ove	1 8	Number of voting members of the governing body (Part VI, line 1a)			3 15			
<u>ب</u> ح	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4 14			
es &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5 0			
ΞĘ	6	Total number of volunteers (estimate if necessary)			6 72			
d ct	7 a 7	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.			
	1 d	Net unrelated business taxable income from Form 990-T, line 34	······		7b 0.			
				Prior Year	Current Year			
ē	1	Contributions and grants (Part VIII, line 1h)		3,678,128				
Je n	1	Program service revenue (Part VIII, line 2g)		2,174,107				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,890,980	14,767,418. -35,305.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,743,215				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,035,038				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			$\begin{array}{c c} 3 \cdot & 2 \cdot 101 \cdot 737 \cdot \\ \hline 0 \cdot & 0 \cdot \end{array}$			
	45 6	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,359,454				
Expenses	15 5	Professional fundraising fees (Part IX, column (A), line 11e)			31,394.			
en	loa i	Fotal fundraising expenses (Part IX, column (D), line 25) 296, 63	32.		7. 31,334.			
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,131,938	5,776,357.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,526,430				
		Revenue less expenses. Subtract line 18 from line 12		216,785				
	10 '	To the first the		ginning of Current Ye	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 			
Net Assets or	20	Fotal assets (Part X, line 16)		79,067,912				
ASS	21	Fotal liabilities (Part X. line 26)		3,979,475				
E SE	22 1	Net assets or fund balances. Subtract line 21 from line 20		75,088,437				
Pa	art II	Signature Block	•					
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of	f my knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	e	CATHERINE M. BROD, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check if				
Paid	h	ARIEL F AMMIRATO			mployed P01346991			
-		Firm's name BONADIO & CO., LLP		Firm's EIN	<u>▶ 16-1131146</u>			
Use	Only	Firm's address 6 WEMBLEY CT			/F10\			
		ALBANY, NY 12205		Phone no.				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

	FUNCTIONSE COLLEGE FOUNDATION, INC.		
	1 990 (2017) C/O SUNY PURCHASE	23-7066616	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE FOUNDATION WAS INCORPORATED UNDER THE NOT-FOR-PROFIT		
	STATE OF NEW YORK FOR THE PROMOTION OF LITERATURE, HISTOR	RY, VISUAL A	ND
	PERFORMING ARTS, SCIENCE AND OTHER DEPARTMENTS OF EDUCATI	ON 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 n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, the total expended, a	ii G
4a	2 400 100	2,061,	461.
Ta	THE PERFORMING ARTS CENTER, A FOUR THEATRE COMPLEX AT PUR	· ·	
	IS THE MAJOR PROFESSIONAL, NOT-FOR-PROFIT ARTS PRESENTER		о
	SOUTHEASTERN NEW YORK-SOUTHWESTERN CONNECTICUT REGION. PR		1
	INCLUDE PROFESSIONAL ARTISTS, SPECIAL PROGRAMS FOR K-12,		·
	SPECIAL EVENTS AND PRESENTATIONS BY PURCHASE COLLEGE CONS		<u> </u>
	MUSIC, DANCE, AND THEATRE.	PEKANIOKIES	OF
	MUSIC, DANCE, AND THEATRE.		
	0.404.505		
4b	(Code:) (Expenses \$2, 101, 737. including grants of \$2, 101, 737.) (Revenue)		
	INSTITUTIONAL SCHOLARSHIPS ARE AWARDED BY THE COLLEGE USI		
	THE PURCHASE COLLEGE FOUNDATION, AS WELL AS OTHER SOURCES		
	FUNDS COME FROM THE GENEROUS CONTRIBUTIONS OF DONORS TO T		ON.
	THESE DONORS ARE INDIVIDUALS, FAMILIES, FOUNDATIONS AND C		
	DURING THE 2017-18 ACADEMIC YEAR, APPROXIMATELY 61.6% OF	THE STUDENT	'S
	RECEIVED FINANCIAL AID.		
4c	(Code:) (Expenses \$		<u>369.</u>
	THE NEUBERGER MUSEUM OF ART IS THE PREMIER MUSEUM OF MODE		
	CONTEMPORARY AND AFRICAN ART IN WESTCHESTER AND FAIRFIELD	COUNTIES.	Α
	TEACHING MUSEUM, THE NEUBERGER PROMOTES THE APPRECIATION	AND ENJOYME	NT
	OF THE VISUAL ARTS AS INSEPARABLE FROM AN UNDERSTANDING O	F THEIR PLA	.CE
	IN CULTURAL AND INTELLECTUAL HISTORY AND THEIR RELEVANCE		
	CONTEMPORARY SOCIAL LIFE. AS AN INTERGRAL PART OF PURCHA		AND
	A VITAL CENTER OF THE COMMUNITY ENGAGEMENT, THE NEUBERGER		
	LIFELONG LEARNING BY TAKING A CRITICAL, INTERDISCIPLINARY		'O
		XIMATELY	
	16,900 VISITORS ATTEND THE MUSEUM EACH YEAR.		
	10,000 VIDITORD ATTEMD THE MODEON EACH TEAK.		
4-1	Other program continue (Decertific in Cohedida Coh		
4d	Other program services (Describe in Schedule O.)	02 770 \	

