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GOVERNMENT COPY



**FEBRUARY 28, 2025** 

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

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2024

#### PREPARED FOR:

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

#### PREPARED BY:

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

#### AMOUNT DUE OR REFUND:

**NOT APPLICABLE** 

#### **MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

#### RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2025

#### **SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

and ending JUN 30, 2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

JUL 1, 2023

Inspection

	heck if pplicable	C Name of organization PURCHASE COLLEGE FOUNDATION, INC.	D Employer identified	cation number				
	Addres	S C /O CINIX DIDCUAGE						
	Name change	Doing business as	23-70666	16				
	□ Initial □ return □ Final	Number and street (or P.O. box if mail is not delivered to street address)  Room/su	E Telephone number 914-251-6045					
	return/ termin	735 ANDERSON HILL ROAD						
	ated □Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	114,340,053.				
$\vdash$	_return □Applic	PURCHASE, NY 10577  F Name and address of principal officer: SUELLEN MCAVOY PELUSO	H(a) Is this a group re					
	⊥tion pendir	SAME AS C ABOVE		for subordinates? Yes X No  H(b) Are all subordinates included? Yes No				
				list. See instructions				
	Vebsit		H(c) Group exemption					
				1 State of legal domicile: NY				
	art I	Summary	car or formation. 23 05   16	otate of legal dofficite, 242				
	1	Briefly describe the organization's mission or most significant activities: THE FOUNI	DATION WAS INC	CORPORATED				
Governance		UNDER THE NOT-FOR-PROFIT LAWS OF THE STATE OF						
rna	2	Check this box if the organization discontinued its operations or disposed of me	ore than 25% of its net ass					
ove	I	Number of voting members of the governing body (Part VI, line 1a)		17				
ত		Number of independent voting members of the governing body (Part VI, line 1b)		16				
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		0				
Activities &		Total number of volunteers (estimate if necessary)		17				
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	Current Year				
		Contributions and greats (Port VIII line 1h)	1,627,506.	2,462,202.				
Revenue	8	Contributions and grants (Part VIII, line 1h)	265,840.	282,314.				
	9	Program service revenue (Part VIII, line 2g)	1,327,953.	477,574.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,221,299.	3,222,090.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,299,228.	2,418,752.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,100,504.	2,362,047.				
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 684,525.						
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,586,729.	2,686,551.				
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,986,461.	7,467,350.				
	19	Revenue less expenses. Subtract line 18 from line 12	-2,765,162.	-4,245,260.				
Net Assets or			Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	96,828,921.	101,750,121.				
t As	21	Total liabilities (Part X, line 26)	11,345,788.	11,930,296.				
캺	22	Net assets or fund balances. Subtract line 21 from line 20	85,483,133.	89,819,825.				
	art II	Signature Block						
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.					
		Signature of officer	l Date					
Sigi			Date					
Her	е	SUELLEN MCAVOY PELUSO, BOARD CHAIR  Type or print name and title						
			Date Check	PTIN				
Paid	ı	Print/Type preparer's name Preparer's signature  ARIEL F RUIZ ARIEL F RUIZ	02/28/25 self-employ					
	arer	Firm's name BONADIO & CO., LLP		6-1131146				
	Only	Firm's address 6 WEMBLEY CT	LIIIII S EIN T	<u> </u>				
500	Jilly	ALBANY, NY 12205	Phone no (5	18) 464-4080				
— Mar	the IE	RS discuss this return with the preparer shown above? See instructions	I r none no. ( 5	X Yes No				
ıvıa)	- LI IC IF	Denominate Deduction Act Nation and the congrete instructions						

