# (Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

Department of the Treasury Internal Revenue Service

▶ 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.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Open to Public Inspection

OMB No. 1545-0047

В	Check if applicab	C Name of organization	D	Employer identif	ication number
	Addre	F PURCHASE COLLEGE FOUNDATION, INC.			
F	chang			23-70666	16
F	chang	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	cuita <b>E</b>	Telephone number	
F	return	725 ANDERCON UTIT DOAD	Suite   L	914-251-	
	⊥lreturn termir ated		G	Gross receipts \$	48,211,820.
	Amen			(a) Is this a group r	
	Applic			for subordinate	
	pendi	SAME AS C ABOVE	Н	(b) Are all subordinates i	ncluded? Yes No
<u></u>	Tax-ex	empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$	527	If "No," attach a	a list. (see instructions)
		te: ▶ N/A		(c) Group exemption	
			Year of f	ormation: 1969	<b>M</b> State of legal domicile: <b>NY</b>
Р	art I	Summary			~~~~
ď	1	Briefly describe the organization's mission or most significant activities: THE FOUNUNDER THE NOT-FOR-PROFIT LAWS OF THE STATE OF			
Governance	2	Check this box if the organization discontinued its operations or disposed of r			
Veri	3	Number of voting members of the governing body (Part VI, line 1a)		1 -	16
		Number of independent voting members of the governing body (Part VI, line 1b)			15
o V	5 5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)			43
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	, p	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,860,662.	
	9	Program service revenue (Part VIII, line 2g)		2,248,963.	
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	3,367,110.	2,195,695.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	<u>0.</u> 9,476,735.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,211,403.	5,178,065. 2,006,769.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0 .	2,000,709.
	14	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	1,808,220.	
Sec	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Fxpenses	h	Total fundraising expenses (Part IX, column (D), line 25)  • 680 , 318 •			7.
Х	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,600,156.	3,460,475.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,619,779.	7,386,735.
		Revenue less expenses. Subtract line 18 from line 12		856,956.	-2,208,670.
ō	39			ning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		6,300,911.	80,455,472.
t As	21	Total liabilities (Part X, line 26)		<u>4,088,980.</u>	2,959,096.
<u>z</u>	22	Net assets or fund balances. Subtract line 21 from line 20	8.	2,211,931.	77,496,376.
	art II				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta et, and complete. Declaration of preparer (other than officer) is based on all information of which pre		•	y knowledge and belief, it is
trut	s, corre	is, and complete. Decial attorn of preparer (other than officer) is based on all information of which preparer	parei iias	any knowieuge.	
Sig	ın	Signature of officer		I Date	
He		PEGGY LUY, INTERIM EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai	d	ARIEL F AMMIRATO		if self-emplo	
Pre	parer	Firm's name ▶ BONADIO & CO., LLP		Firm's EIN ▶	16-1131146
Use	Only	Firm's address 6 WEMBLEY CT			
		ALBANY, NY 12205		Phone no. ( 5	18) 464-4080
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

### PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE 23-7066616 Page 2 Form 990 (2019) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III 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. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 1,768,551. including grants of \$ 1,403,707. ) (Expenses \$ ) (Revenue \$ THE PERFORMING ARTS CENTER, A FOUR THEATER 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 \$2,006,769. including grants of \$2,006,769. ) (Revenue \$	
	INSTITUTIONAL SCHOLARSHIPS ARE AWARDED BY THE COLLEGE USING FUNDS FROM	
	THE PURCHASE COLLEGE FOUNDATION, AS WELL AS OTHER SOURCES. FOUNDATION	
	FUNDS COME FROM THE GENEROUS CONTRIBUTIONS OF DONORS TO THE FOUNDATION.	_
	THESE DONORS ARE INDIVIDUALS, FAMILIES, FOUNDATIONS AND CORORATIONS.	_
	DURING THE 2019-2020 ACADEMIC YEAR, APPROXIMATELY 50.4% OF THE STUDENTS	
	RECEIVED FINANCIAL AID.	
		_

673,175 including grants of \$ 31,517. ) (Revenue \$ THE NEUBERGER MUSEUM OF ART IS THE PREMIER MUSEUM OF MODERN, CONTEMPORARY AND AFRICAN ART IN WESTCHESTER AND FAIRFIELD COUNTIES. THE NEUBERGER PROMOTES THE APPRECIATION AND ENJOYMENT TEACHING MUSEUM, 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.

4d	Other program se	rvices (Describe on Sch	nedule O.)	
	(Expenses \$	1,547,962.	including grants of \$	) (Revenue \$

161,935.)

5,996,457.