2,553,751. including grants of \$
the expenses ► 7,784,160. **4e** Total program service expenses ▶

	·			T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			 ₩
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		 ₩
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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			٠,,
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		37	
	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		37	
	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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	Х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	22	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		12
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	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,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	·''		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	"		
13	complete Schedule G. Part III	19		x
	complete deficacie d. Fattiii		200	

23-7066616

Form 990 (2017) Part IV Checklist of Required Schedules (continued)

			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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Х
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
a	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	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	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		v
00	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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	1a	289						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming						
	(gambling) winnings to prize winners?			1c	Х				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)							
				3a		<u> X</u>			
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		_X_			
b	If "Yes," enter the name of the foreign country:		(ED 4 D)						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			F-		Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50					
ou	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 contribution								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ired						
	to file Form 8282?	 i		7c		<u>X</u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		_ <u>X</u> _			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_			
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	;	8					
9	Sponsoring organizations maintaining donor advised funds.			•					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			4.5					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14a 14b					
IJ	in 163, that it filed a 1 offit 720 to report these payments: IT TNO, " provide an explanation in Schedule	, U			990	(0017)			

Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			77						
800	Check if Schedule O contains a response or note to any line in this Part VI			X						
sec	tion A. Governing Body and Management		1							
	Enter the number of voting members of the governing body at the end of the tax year 15		Yes	No						
1a		-								
	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 0. Enter the number of voting members included in line 1a, above, who are independent 1b 14									
b		-								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х						
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2								
3		3		х						
4	of officers, directors, or trustees, or key employees to a management company or other person?	4		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X						
6	5 Did the organization become aware during the year of a significant diversion of the organization's assets? C Did the organization become aware during the year of a significant diversion of the organization's assets?									
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		<u>X</u>						
1 a		7a		Х						
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a								
b		7b		Х						
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75								
а	The governing body?	8a	х							
h	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 reached at the	00								
Ŭ	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe 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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
	Other officers or key employees of the organization	15b		Х						
	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 with a									
	taxable entity during the year?	16a		_X_						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	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, ME, MA, MI, MN, NH	<u>, NJ ,</u>	OH,	<u>sc</u>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/ailable)							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al							
	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 books and records:									
	KARL DUCHEK - 914-251-6139									
	735 ANDERSON HILL ROAD, PURCHASE, NY 10577-1400									
732006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2017)						

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Jiga	mea	((C)		iour	(D)	(E)	(F)
Name and Title	Average		not cl		more	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pe:		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CATHERINE M. BROD - EX OFFICIO	15.00	느	드	10	3	를 등	3			
TRUSTEE/EXEC DIRECTOR	10.00	х						0.	0.	0.
(2) LUCILLE WERLINICH	4.00								-	
CHAIR		Х		Х				0.	0.	0.
(3) DONALD CECIL	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) ANN SCHEUER	1.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(5) SUSAN DUBIN- EX OFFICIO	1.00									
TRUSTEE		Х						0.	0.	0.
(6) THOMAS F. EGAN	1.00									
TRUSTEE		Х						0.	0.	0.
(7) PETER M. FISHBEIN	3.00									
TRUSTEE		Х						0.	0.	0.
(8) LAWRENCE OTIS GRAHAM	1.00									
TRUSTEE		Х						0.	0.	0.
(9) PATRICIA JACOBS	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(10) WILLIAM KLINGENSTEIN	3.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(11) THOMAS J. SCHWARZ - EX OFFICIO	3.00								_	_
TRUSTEE		Х						0.	0.	0.
(12) MICHELLE C. IFILL	2.00	1								
VICE CHAIR		Х		Х				0.	0.	0.
(13) JUDITH A. RIGGS	2.00	l								
TREASURER		Х		Х				0.	0.	0.
(14) JAMES SANDLING- EX OFFICIO	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(15) ROBERT F. WEINBERG	2.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(16) DAVID FLEISHER	1.00									_
TRUSTEE	1 00	Х	\vdash		_		_	0.	0.	0.
(17) SANJAY SANTHANAM	1.00									
TRUSTEE		X			<u> </u>	l		0.	0.	0. Form 990 (2017)

Form **990** (2017) 732007 11-28-17

(C)

Position

(do not check more than one

(B)

Average

(F)

Estimated

(E)

Reportable

(A)

Name and title

23-7066616 C/O SUNY PURCHASE Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(D)