	PURCHASE COLLEGE FOUNDATION, INC.
	990 (2023) C/O SUNY PURCHASE 23-7066616 Page
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FOUNDATION WAS INCORPORATED UNDER THE NOT-FOR-PROFIT LAWS OF THE
	STATE OF NEW YORK FOR THE PROMOTION OF LITERATURE, HISTORY, VISUAL AND
	PERFORMING ARTS, SCIENCE AND OTHER DEPARTMENTS OF EDUCATION AT THE
	STATE UNIVERSITY OF NEW YORK AT PURCHASE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 2 , 2 4 4 , 0 5 9 . including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$2, 244, 059. including grants of \$) (Revenue \$) THE FOUNDATION PROVIDED RESOURCES IN ORDER TO ATTRACT AND RETAIN
	EXCEPTIONAL FACULTY, AID IN CURRICULUM ENHANCEMENT AND SUPPORT PUBLIC
	LECTURES WHICH PROVIDE OPPORTUNITIES FOR STUDENTS AND LOCAL COMMUNITY
	MEMBERS ALIKE TO INTERACT WITH EXPERTS IN VARIOUS DISCIPLINES.
	MEMBERS ALIKE TO INTERACT WITH EXPERTS IN VARIOUS DISCIPLINES.
	2 419 752
4b	(Code:) (Expenses \$2,418,752. including grants of \$2,418,752. ) (Revenue \$
4b	INSTITUTIONAL SCHOLARSHIPS ARE AWARDED BY THE COLLEGE USING FUNDS FROM
4b	INSTITUTIONAL SCHOLARSHIPS ARE AWARDED BY THE COLLEGE USING FUNDS FROM THE PURCHASE COLLEGE FOUNDATION, AS WELL AS OTHER SOURCES. FOUNDATION
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706,939. including grants of \$
xpenses 6,526,719.

Form **990** (2023)

Other program services (Describe on Schedule O.)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			囗
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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#### Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter 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 a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a 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? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form **990** (2023)

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 17									
	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 16									
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?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		_X_						
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>4</u> 5	X	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									
, u	more members of the governing body?	7a		Х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra								
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75								
а		8a	Х							
a h	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X							
9		00								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х						
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa								
b		10b								
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
_	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13									
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х							
40	on Schedule O how this was done	12c 13	X							
13	Did the organization have a written whistleblower policy?	14	X							
14 15	Did the organization have a written document retention and destruction policy?	14	-21							
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?	150		Х						
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a 15b		X						
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130								
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
iud		16a		Х						
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa								
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed NY, PA, WA, AK, ME, MA, MI, MN, NH	N.T	ОН	SC						
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 for public inspection. Indicate how you made these available. Check all that apply.	Orny) a	avalidi	)IC						
10	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, and	ıınand	ıaı							
20	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									
	GEE COMEDINE O EOD ENTLITACE OF CENTER	Γα	gan	(2023)						
33200E	5 12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES	LUIII	550	(2023)						

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

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		Cer ai	lu a u	recid	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	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	10001120)	and related
	below	Individual trustee or director	Institutional trustee	<u>~</u>	Key employee	sst co	er	1		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) LUCILLE WERLINICH	1.00									
CHAIR EMERITA		Х						0.	0.	0.
(2) DAVID FLEISHER	1.00									
TRUSTEE		Х						0.	0.	0.
(3) SUELLEN PELUSO	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) CLIFFORD ARONSON	1.00	1								_
VICE CHAIR		Х		Х				0.	0.	0.
(5) JAMES DUBIN	1.00	1								
TRUSTEE		Х						0.	0.	0.
(6) SEBNEM ERIM	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(7) MICHAEL FONSECA	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(8) VICKI GILLESPIE	1.00									
TRUSTEE	1 00	Х	_					0.	0.	0.
(9) WILLIAM KLINGENSTEIN	1.00	.,		,,						
SECRETARY	1 00	Х		Х				0.	0.	0.
(10) RICHARD A. MUSKUS, JR.	1.00	<b>.</b> ,						0.		_
TRUSTEE (11) GERI PELL	1.00	Х						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(12) JASON SOTO	15.00	Λ						0.	0.	<u></u>
EX-OFFICIO (NON-VOTING)	13.00	Х						0.	0.	0.
(13) JUDITH A. RIGGS	1.00									<u> </u>
TREASURER	1100	х		x				0.	0.	0.
(14) DEBRA ROTH	1.00								•	
TRUSTEE		Х						0.	0.	0.
(15) GERHARD SEEBACHER	1.00									
TRUSTEE		Х						0.	0.	0.
(16) PETER J. WISE	1.00									
VICE CHAIR		Х		Х			L	0.	0.	0.
(17) MILAGROS PENA	3.00									
EX-OFFICIO		Х						0.	0.	0.