Form **990** (2019)

Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	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		_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		<u> </u>
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		<u>X</u>
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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?		3,	
	If "Yes," complete Schedule D, Part IV	9	X	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	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	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 140	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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,	144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form **990** (2019)

Form 990 (2019) C/O SUNY PURCHASE

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	N <sub>a</sub>
22	Did the examination report more than \$5,000 of grants or other assistance to or for democtic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		21	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٦,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
00	"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	30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	October 1 to M. Do 1 th	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- SZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(2.5.
932004	l 01-20-20	Form	220	(2019)

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Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the catendar year anding with or within the year covered by this return  1		o de la continued			Yes	No
their for the calendary year ending with or within the year covered by this return    2a	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements			103	140
b If all least one is reported on line 24, did the organization file all required federal employment tax returns?  Note: If the sum of lines it and 24 sig register than 25, you may be required to e-, fel; (see instructions)  30 ID the organization have unrelated business gross income of \$1,000 or more during the year?  31 If the commendation have unrelated business gross income of \$1,000 or more during the year?  32 At any time during the calendar year, did the organization have an interest in, or a significance or other authority over, a manarial account in a toreign country Such as a bank account, or other financial account?  32 If Year, and the file is a country such as a bank account, securities account, or other financial account?  33 If Year, and a probability that shelter transaction at any time during the tax year?  34 If Year to line is a or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  35 If Year to line is a or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  36 If Year to line is a or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  36 If Year to line is a or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  36 If Year to line is a or 5h, did the organization that it was or is a party to a prohibited tax shelter transaction?  36 If Year, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions?  37 Organizations that may receive deductible?  38 If Year, and the organization notify the donor of the value of the goods or services provided?  39 If Year, and the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the leaves of the organization receive any tunds, directly to pay premiums on a personal benefit contract?  39			2a 0			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _exis_ (see instructions)  a	b			2b		
3a X X b if "Yes," inclinate the number of Forms 88-1 x X b if "Yes," inclinate that received a properties of the organization have unrelated business gross income of \$1,000 or more during the year?  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 is cuch as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross modifies that are normally greater than \$100,000, and did the organization to expansization that it was or is a party to a prohibited tax shelter transaction?  5b X C If "Yes' to line 5a or 5b, did the organization the Form 888-17 x V If "Yes," did the organization the organization the organization than a proper solicity of the organization annual gross modifies that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b X If "Yes," did the organization receive deductible contributions under section 170(c).  a bill the organization receive a gayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Vapanization start may receive deductible contributions under section 170(c).  b If "Yes," inclinate the number of Forms 8222 filed during the year  c Did the organization receive and contribution of qualified intellectual property, did the organization file a Form 1086-07 h.  7d Did the organization received a contribution of a payon of the organization in the Form 8890 as required?  7b Life organization received a contribution of a payon of the payon of						
b If Yes, *Inset It fleed a Form 990T for this year? Pr No* for line 3b, provide an explanation on Schedule O  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 accountry?  4a	За			За		Х
4a A any time during the calendary 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, a centrelise account, or other financial accounts?  b if "Yes", either the name of the foreign country ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year?  5a Was the organization network organization that it was or is a party to a prohibited tax shefter transaction?  5b C  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or a charatable contributions?  6b C  7b Organizations that may receive deductible contributions under section 170(c).  all bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charatable contributions?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate the number of Forms 8282 filed during the year  1 If Yes, indicate the number of Forms 8282 filed during the year  2 Did the organization received a contribution of qualified intellectual property, did the organization file and the property of the organization file forms 820?  7c X  7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required?  7 The organization received a contribution of qualified intellectual property, did the organization file and the property is property is property in the organization file forms 100 property is property in the organization file and prope						
the fire the name of the foreign country   Such as a bank account, securities account, or other financial account ?  b If "Yes," enter the name of the foreign country   Such as a bank account, or other financial accounts ?  b If "Yes," enter the name of the foreign country   Such as a bank account, or other financial accounts ?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," is line 5a or 5b, did the organization file Form 8886-17?  6c Does the organization that were not tax deductible as charitable contributions?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  6d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization start many receive deductible contributions under section 170(c).  6d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization receive a payment in excess of \$75 made party as a contribution of organization transition and party for goods and services provided to the payor?  7 Did the organization received accordination of cytes, or the goods or services provided?  7 Did the organization received accordination of cytes, or the goods or services provided?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 8890 as required?  9 Did the organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4968?  9 Section 501(c)(12) qualified one property in the property in the						
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  bi If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.				0-		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						
	16	•	income?	16		X
		If "Yes," complete Form 4720, Schedule O.			000	/00 : ·

C/O SUNY PURCHASE Form 990 (2019)

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

	Check if Schedule O contains a response or note to any line in this Dest VII			X
202	Check if Schedule O contains a response or note to any line in this Part VI  tion A. Governing Body and Management			Δ
360	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 16	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15	4		
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This occitor b requests information about policies for required by the internal revenue 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 have the state of the first	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
		12a	х	
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b		120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?			v
	The organization's CEO, Executive Director, or top management official	15a		_ <u>X</u> _
b	Other officers or key employees of the organization	15b		<u>X</u>
	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			77
	taxable entity during the year?	16a		<u>X</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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		0	
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			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	ial	
	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			
	SARAH JAMES - 914-251-6045			
	735 ANDERSON HILL ROAD, PURCHASE, NY 10577-1400			
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2019)

### Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Posi		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Lei an	uau	recto	i / ii uS	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	al trus		yee	mper		(** 27 1000 141100)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er			organizations
	line)	Indi	Instii	Officer	Key	Highest compensated employee	Former			
(1) LUCILLE WERLINICH	4.00									
CHAIR		Х		Х				0.	0.	0.
(2) DAVID FLEISHER	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) MICHELLE C. IFILL	2.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(4) CLIFFORD ARONSON	1.00									
TRUSTEE	1	Х						0.	0.	0.
(5) UMRAN BEBA	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(6) SUSAN DUBIN - EX OFFICIO	1.00								•	•
TRUSTEE	1 00	Х						0.	0.	0.
(7) VICKI GILLESPIE	1.00	.,							_	0
TRUSTEE	1 00	Х						0.	0.	0.
(8) RUTH HINERFELD	1.00	37							0	0
TRUSTEE	3.00	Х						0.	0.	0.
(9) WILLIAM KLINGENSTEIN SECRETARY	3.00	Х		х				0.	0.	0.
(10) RICHARD A. MUSKUS, JR.	1.00	Λ		Λ				0.	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
(11) GERI PELL-EX OFFICIO	2.00							•	0.	<u></u>
TRUSTEE	2.00	Х						0.	0.	0.
(12) SUELLEN PELUSO	1.00							•	•	
TRUSTEE		х						0.	0.	0.
(13) JOHN RAMBERG	1.00								•	
TRUSTEE		Х						0.	0.	0.
(14) JUDITH A. RIGGS	2.00									
TREASURER		х		х				0.	0.	0.
(15) SANJAY SANTHANAM	1.00									
TRUSTEE		Х						0.	0.	0.
(16) PETER J. WISE	1.00									
TRUSTEE		Х						0.	0.	0.
(17) DONNA G. FRITHSEN - EX OFFICIO	15.00									
TRUSTEE/EXEC DIRECTOR	10.00	X						0.	0.	0. 5. 990 (22.12)

Form **990** (2019)

Form 990 (2019)

Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		,	т—	<b>(=</b> )	
(A)	(B)			Pos	C) ition	,		(D)	(E)	l _	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	1	stimate	
	week					is botl or/trus		compensation from	compensation from related	ar	nount o	Ж
	(list any	tor						the	organizations	con	npensat	tion
	hours for	director				D.		organization	(W-2/1099-MISC)	1	rom the	
	related	trustee or	ıstee			ensate		(W-2/1099-MISC)	,	orç	ganizati	on
	organizations	Itrus	nal trı		oyee	om of				an	d relate	∍d
	below	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizatio	วทร
	line)	Pu	Inst	i#0	Key	e Fig	Por			₩		
(18) CATHERINE M BROD - EX OFFICIO	15.00	1							_			
FORMER EXEC DIRECTOR	10.00	Х				_		0.	0.	↓		0.
(19) DENNIS CRAIG - EX OFFICIO	3.00	1							_			
TRUSTEE		Х						0.	0.			0.
(20) DONALD CECIL	3.00											
FORMER VICE CHAIR		Х		Х				0.	0.			0.
(21) THOMAS F. EGAN	1.00											
FORMER TRUSTEE		Х						0.	0.			0.
(22) PETER M. FISHBEIN	3.00											
FORMER TRUSTEE		Х						0.	0.			0.
(23) PAT JACOBS	2.00											
FORMER TRUSTEE		Х						0.	0.			0.
(24) ANN SCHEUER	1.00											
FORMER VICE CHAIR		Х		х				0.	0.			0.
(25) THOMAS J. SCHWARZ	3.00	1				T				+		
FORMER TRUSTEE EX-OFFICIO	3.00	х						0.	0.			0.
(26) ROBERT F. WEINBERG	1.00							· ·	•	+-		<u> </u>
FORMER TRUSTEE	1.00	x						0.	0.			0.
	L			<u> </u>		<u> </u>		0.	0.			0.
1b Subtotal	L Coation A							0.	0.			0.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)							0 10					<u> </u>
compensation from the organization	ot illilited to th	1056	IISLE	u al	JOVE	;) WI	IO TE	eceived more man \$100,	000 of reportable			0
compensation from the organization											Yes	No
2 Did the examination list any former officer	diractor twict	ا ۵۰		امسا			. bia	hoot componented own	lavaa an		103	140
3 Did the organization list any <b>former</b> officer,	•	,	,		,	,	_		•			Х
line 1a? If "Yes," complete Schedule J for s										3		
4 For any individual listed on line 1a, is the su	•							•	•			v
and related organizations greater than \$150	0,000? <i>If</i> "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												37
rendered to the organization? If "Yes," com	<u>iplete Schedul</u>	e J f	or sı	ıch į	oers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co										ation fr	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin		ear.			
(A)								(B)			C)	_
Name and business	address	N	ONE	5			$\dashv$	Description of s	ervices	Jompe	nsation	<u> </u>
							_					