Reportable

		week					is botr or/trus		compensation	from relates		amount o		OI
		(list any hours for	Individual trustee or director				p		from the organization	from related organization (W-2/1099-MIS	s		other opensa rom th	
		related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC)	(W 2) 1000 IVIIC	,		ganizat	
		organizations below	al trus	onal tr		loyee	comp						d relat	
		line)	ndividu	Institutional trustee	Officer	Key employee	ighest	Former				orga	anizati	ons
(18)	RUTH HINERFELD	1.00	<u> </u>	<u> </u>	0	×	Ξ ω	ш.						
TRUS	TEE		Х						0.		0.			0.
			1											
				_			-							
			1											
			1											
			1											
			1											
							-							
			1											
1h	Sub-total		<u> </u>		<u> </u>		I	_	0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							•	0.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable)			
	compensation from the organization													0
_											1		Yes	No
3	Did the organization list any former officer				•	•	•					3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		21
•	and related organizations greater than \$150	=		-					•	-		4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." con	nplete Schedule	e J f	or su	ıch <u>i</u>	pers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pensat	ion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.			2)	
	(A) Name and business	address							(B) Description of s	ervices	С		C) ensatio	n
STE	EVEN BARCLAY AGENCY								DURST DISTIN					
12	WESTERN AVENUE, PETALU	JMA, CA	94	95	2				CHAIR IN LIT			10	0,6	00.
								_						
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	to '	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🕨				1	L							
												Form	990 (2017)

15040430 784124 PUR009001

Form 990 (2017) C/O SUN
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonce	or note to any line	in this Dart VIII			
		Crieck if Scriedule O Cont.	airis a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
G.	С	Fundraising events		139,702.				
iffts ar A		Related organizations		459,645.				
s, G nik		Government grants (contributi						
Sis		All other contributions, gifts, gran	· —					
outi her		similar amounts not included above		3,123,647.				
o ţ	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			3,722,994.			
				Business Code				
Φ	2 a	PERFORMING ARTS CENTER	INCOME	711190	2,061,461.	2,061,461.		
Program Service Revenue	b	OTHER INCOME		900099	146,633.	146,633.		
Ser	c	NEUBERGER MUSEUM OF ART	r	453220	109,369.	109,369.		
ım (d	PURCHASE COLLEGE FOUND		711190	1,111.	1,111.		
gra	e	-			, -	, .		
Pro	f	All other program service reve	enue					
		Total. Add lines 2a-2f		•	2,318,574.			
	3	Investment income (including						
		other similar amounts)	•	· .	1,205,420.			1,205,420.
	4	Income from investment of tax						
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	V					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		—				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	26,567,464.	(ii) Garier				
	h	Less: cost or other basis	· · ·					
	_	and sales expenses	13,005,466.					
	c	Gain or (loss)						
		Net gain or (loss)			13,561,998.			13,561,998.
		Gross income from fundraising			, , -			, , ,
ıπe	0 4	including \$ 139	.702. of					
Ver		contributions reported on line						
Re		Part IV, line 18		48,118.				
Other Revenu	h	Less: direct expenses		22 422				
₽		: Net income or (loss) from fund		>	-35,305.			-35,305.
		Gross income from gaming ac	ŭ		,			,
		Part IV, line 19						
	h	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C							
		All other revenue						
		• Total. Add lines 11a-11d						
		Total revenue. See instructions.			20,773,681.	2,318,574.	0.	14,732,113.

2017.05050 PURCHASE COLLEGE FOUNDATI PUR00901

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	2,101,737.	2,101,737.		
3	Grants and other assistance to foreign	2/202//0//	2,202,7070		
•	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	1,262,217.	849,280.	412,937.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10.050	40.050		
9	Other employee benefits	48,269.	48,269.		
0	Payroll taxes	49.	49.		
1	Fees for services (non-employees):				
а	Management	20 170		20 170	
b	Legal	39,178.		39,178.	
С	Accounting	131,161.		131,161.	
d	Lobbying	21 204			21 204
e	Professional fundraising services. See Part IV, line 17	31,394.		100 710	31,394
f	Investment management fees	198,718.		198,718.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 0/5 /12	1 647 007	144 240	152 165
_	column (A) amount, list line 11g expenses on Sch 0.)	1,945,412.	1,647,907.	144,340.	153,165
2	Advertising and promotion	1,089,631.	916,508.	158,790.	14,333
3	Office expenses	1,009,031.	910,300.	130,790.	14,555
4	Information technology				
5 6	Royalties				
7	Occupancy	247,661.	247,661.		
8	Payments of travel or entertainment expenses	217,0021	217,0020		
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	15,134.		15,134.	
3	Insurance	41,162.	3,276.	37,886.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) PRODUCTION	1,002,086.	989,807.		12,279
a b	REPAIRS AND MAINTENANCE	657,610.	657,610.		12,212
c	RECEPTION EXPENSE	141,442.	86,682.		54,760
d	DUES AND MEMBERSHIPS	70,591.	38,803.	1,087.	30,701
e	All other expenses	39,857.	39,857.	_,,,,,	,
5 5	Total functional expenses. Add lines 1 through 24e	9,220,023.	7,784,160.	1,139,231.	296,632
-	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,680,616.	1	2,752,945.
	2	Savings and temporary cash investments			997,374.	2	998,061.
	3	Pledges and grants receivable, net			307,551.	3	1,010,211.
	4	Accounts receivable, net			485,424.	4	644,340
	5	Loans and other receivables from current and for			·		•
	•	trustees, key employees, and highest compensation		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	Ū	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
.		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
	9	B ::			24,609.	9	35,497
		Land, buildings, and equipment: cost or other	I		21,003.		33/13/
	iva	basis. Complete Part VI of Schedule D	100	527 405.			
	h	Less: accumulated depreciation	10a	527,405. 473,411.	69,128.	10c	53 994
	11				52,440,646.	11	53,994 58,723,375
		Investments - publicly traded securities			21,034,012.	12	19,405,095
	12	Investments - other securities. See Part IV, line			21,034,012.	13	17,403,073
	13	Investments - program-related. See Part IV, line					
	14	Intangible assets	·····	28,552.	14 15	58,848	
	15	Other assets. See Part IV, line 11		79,067,912.	16	83,682,366	
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equ			378,668.	17	762,022
	18	Accounts payable and accrued expenses	370,000.	18	702,022		
	19	Grants payable			1,012,554.	19	1,314,136
	20	Deferred revenue			1,012,334.	20	1,314,130
	21	Tax-exempt bond liabilities				21	
	22	Loans and other payables to current and former					
ies	22	key employees, highest compensated employee					
Liabilities						22	
Lia	23	Secured mortgages and notes payable to unrela		d portion		23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		O-bb-b-D	•	•	2,588,253.	25	2 179 564.
	26	Total liabilities. Add lines 17 through 25			3,979,475.	26	2,179,564. 4,255,722.
	20	Organizations that follow SFAS 117 (ASC 958			0/3/3/11/01		1/200//22
,		complete lines 27 through 29, and lines 33 ar					
Š	27	Unrestricted net assets			6,447,769.	27	7,218,364.
lan	28	Temporarily restricted net assets	30,593,819.	28	34,112,583.		
B	29	Permanently restricted net assets	38,046,849.	29	38,095,697.		
un		Organizations that do not follow SFAS 117 (A					
Ē		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	Г		30		
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
اێ	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			75,088,437.	33	79,426,644.
	34	Total liabilities and net assets/fund balances			79,067,912.	34	83,682,366.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,7					
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,2					
3	Revenue less expenses. Subtract line 2 from line 1	3	11,5	553	, 6!	<u>58.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,0	88	, 4:	<u>37.</u>		
5	Net unrealized gains (losses) on investments	-7,2	<u> 15</u>	, 4!	<u>51.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10 7:							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					<u> X</u>		
			_		es/	No		
1	Accounting method used to prepare the Form 990:		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🚅	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				l		
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		🔼 2	2b	X	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
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?								
	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								
	Act and OMB Circular A-133?		_3	Ва		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		5	8h	- 1	i		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

PURCHASE COLLEGE FOUNDATION,

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

C/O SUNY PURCHASE 23-7066616 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

f Enter the number of supported of						
g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	IIIIes I-IU		support (see instructions)	support (see instructions)
Total						

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 C/O SUNY PURCHASE

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1964124.	5761032.	1665642.	3678128.	3995455.	17064381.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	87,515.	858,585.		863,584.			
4	Total. Add lines 1 through 3	2051639.	6619617.	2520303.	4541712.	4961785.	20695056.	
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)						3670190.	
	Public support. Subtract line 5 from line 4.						17024866.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	2051639.	6619617.	2520303.	4541712.	4961785.	20695056.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2275643.	2854001.	3378636.	1744720.	1205420.	11458420.	
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						32153476.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)		
	organization, check this box and stop	here					>	
Sec	tion C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2017 (li					14	52.95 %	
	Public support percentage from 2016					15	45.71 %	
16a	16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□	
17a	10% -facts-and-circumstances test	- 2017. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the "fac-			=		-		
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e	
	organization meets the "facts-and-circ		-	•			▶∐	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1)	, , , , , , , , , , , , , , , , , , ,	(2)	(1)	(9/====	(1)
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u></u>
14	First five years. If the Form 990 is for	· ·		•	•	. , . ,	
<u>Sa</u>	check this box and stop here ction C. Computation of Public						P
	Public support percentage for 2017 (li			volumn (fl)		15	0/
						16	<u>%</u>
	Public support percentage from 2016 ction D. Computation of Inves					ן וט ן	%
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2017. If the						
196	more than 33 1/3%, check this box an						
t	33 1/3% support tests - 2016. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
20	line 18 is not more than 33 1/3%, chec		-	•		-	
70	Private foundation. If the organization	a dio not check a	DOX ON line 14 19	a or igo checkith	us dox and see ins	SHUCHORS	

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.)

	Yes	No
1		
2		
3a		
3b		
0.0		
3с		
4a		
4b		
1.5		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

		70001	U Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
44	Lies the every retire accepted a gift or contribution from any of the fallowing persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	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		
	etion B. Type I Supporting Organizations	1 110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities. If the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			l
	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,			l
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	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			l
	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			l
	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			l
	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	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
		·		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	, -		
a b	The organization satisfied the Activities rest. Complete line 2 below. 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 insi	tructions)	
2	Activities Test. Answer (a) and (b) below.	.ructions _j	Yes	No
a				
	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,			l
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b				
	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.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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.

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 C/O SUNY PURCHASE

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V 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 ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	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	·		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

PURCHASE COLLEGE FOUNDATION, INC.