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2019) C/O SUN
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line	a in this Part VIII			
		Officer if ochedule o contains a response of	Tiole to any inte	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns 1a					
ir our	k	b Membership dues 1b					
A, G	(	c Fundraising events1c					
a ii	(	d Related organizations1d					
nië.	•	e Government grants (contributions)					
Sig	f	f All other contributions, gifts, grants, and					
her F		similar amounts not included above <b>1f</b>	1,385,211.				
걸	,	g Noncash contributions included in lines 1a-1f					
Ν	:	h Total. Add lines 1a-1f		1,385,211.			
<u>U (0</u>			Business Code	_,===,===.			
	•	DEDECONOMIA 1000 CONTENT TWOOMS	711190	1,403,707.	1,403,707.		
ice	2 6		900099				
Program Service Revenue	t	b OTHER INCOME		155,775.	155,775.		
n S	(	c NEUBERGER MUSEUM OF ART	453220	31,517.	31,517.		
ran Sev	(	d PURCHASE COLLEGE FOUNDATION TICKE	711190	6,160.	6,160.		
90	•	e					
4	f	f All other program service revenue					
	ç	g Total. Add lines 2a-2f		1,597,159.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	<b>&gt;</b>	1,220,665.			1,220,665.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	<b>•</b>				
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a	.,				
		b Less: rental expenses 6b					
		' '''					
		` '					
		d Net rental income or (loss)  a Gross amount from sales of (i) Securities	(ii) Other				
	/ 8		(ii) Other				
		assets other than inventory 7a 44,008,785.					
_	k	b Less: cost or other basis					
her Revenue		and sales expenses					
Ne.		<b>c</b> Gain or (loss) <b>7c</b> 975,030.					
Be	(	d Net gain or (loss)	<b></b>	975,030.			975,030.
her	8 8	a Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	b Less: direct expenses 8b					
	(	c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	<b>•</b>				
		a Gross sales of inventory, less returns					
	10 6	and allowances 10a					
		b Less: cost of goods sold 10b					
-		c Net income or (loss) from sales of inventory					
<u>v</u>		Ļ!	Business Code				
90 n	11 a	a					
an	k	b					
Miscellaneous Revenue	(	c					
Ais	•	d All other revenue					
	•	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,178,065.	1,597,159.	0.	2,195,695.

# Form 990 (2019) C/O SUNY PURCHASE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				Σ
	nt include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	2,006,769.	2,006,769.		
	Grants and other assistance to foreign	2,000,105.	2,000,703.		
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,785,482.	1,322,310.	213,103.	250,069
	Pension plan accruals and contributions (include	,,	. , , , = = ; ,	-,	,
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	134,009.	134,009.		
	Payroll taxes	,	,		
	Fees for services (nonemployees):				
	Management				
	_egal	21,870.		21,870.	
	Accounting	74,325.		74,325.	
	_obbying	•			
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees	235,413.		235,413.	
	Other. (If line 11g amount exceeds 10% of line 25,	-		-	
- (	column (A) amount, list line 11g expenses on Sch 0.)	1,474,908.	1,373,460.	17,117.	84,331
2 /	Advertising and promotion				
3 (	Office expenses	886,241.	620,196.	37,966.	228,079
4 I	nformation technology				
5 F	Royalties				
6 (	Decupancy				
7	Fravel	79,338.	77,641.	1,697.	
3 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
9 (	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates			4- 4- 1	
2 [	Depreciation, depletion, and amortization	15,134.		15,134.	
	nsurance	34,043.	2,204.	31,839.	
2 	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A)				
	Imount, list line 24e expenses on Schedule 0.)  THER EXPENSES	394,264.	220,822.	58,154.	115,288
-	REPAIRS AND MAINTENANCE	176,106.	176,106.	30,1310	
_	RENTALS AND EQUIPMENT	68,833.	62,940.	3,342.	2,551
d	~	,	, - , -	,	,
-	All other expenses				
	Fotal functional expenses. Add lines 1 through 24e	7,386,735.	5,996,457.	709,960.	680,318
	Joint costs. Complete this line only if the organization	-	-		•
	eported 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 (2019)

Part X | Balance Sheet

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X				
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		4,604,810.	1	2,495,864		
	2	Savings and temporary cash investments				997,374.	2	997,378
	3	Pledges and grants receivable, net		925,598.	3	386,780		
	4	Accounts receivable, net		431,187.	4	30,216		
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, suk	ostantial	contributor, or 35%				
		controlled entity or family member of any of the	nese per	sons			5	
	6	Loans and other receivables from other disqu	alified p	ersons (as defined				
		under section 4958(f)(1)), and persons describ			6			
2	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
۲ ۲	9	5				31,812.	9	29,021
	10a	Land, buildings, and equipment: cost or other	-					
		basis. Complete Part VI of Schedule D	. 10a	1	0.			
	b	Less: accumulated depreciation	10k		0.	38,860.		0
	11	Investments - publicly traded securities		59,194,419.		49,813,803		
	12	Investments - other securities. See Part IV, line		20,015,994.	12	26,596,704		
	13	Investments - program-related. See Part IV, lin			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		60,857.	15	105,706		
	16	Total assets. Add lines 1 through 15 (must ed				86,300,911.	16	80,455,472
	17	Accounts payable and accrued expenses		608,184.	17	530,246		
	18	Grants payable		004 065	18	100 (50		
	19	Deferred revenue				934,367.	19	129,659
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complet					21	
es	22	Loans and other payables to any current or fo						
≝		trustee, key employee, creator or founder, sub						
Liabilities		controlled entity or family member of any of the	-		·····  -		22	
-	23	Secured mortgages and notes payable to unre			·····		23	
	24	Unsecured notes and loans payable to unrela			·····  -		24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lin				2 546 420		2 200 101
		of Schedule D				2,546,429.		2,299,191
	26	Total liabilities. Add lines 17 through 25				4,088,980.	26	2,959,096
ဖွ		Organizations that follow FASB ASC 958, c	neck ne	ere 🕨 🔼				
nce	07	and complete lines 27, 28, 32, and 33.				7,338,576.	07	6,455,846
ala	27	Net assets without donor restrictions				74,873,355.	27	71,040,530
d B	28	Net assets with donor restrictions			·····  -	74,073,333.	28	71,040,550
ا ج		Organizations that do not follow FASB ASC	, 958, CI	neck nere				
P	20	and complete lines 29 through 33.	40		- 1		20	
şt	29	Capital stock or trust principal, or current fund					29 30	
SSI	30	Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	31					82,211,931.	32	77,496,376
Ž	32	Total net assets or fund balances  Total liabilities and net assets/fund balances				86,300,911.	33	80,455,472
	33	TOTAL HADHILLES AND THEL ASSELS/TUND DAIANCES				00,000,011.	აა	Form <b>990</b> (2019

Form **990** (2019)

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		5,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,38	6,7	35.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	2,20	8,6	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	82	2,21	1,9	31.
5	Net unrealized gains (losses) on investments	5	-2	2,50	6,8	85.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	75	7,49	6,3	76.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					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	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				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	tit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h	l	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

PURCHASE COLLEGE FOUNDATION, **Employer identification number** Name of the organization 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). 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

23-7066616 Page 2

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

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

Calendary area (or fiscal year beginning in)   Califis, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   1665642. 3678128. 3995455. 3860662. 1385211. 14585098.	Sec	tion A. Public Support							
membarship fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf core expended on tis behalf core expended on the tis behalf core	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1665642   3678128   3995455   3860662   1385211   14585098   1265642   1272708   128065   1280121   1280	1	Gifts, grants, contributions, and							
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsectime 3 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 10 Other income. Do not include gail assection (Explain) in Public support. Add lines 7 through 10 10 Other income. Do not include gail assets (Explain in Part VI). 11 Total support tax library. Add lines 7 through 10 12 Gross receipts from related cutvities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization of the organization of the rother organization of the size of capital assets (Explain in Part VI). 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 Public support percentage from 2018 Schedule A, Part II, line 14 16 Sa 31 1/3% support test - 2019. If the organization id in of check a 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 meets the "facts and circumstances test - 2019. If the organization of the check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances test - 2019. If the organization of did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances test - 2019. If the organization of did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organiza		membership fees received. (Do not							
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsectime 3 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 10 Other income. Do not include gail assection (Explain) in Public support. Add lines 7 through 10 10 Other income. Do not include gail assets (Explain in Part VI). 11 Total support tax library. Add lines 7 through 10 12 Gross receipts from related cutvities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization of the organization of the rother organization of the size of capital assets (Explain in Part VI). 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 Public support percentage from 2018 Schedule A, Part II, line 14 16 Sa 31 1/3% support test - 2019. If the organization id in of check a 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 meets the "facts and circumstances test - 2019. If the organization of the check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances test - 2019. If the organization of did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances test - 2019. If the organization of did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organiza		include any "unusual grants.")	1665642.	3678128.	3995455.	3860662.	1385211.	14585098.	
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 to the organization 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)	2	Tax revenues levied for the organ-							
or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  4. Total. Add lines 1 through 3  5. The portion of total contributions by each person (either than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6. Public support. Subteact line 5 form line 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11. Total support. Add lines 7 through 10.  12. Gross receipts from related activities, etc. (see instructions)  13. First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501c(s) organization, check this box and stop here. The organization qualifies as a publicly supported organization and first portion, and if the organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI who the pagnization meets the "facts and circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances test - 2018. If the organization of hox of box on dot stop here. Explain in Part VI who the organization meets the "facts and circumstances test, check this box and stop here. Explain in Part VI who the organization meets the "facts and circumstances test, check this box and stop here. Explain in Part VI who the organization meets the "facts and circumstances test, check this box and stop here. Explain in Pa		•							
3 The value of services or facilities furnished by a governmental unit to the organization without charge (and the organization) in the organization without charge (but he organization) in the organization without charge (but he organization) in Part VI).  3 Total Add lines 1 through 3		•							
turnished by a governmental unit to the organization without charge to the organization without charge to the organization without charge (a 2520303 december 2	3								
## Total. Add lines 1 through 3  ## Total. Add lines 1 through 10  ## Total.	•								
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, Setheratives from line 4  Section B. Total Support  2323061.  6 Public support (official year beginning in)    7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from inrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 33 1/3% support test - 2019. 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 where. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI			854.661.	863.584.	966.330.	1150713.	1069592.	4904880.	
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organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 33 1/3% support test - 2019. 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  17 3 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		•	•	,					
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more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□	
	b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part VI how the	e	
		organization meets the "facts-and-circ	umstances" test. 7	Γhe organization q	ualifies as a public	ly supported orgar	nization	▶∐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b				