Schedule A	(Form 990 or 990-EZ) 2017 C/O	SUNY	PURCHASE	23-7066616 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	 Provide t 4b, 4c, 5 3; Part I 	he explanations required by Part II, line 10; Part II, line 17a a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines V, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par on E, lines 2, 5, and 6. Also complete this part for any addit	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PURCHASE COLLEGE FOUNDATION, C/O SUNY PURCHASE

Employer identification number 23-7066616

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) I dilds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		land formula
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		•
Pai	impermissible private benefit? t II Conservation Easements. Complete if the org		
	2		, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
_	Preservation of open space		- of
2	Complete lines 2a through 2d if the organization held a qualification of the transport	ed conservation contribution in the form	
_	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		1 1
b		atura included in (a)	
C	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired at	•	I I
2	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation easi	ement in legated	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	- :
5	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U	Starr and volunteer flours devoted to morntoning, inspecting, i	landing of violations, and emorcing cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing consenu	ation assamants during the year
′	\$\\$\$ \$\$ \$\$	ing of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	seatisfy the requirements of section 170	0/h)/4)/P)/i)
0	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports conservatio		
9	include, if applicable, the text of the footnote to the organizati	•	
	conservation easements.	on s iniancial statements that describes	s the organization 3 accounting to
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		a. 100 0. pa. 2. 0. 0. 0. 0. p. 0. 1. 20, 11. 1 a. 17. 11. 1,
b	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed	•	·
	relating to these items:		asing convices, provide the renoving amounte
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		3, p
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990. Part X		• • • • • • • • • • • • • • • • • • •

Schedule D (Form 990) 2017

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

	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Simi	lar Assets	s (continu	ed)
3	Using the organization's acquisition, accessio						,	
	(check all that apply):	,	,	Ü	Ü			
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	mpt pur	oose in Part	XIII.	
5	During the year, did the organization solicit or	·	•	•		, , , , , , , , , , , , , , , , , , ,	,	
_	to be sold to raise funds rather than to be mai						Yes	☐ No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Part		to ii ti lo organizatio	Transvorsa 100 o		.00, 1 41111,		
1a	Is the organization an agent, trustee, custodia		ary for contributions	s or other assets not	include			
	on Form 990, Part X?						Yes	X No
h	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:				_ 103	140
b	ii res, explain the arrangement iiri art Alli a	ila complete the lolk	owing table.				Amount	
_	Paginning balance				1		Amount	
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f O-	Ending balance						Yes	
	Did the organization include an amount on Fo				•	<u> </u>	. res	No X
Par	If "Yes," explain the arrangement in Part XIII. (TV Endowment Funds. Complete if							Δ
ı uı	Endowment Funds: Complete if						() [
	, , ,	(a) Current year	(b) Prior year	(c) Two years back 63,381,666.		e years back		
	Beginning of year balance	67,592,831.	60,111,704.			,847,380.		27,605.
	Contributions	4,025,782.	1,030,533.	417,006.		,481,172.	1	50,736.
	Net investment earnings, gains, and losses	7,487,722.	9,456,099.	· · · · · · · · · · · · · · · · · · ·	1	,752,807.		15,191.
d	Grants or scholarships	2,101,737.	767,977.	783,594.		774,188.	5	39,878.
е	Other expenditures for facilities							
	and programs	1,756,479.	2,237,528.	2,434,869.	1	<u>,925,504.</u>	1,7	06,277.
f	Administrative expenses							
g	End of year balance	75,248,119.	67,592,831.	60,111,704.	63	,381,666.	62,8	47,380.
2	Provide the estimated percentage of the curre	•	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	10.25	_%					
	Permanent endowment ▶ 51.72	%						
С	Temporarily restricted endowment ▶ <u>38</u>	<u>8.03</u> %						
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
За	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administered for t	he orgar	nization	_	
	by:						Y	'es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat						3b	
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.					
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or ot			Accumul		(d) Book	value
	1 1 7	basis (investm		1 ' '	epreciati	I		
1a	Land	<u> </u>						
	Buildings							
	Leasehold improvements							
		I	52	7,405.	473,	411.	53	,994.
	Equipment Other		<u> </u>	7,400	<u> </u>	•		, , , , , ,
	OtherAdd lines 1a through 1e //Column (d) must on		((D) . !	0)			53	.994.

Schedule D (Form 990) 2017

C/O SUNY PURCHASE

Part VII Investments - Other Securities.						
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	e 11b. See Form 990, Pa	art X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or en	d-of-year market value		
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A) FIDELITY CONTRA FUND	4,332,376	• END-OF-YE	AR MARKET	VALUE		
(B) VANGUARD 500 INDEX						
(C) ADMIRAL FUND	8,867,112	• END-OF-YE	AR MARKET	VALUE		
(D) INVESTMENTS HELD FOR GIFT						
(E) ANNUITIES	189,032					
(F) VANGUARD MID CAP INDEX	6,016,575	• END-OF-YE	AR MARKET	VALUE		
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	19,405,095	•				
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes"						
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or en	d-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"		e 11d. See Form 990, Pa	art X, line 15.	1 (1) 5		
(a)	Description			(b) Book value		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u> 9 15.)</u>		<u></u>			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir		990, Part X, line 25	j		
1. (a) Description of liability		(b) Book value				
(1) Federal income taxes	D NIDIO					
(2) DUE TO STATE UNIVERSITY OF	r NEW	162 752				
(3) YORK		163,752.				
(4) GIFT ANNUITY PAYABLE		85,241.				
(5) DUE TO PURCHASE COLLEGE		1 020 571				
(6) ASSOCIATION		1,930,571.				
(7)						
(8)						
(9)		0 150 564				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	•	2,179,564.				
2. Liability for uncertain tax positions. In Part XIII, provide						
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Ched	k here if the text of the f				
	Schedule D (Form 990) 2017					