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support	Ow, picase com	picto i ait ii.j				
alendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
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 organization'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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(4) 2013	(6) 2010	(6) 2011	(4) 2010	(6) 2013	(i) Total
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for t	•			•	. , . ,	
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public						
15 Public support percentage for 2019 (lin					15	9/
Public support percentage from 2018 S					16	9
Section D. Computation of Invest					T .= T	
Investment income percentage for 201					17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2019. If the o						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2018. If the c	-	-		•		
line 18 is not more than 33 1/3%, checl	k this box and <b>s</b>	<b>top here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14 19	a or 19b check th	nis box and see ins	structions	▶

932023 09-25-19

# 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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		
	3c		
	4a		
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	9b		
	00		
	9c		
	, -		
	10a		
	10b		
_			

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
_		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	•	ne organization operate for the benefit of any supported organization other than the supported	_		
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
_		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations	•		
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 (see instr	uctions)	_	
2		ities Test. Answer (a) and (b) below.	ĺ	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	tion 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	tion 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	tion 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 integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	·	
	(provide details in <b>Part VI</b> ). See instructions.	·		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and a different different and a specific and a spec	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
<u></u> а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	EXCOSS HOTH 2010			

Schedule A (Form 990 or 990-EZ) 2019

# PURCHASE COLLEGE FOUNDATION, INC.

Schedule A	(Form 990 or 990-EZ) 2019 C/O SUN	Y PURCHASE	23-7066616 Page 8
Part VI	<b>Supplemental Information.</b> Prov Part IV, Section A, lines 1, 2, 3b, 3c, 4b, line 1; Part IV, Section D, lines 2 and 3; F	ide the explanations required by Part II, line 10; Part II 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, I section E, lines 2, 5, and 6. Also complete this part for	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part 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

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds 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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

932051 10-02-19

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 C/O SUNY	PURCHASE	OUNDATION		23-7	066616 <sub>Page</sub> 2
	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	er Similar Asse	ts (continued)
3 a b	Using the organization's acquisition, accession collection items (check all that apply):  Public exhibition Scholarly research		s, check any of the f	ollowing that make s		,
c 4 5	Preservation for future generations Provide a description of the organization's coll During the year, did the organization solicit or to be sold to raise funds rather than to be maint IV Escrow and Custodial Arrange	receive donations on the receive donations of the receive donations of the received as part of the rec	f art, historical treas ne organization's co	sures, or other simila	ır assets	Yes No
1a	reported an amount on Form 990, Part  Is the organization an agent, trustee, custodiar		ary for contributions	s or other assets not	included	
	on Form 990, Part X?				_	Yes X No
D	If "Yes," explain the arrangement in Part XIII ar	ia complete the foil	owing table:			Amount
c	Beginning balance				1c	Amount
	Additions during the year					
f	Ending balance					
	Did the organization include an amount on For	m 990, Part X, line	21, for escrow or cu	istodial account liab	ility?	X Yes No
Par	If "Yes," explain the arrangement in Part XIII. C					X
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	77,949,084.	75,248,119.	67,592,831.	60,111,704	
b	Contributions	565,797.	2,393,272.	4,025,782.	1,030,533	. 417,006.
С	Net investment earnings, gains, and losses	-406,578.	3,995,497.	7,487,722.	9,456,099	-468,505.
d	Grants or scholarships	2,006,769.	2,211,403.	2,101,737.	767,977	. 783,594.
е	Other expenditures for facilities and programs	1,688,894.	1,476,383.	1,756,479.	2,237,528	2,434,869.
f	Administrative expenses	, ,	, ,	, ,	, ,	, ,
g	End of year balance	74,412,640.	77,949,084.	75,248,119.	67,592,831	. 60,111,704.
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a)	) held as:		
а	Board designated or quasi-endowment	9.97	%	,		
	Permanent endowment ► 54.74	%	_			
	Term endowment ▶ 35.29 % The percentages on lines 2a, 2b, and 2c should					
За	Are there endowment funds not in the possess by:	•	tion that are held ar	nd administered for t	he organization	Yes No
	(i) Unrelated organizations					3a(i) X 3a(ii) X
h	(ii) Related organizations					·
4	Describe in Part XIII the intended uses of the o					[30]
_	t VI Land, Buildings, and Equipme		vinent iunus.			
	Complete if the organization answered		. Part IV, line 11a. S	ee Form 990. Part X	. line 10.	
	Description of property	(a) Cost or of basis (investment)	ther <b>(b)</b> Cost	or other (c)	Accumulated epreciation	(d) Book value
12	Land	225.5 (111755111	2000	(=/S.) ui		