732053 10-09-17

PURCHASE COLLEGE FOUNDATION, INC. 23-7066616 Page 4 C/O SUNY PURCHASE Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 14,072,908. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -7,215,451 a Net unrealized gains (losses) on investments 2a 966,330. Donated services and use of facilities Recoveries of prior year grants 2c 123,288. Other (Describe in Part XIII.) -6,125,833. Add lines 2a through 2d 2e 20,198,741. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 198,718. a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 574,940. c Add lines 4a and 4b 4c 20,773,681. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 10,071,639. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 966,330. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c 84,004. **d** Other (Describe in Part XIII.) 1,050,334. Add lines 2a through 2d 2e 9,021,305. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 198,718. a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 198,718. 4c c Add lines 4a and 4b 9,220,023. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART IV, LINE 2B: THIS AMOUNT REFLECTS CUSTOMER DEPOSITS PERTAINING TO USE OF CERTAIN FACILITIES AT THE PERFMORMING ARTS CENTER AND ARE RETURNED ONCE ALL OBLIGATIONS ARE MET. PART XI, LINE 2D - OTHER ADJUSTMENTS: PURCHASE COLLEGE - PERFORMING ARTS CENTER FOUNDATION 123,288. REVENUE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITIES

459,645.

FUNDRAISING EXPENSE

-83,423.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC. C/O SIMV DIDCHASE

Employer identification number 23-7066616

C/O 50N	I PURCHASE				23-7000	010
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng activ	rities. (Check all that apply.		
a X Mail solicitations				overnment grants		
b X Internet and email solicitations			-	nment grants		
V	g X Special					
	g [X] Special	lunara	asing	events		
d X In-person solicitations						
2 a Did the organization have a written of						
key employees listed in Form 990, P	· · · · · · · · · · · · · · · · · · ·			-	X Yes	
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	ne fundraiser is to be	•
compensated at least \$5,000 by the	organization.					
		····			() A	
(i) Name and address of individual	(C) A - 45 - 54 -	fundi	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	or cor	ustody itrol of	from activity	fundraiser	to (or retained by) organization
		contrib	utions?		listed in col. (i)	organization
AGB INSTITUTIONAL STRATEGIES		Yes	No			
- 1133 20TH ST NY SUITE 300,	CAMPAIGN PLANNING		Х	0.	15,000.	-15,000.
MARTS & LUNDY - 1200 WALL ST	DATABASE REVIEW FOR MAJOR					
W, LYNDHURST, NJ 07071	GIFTS		Х	0.	12,250.	-12,250.
Total					27,250.	-27,250.
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
or licensing.		70 F	73 5		ET 03 770	7777 7 3 340
CA, CO, ME, MD, MA, MI, MN,		SC, V	IA,W	II,AL,AR,CO	,FL,GA,KS,	KY,LA,MS
MI, NM, NC, OK, OR, RI, TN,	VA,WV					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Sch	edul	PURCHAS le G (Form 990 or 990-EZ) 2017 C/O SUN	E COLLEGE FOU Y PURCHASE	JNDATION, INC		7066616 Page 2
	rt I	Fundraising Events. Complete if the	e organization answered		t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro			<u> </u>	s greater than \$5,000.
			(a) Event #1 ANNIVERSARY GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
•			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	187,820.			187,820.
	2	Less: Contributions	139,702.			139,702.
	3	Gross income (line 1 minus line 2)	48,118.			48,118.
	4	Cash prizes				
w	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
Ö	8	Entertainment	00 400			02 422
	9	Other direct expenses Direct expense summary. Add lines 4 through	0 : (-1)			83,423. 83,423.
	10	Net income summary. Subtract line 10 from li			_	-35,305.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	007000
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
	3	Noncash prizes				
Direct Exper	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	

а	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?	Yes	□ No
b	o If "No," explain:		
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:	Yes	☐ No

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

PURCHASE COLLEGE FOUNDATION, INC.

Sche	edule G (Form 990 or 990-EZ) 2017 C/O SUNY PURCHASE	23-70	0666	16 _{Page} ;
11	Does the organization conduct gaming activities with nonmembers?		Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		☐ Ye	es No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	
	An outside facility		13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	es No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of continue provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ye	es LNo
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
Par	organization's own exempt activities during the tax year \$\bigs\\$\$ \$\text{t IV} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. ling	oc Q. Qh	10h 15h
- 41	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III I	35 9, 9D	, 100, 130,
a a t	THOUGH O DADE T I THE OD I TOWN OF MEN HIGHERE DATE HINDDAY	ann a		
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS	•	
<u>(I)</u>) NAME OF FUNDRAISER: AGB INSTITUTIONAL STRATEGIES			
<u>(I)</u>) ADDRESS OF FUNDRAISER: 1133 20TH ST NY SUITE 300, WASHING	TON,	DC	20036

PURCHASE COLLEGE FOUNDATION, INC.

Schedule G (Form 990 or 990-EZ) C/O SUNY PURCHASE	23-7066616 Page 4
Schedule G (Form 990 or 990-EZ) C/O SUNY PURCHASE Part IV Supplemental Information (continued)	

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

PURCHASE COLLEGE FOUNDATION, INC.

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

C/O SUNY	PURCHASE	-					23-7066616
Part I General Information on Grants a	and Assistance					<u>.</u>	
Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectior	า
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "\	es" on Form 990, Part I'	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	and government or	anizations listed in th	e line 1 table	1	<u>I</u>	1	•
3 Enter total number of other organization	-						

Page 2

C/O SUNY PURCHASE

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. ART I, LINE 2 5% OF INSTITUTIONAL SCHOLARSHIPS ARE APPLIED DIRECTLY TO STUDENT CCOUNTS BY THE PURCHASE COLLEGE OFFICE OF STUDENT SERVICES. THE EMAINDER ARE AWARDED DIRECTLY TO CURRENT STUDENTS OF THE COLLEGE FOR DUCATIONAL RELATED EXPENDITURES WHICH HELP TO ENRICH STUDENTS' COLLEGE	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2 PS 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						
Part W Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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 BDUCATIONAL RELATED EXPENDITURES WHICH HELP TO ENRICH STUDENTS' COLLEGE	CHOLARSHIPS ARE GIVEN TO STUDENTS BASED ON NEED,					
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	ACADEMIC PERFORMANCE AND ARTISTIC ACHIEVEMENTS.	791	2,101,737.	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						
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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						
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						
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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						
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						
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						
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.						
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						
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	Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
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	PART I, LINE 2					
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	95% OF INSTITUTIONAL SCHOLARSHIPS .	ARE APPLI	ED DIRECTI	Y TO STUDE	NT	
REMAINDER ARE AWARDED DIRECTLY TO CURRENT STUDENTS OF THE COLLEGE FOR EDUCATIONAL RELATED EXPENDITURES WHICH HELP TO ENRICH STUDENTS' COLLEGE						
EDUCATIONAL RELATED EXPENDITURES WHICH HELP TO ENRICH STUDENTS' COLLEGE	ACCOUNTS BY THE TOKEHADE COLLEGE O	11101 01	BIODENI BI	MVICED: III	<u> </u>	
	REMAINDER ARE AWARDED DIRECTLY TO	CURRENT S	TUDENTS OF	THE COLLE	GE FOR	
EXPERIENCES AND SUPPORT THEIR ABILITY TO COMPLETE THEIR DEGREES.	EDUCATIONAL RELATED EXPENDITURES W	HICH HELP	TO ENRICH	STUDENTS'	COLLEGE	
	EXPERIENCES AND SUPPORT THEIR ABIL	ITY TO CC	MPLETE THE	EIR DEGREES		

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Inspection

Internal Revenue Service Name of the organization PURCHASE COLLEGE FOUNDATION, INC. **Employer identification number** C/O SUNY PURCHASE 23-7066616 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization KELSEY BROD DAUGHTER OF EXEC 18,000.FY 16/17 SCHO 11,000.FY 17/18 SCHO KELSEY BROD DAUGHTER OF EXEC

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2017 C/O SUNY PURCHASE

Part IV	Rusiness Tra	neactions	Involving	Interested	Persons

Complete if the organization answered (a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	3b, or 28c. (c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
Part V Supplemental Information					
Provide additional information for response	nses to questions on Schedule L (see in	nstructions).			
SCH L, PART III, GRANTS OR	ASSISTANCE BENEFITT	ING INTERES	TED PERSONS	:	
(A) NAME OF PERSON: KELSEY	BROD				
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
DAUGHTER OF EXECUTIVE DIRECT	CTOR				
(C) AMOUNT OF GRANT \$ 18,0	000.				
(D) TYPE OF ASSISTANCE: FY	16/17 SCHOLARSHIPS				
(A) NAME OF PERSON: KELSEY	BROD				
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
DAUGHTER OF EXECUTIVE DIREC	CTOR				
(C) AMOUNT OF GRANT \$ 11,0	000.				
(D) TYPE OF ASSISTANCE: FY	17/18 SCHOLARSHIPS				
SCHEDULE L PART III					
	7 1617 WAG THANKING	NIMI V OVER C	OKED TA		
THE AWARD OF \$18,000 FOR FY	I TOI/ WAS INADVERTE	MILTI OVEKTO	OVED IN		
COMPLETING THE FORM 990.	ADDITIONALLY, MS. BR	OD, EXECUTI	VE DIRECTOR	. ,	
DID NOT RECUSE HERSELF FROM	M APPROVAL OF THE FU	NDING TRANS	FER FROM		
PURCHASE COLLEGE FOUNDATION	N TO PURCHASE COLLEG		AWARDED	<u> </u>	