Schedule D (Form 990) 2019

e Other

b Buildingsc Leasehold improvementsd Equipment

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

C/O SUNY PURCHASE

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			- d - f d f b
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	7 077 640	TAID OF VEAD MADKED	n 173 T TTD
(A) FIDELITY CONTRA FUND (B) INVESTMENTS HELD FOR GIFT	7,077,649.	END-OF-YEAR MARKET	L ANTOF
	12,932.	END-OF-YEAR MARKET	n 177 t t t t t t t t t t t t t t t t t t
111110111 DD 111 DD 1	19,506,123.	END-OF-YEAR MARKET	
	19,300,123.	END-OF-TEAK MARKET	VALUE
(E)			
(F)			
(G) (H)			
` /	26,596,704.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	20,330,704.		
	an Farma 000 Dart IV line 4	III. Can Farras 000 Bart V line 10	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
( )	(b) Book value	(c) Wethod of Valuation. Cost of Ci	id of year market value
(1) (2)			
• •			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11d See Form 990 Part X line 15	
	Description	174. 335 F 3111 335, F 4177, III 3 73.	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		•
Part X Other Liabilities.	<u>. 10.,</u>	<u>,                                      </u>	1
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			
(2) DUE TO STATE UNIVERSITY OF	NEW		
(3) YORK			325,758
(4) GIFT ANNUITY PAYABLE			8,536
(5) DUE TO PURCHASE COLLEGE			
(6) ASSOCIATION			1,900,063
(7) DUE TO FRIENDS OF NEUBERGE	ER MUSEUM		
(8) OF ART			64,834.
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	<b>&gt;</b>	2,299,191.
2. Liability for uncertain tax positions. In Part XIII, provide	,		
organization's liability for uncertain tax positions under		· · · · · ·	· -

Schedule D (Form 990) 2019

Par	TXI Reconciliation of Revenue per Audited Financial Statem		h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			2 505 250
1				1	3,505,359.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	0 506 005		
a	Net unrealized gains (losses) on investments	2a	-2,506,885. 1,069,592.		
b	Donated services and use of facilities		1,009,394.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				1 427 202
_	Add lines 2a through 2d			2e	-1,437,293. $4,942,652.$
3	Subtract line 2e from line 1			3	4,942,032.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما	225 /12		
a	Investment expenses not included on Form 990, Part VIII, line 7b		235,413.		
b	Other (Describe in Part XIII.)			4-	225 /12
	Add lines 4a and 4b			4c 5	235,413. 5,178,065.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII   Reconciliation of Expenses per Audited Financial Stater	nents Wi	th Expenses per F		n.
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		an Expended per 1	ictai.	
_				1	8,220,914.
1 2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:			_	0,220,514.
a a	Donated services and use of facilities	2a	1,069,592.		
			1,000,302.		
b	Prior year adjustments Other lesses				
d	Other losses Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	1.069.592.
3	Subtract line 2e from line 1			3	1,069,592. 7,151,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Ŭ	.,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	235,413.		
b	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	235,413.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,386,735.
	t XIII Supplemental Information.				, ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part )	X, line 2; Part XI,
THI	T IV, LINE 2B:  S AMOUNT REFLECTS CUSTOMER DEPOSITS PERTA				
	ILITIES AT THE PERFMORMING ARTS CENTER AN	ND ARE	RETURNED ON	CE A	АЦЦ
OBI	IGATIONS ARE MET.				
PAF	T V, LINE 4				
THE	ENDOWMENT FUNDS ARE DESIGNATED TO PROVI	DE LONG	G TERM SUPPO	RT I	FOR THE
PRO	GRAMS OF SUNY PURCHASE COLLEGE. THE FUNDS	S ARE U	USED TO SUPP	ORT	
SCE	OLARSHIPS AND CAMPUS PROGRAMS.				

# PURCHASE COLLEGE FOUNDATION, INC.

Schedule D (Form 990) 2019 C/O SUNY PURCHASE	23-7066616 Page 5
Schedule D (Form 990) 2019 C/O SUNY PURCHASE  Part XIII Supplemental Information (continued)	

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization PURCHASE C/O SUNY		OUNDATION,	INC.				Employer identification number 23-706616
Part								
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 selecti	on
	criteria used to award the grants or assi							
2	Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part	II Grants and Other Assistance to	Domestic Organiz	zations and Domesti	c Governments.	Complete if the org	anization answered "\	es" on Form 990, Part	t IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.		_	
1	(a) Name and address of organization or government	<b>(b)</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	ne line 1 table	ı		L	<u> </u>
	Enter total number of other organization	•						
	For Paperwork Reduction Act Notice							Schedule I (Form 990) (2019)

23-7066616

Page 2

Schedule I (Form 990) (2019)

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 (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance SCHOLARSHIPS ARE GIVEN TO STUDENTS BASED ON NEED. 0 ACADEMIC PERFORMANCE AND ARTISTIC ACHIEVEMENTS. 804 2,006,769. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV 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 DEGREE.

#### **SCHEDULE 0**

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, INC. C/O SUNY PURCHASE

**Employer identification number** 23-7066616

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTION AND SUPPORT OF PURCHASE COLLEGE, STATE UNIVERSITY OF NEW
YORK. UNIQUELY, PURCHASE COLLEGE COMBINES BOTH RENOWNED AND HIGHLY
SELECTIVE PROFESSIONAL AND CONSERVATORY ARTS PROGRAMS WITH
DISTINGUISHED LIBERAL ARTS AND SCIENCES PROGRAMS. THE LARGEST PROGRAMS
ARE IN VISUAL ARTS, MUSIC, LIBERAL STUDIES, PSYCHOLOGY, DANCE, BIOLOGY,
JOURNALISM AND NEW MEDIA.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES
EXPENSES \$ 1,547,962. INCLUDING GRANTS OF \$ 0. REVENUE \$ 161,935.
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),
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization PURCHASE COLLEGE FOUNDATION, INC.

C/O SUNY PURCHASE

Employer identification number 23-7066616

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
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:

Name of the organization PURCHASE COLLEGE FOUNDATION, INC.  C/O SUNY PURCHASE	Employer identification number 23-706616
NY, PA, WA, AK, ME, MA, MI, MN, NH, NJ, OH, SC, CO, CA, HI, MD, NV, ND, UT, V	VI
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC 1	INSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE E	BY POSTING IT ON
GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDI	TTION, THE
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLE	ES OF
INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN	REQUEST AT 735
ANDERSON HILL ROAD, PURCHASE, NY 10577.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,373,460.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	84,331.
TOTAL EXPENSES	1 454 000
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,474,908.
FORM 990, PART XII, LINE 2C:	
THERE IS ONE AUDIT COMMITTEE FOR PURCHASE COLLEGE FOUNDATI	ION AND
FRIENDS OF THE NEUBERGER MUSEUM. EACH OF THE RELATED ORGAN	NIZATIONS'
BOARD IS REPRESENTED ON THIS 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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

23-7066616

Department of the Treasury Internal Revenue Service Name of the organization

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

C/O SUNY PURCHASE

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

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 Part II 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 ity?
				501(c)(3))		Yes	No
PURCHASE COLLEGE FOUNDATION HOUSING CORP -	_						
13-4086734, 735 ANDERSON HILL ROAD,							
PURCHASE, NY 10577	RESIDENTIAL HOUSING	NEW YORK	501(C)(3)	LINE 10			X
PURCHASE HOUSING CORPORATION II - 82-1262347							
735 ANDERSON HILL ROAD							
PURCHASE, NY 10577	RESIDENTIAL HOUSING	NEW YORK	501(C)(3)	LINE 10			Х
	_						
	-						

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

Schedule R (Form 990) 2019

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 included a parameter specific														
(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 entity	Predominant income (related, unrelated,	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income Share of total (related, unrelated, income	Share of total income	Share of total income	Share of end-of-year	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir	Percentage ownership
3		foreign	,	excluded from tax under		assets		ILIUIIS?	20 of Schedule	partner	<u>'</u>			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N				
							ļ							
										$\vdash$	<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>(b)</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	ction b)(13) rolled tity?
		,						Yes	No

Х

Yes No

C/O SUNY PURCHASE Schedule R (Form 990) 2019

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

Part V	Transactions With Related Organization	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X
С	c Gift, grant, or capital contribution from related organization(s)				1c	X	
	d Loans or loan guarantees to or for related organization(s)				1d	X	
	Loans or loan guarantees by related organization(s)				1e		Х
f	f Dividends from related organization(s)				1f		X
	g Sale of assets to related organization(s)				1g		X
h	h Purchase of assets from related organization(s)				1h		X
i	i Exchange of assets with related organization(s)				1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	r Other transfer of cash or property to related organization(s)				1r		X
	s Other transfer of cash or property from related organization(s)				1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must com-	nplete th	is line, including covered r	elationships and transaction thresholds.			
	(a) (b) Name of related organization Transact type (a)	ction	(c) Amount involved	(d) Method of determining amount invo	lved		
1)							
2)							
3)							
4)							
5)							
6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040

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