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
SCHOLARSHIPS. HOWEVER, AS IN NORMAL PRACTICE THE TRANSFERS WERE
APPROVED BY ANOTHER OFFICER OF THE COLLEGE. IT SHOULD ALSO BE NOTED
THAT MS. BROD SIGNED HER CONFLICT OF INTEREST STATEMENT DISCLOSING THAT
HER DAUGHTER WAS A STUDENT IN A GRADUATE PROGRAM AND RECEIVING
FINANCING AID.
IN REVIEWING THE FACTS OF THE AWARDS AND FUNDING PROCESS, IT WAS
DETERMINED THAT THE AWARDS TO KELSEY BROD WERE INITIATED AND APPROVED
BY APPROPRIATE FACULTY PERSONS.
IN THE FUTURE, A SYSTEM OF CHECKING FOR DISCLOSURE OF INTERESTED
PARTIES AND DEFINING ANNUAL RECLUSIONS WILL BE ESTABLISHED AND ADHERED
TO.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PURCHASE COLLEGE FOUNDATION, 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 \$ 2,553,751. INCLUDING GRANTS OF \$ 0. REVENUE \$ 103,770.

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 THE PERFORMING ARTS CENTER FOUNDATION FORM 990, AND THE PURCHASE FORM 990, 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) (2017)

732211 09-07-17

Name of the organization PURCHASE COLLEGE FOUNDATION, INC.

C/O SUNY PURCHASE

Employer identification number 23-7066616

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 SHEE SHALL LEAVE THE MEETING DURING THE DISCSSION OF,

AND VOTE ON, THE CONTRACT, TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE

CONFLICT OF INTEREST.

EACH YEAR AT THE BOARD OF TRUSTEE'S 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) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE	Employer identification number 23-706616
ANDERSON HILL ROAD, PURCHASE, NY 10577.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PURCHASED COLLEGE SERVICES:	
PROGRAM SERVICE EXPENSES	468,544.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	468,544.
PERFORMER FEES:	
PROGRAM SERVICE EXPENSES	954,488.
MANAGEMENT AND GENERAL EXPENSES	12,230.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	966,718.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	224,875.
MANAGEMENT AND GENERAL EXPENSES	132,110.
FUNDRAISING EXPENSES	153,165.
TOTAL EXPENSES	510,150.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,945,412.
FORM 990, PART XII, LINE 2C:	
THERE IS ONE AUDIT COMMITTEE FOR PURCHASE COLLEGE FOUNDATI	ON,
PERFORMING ARTS CENTER FOUNDATION, AND FRIENDS OF THE NEUE	BERGER MUSEUM.
EACH OF THE RELATED ORGANIZATIONS' BOARD IS REPRESENTED ON	I THIS
COMMITTEE.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

PURCHASE COLLEGE FOUNDATION, INC.

Inspection **Employer identification number**

OMB No. 1545-0047

Open to Public

Name of the organization C/O SUNY PURCHASE 23-7066616 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
PERFORMING ARTS CENTER FOUNDATION, INC	SUPPORT THE PERFORMING						
13-4072259, 735 ANDERSON HILL ROAD,	ARTS CENTER AT SUNY				PURCHASE COLLEGE		
PURCHASE, NY 10577	PURCHASE	NEW YORK	501(C)(3)	LINE 12A, I	FOUNDATION	X	
PURCHASE COLLEGE FOUNDATION HOUSING CORP -							
13-4086734, 735 ANDERSON HILL ROAD,	SEE EXPLANATION IN PART				PURCHASE COLLEGE		
PURCHASE, NY 10577	VII	NEW YORK	501(C)(3)	LINE 10	FOUNDATION	Х	

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

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.

Organizations treated as a partitioning the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	Disproportionate allocations? Code V-UBI amount in box 20 of Schedule		General of managing partner?	Percentage ownership
		country)		sections 512-514)		4,000,10	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enti	ty			1a		_X_
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s)				1d	Х	
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
Performance of services or membership or fundraising solicitations for related org	anization(s)			11		X
m Performance of services or membership or fundraising solicitations for related organizations and related organizations are related organizations.				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza				1n		X
				10		X
3 1 1 , 3 (,						
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		Х
				1s	Х	
2 If the answer to any of the above is "Yes," see the instructions for information on						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1) PERFORMING ARTS CENTER FOUNDATION	С	459,645.	COST			
(2)						
						
(3)						
(4)						
(5)						
(6)						
732163 09-11-17			Schedule	R (Forn	n 990)	2017

Schedule R (Form 990) 2017

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

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

PURCHASE COLLEGE FOUNDATION, INC.

Schedule F	R (Form 990) 2017 C/O SUNY PURCHASE	23-7066616	Page 5
Part VII	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Provide additional information for responses to questions on Schedule R. See instructions.		

732165 09-11-17 Schedule R (Form 990) 2017