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Form 990 (2023)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos			one	Reportable Reportable			Estimated		
		hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation		amount o		of
				cer ar	nd a d	irecto	or/trus	tee)	from	from related	ł		other	
		(list any	director						the	organization		com	pensa	tion
		hours for	or dir	au			ted		organization	(W-2/1099-MIS	SC/	l	om th	
		related	trustee or	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)		ı ~	anizat	
		organizations below	ıal trı	onal		ploye	E S		1099-NEC)			l .	d relat	
		line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18)	AMANDA WALKER	15.00	드	트	5	, X	王志	프						
EX-O	FFICIO (NON-VOTING)		Х						0.		0.			0.
(19)	PAUL ZUKOWSKY	1.00												
EX-O	FFICIO (NON-VOTING)		Х						0.		0.			0.
	REED ELFENBEIN	1.00	1											
	ETARY		х		x				0.		0.			0.
(21)	ROY MOSKOWITZ	1.00			<del> </del>									
TRUS			х						0.		0.			0.
			1											
			1											
			1											
			1											
			1											
1b	Subtotal	l							0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100.	000 of reportable	,			
_	compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0
	oon periodicir non the enganization												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. k	cev e	lame	ove	e. or	hia	hest compensated emp	lovee on				
	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		•	•	•		3		Х
4	For any individual listed on line 1a, is the su													
-	and related organizations greater than \$150	•							•	•		4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	•				•			· ·			5		Х
Sec	tion B. Independent Contractors	prote Corrogan	J U 1.	0, 00	,	00,0	,011							
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith d	or wi	thin	the organization's tax y	ear.				
	(A)	_							(B)			((	<del></del>	
	Name and business	address							Description of s	services	C	compe		า
MCZ	LLISTER AND QUINN LLC,	1625 E	ΥE	S	TR	EΕ	Т,							
NW	SUITE 750, WASHINGTON,	DC 200	06					(	GRANT CONSUL	TING		11	8,9	<u> 29.</u>

Form **990** (2023)

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

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

			Check if Schedule O contains a respons	e or note to ar	nv line	e in this Part VIII			
						(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S (0	1	_	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts									
Ę g					-				
fts, Ar					-				
ig gi									
ns, Sim			Government grants (contributions) 1e		-				
utio er (	ľ	Ť	All other contributions, gifts, grants, and	2 462 2	ا م				
έŧ			similar amounts not included above 1f	2,462,2	02.				
ont od (		_	Noncash contributions included in lines 1a-1f		-	0.460.000			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f	T		2,462,202.			
			OWNED THROWS	Business C	ode	000 214	202 214		
ce	2	а	OTHER INCOME	711190		282,314.	282,314.		
e vi		b		-					
Sc		С		-					
ran Sev		d							
Program Service Revenue		е		_					
ď		f	All other program service revenue	900099					
		g	Total. Add lines 2a-2f			282,314.			
	3		Investment income (including dividends, inte	erest, and					
		other similar amounts)				2,206,607.			2206607.
	4		Income from investment of tax-exempt bond	l proceeds					
	5		Royalties						
			(i) Real	(ii) Persor	nal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of (i) Securities	s (ii) Othe	r				
			assets other than inventory 7a 109,388,93	0.					
		b	Less: cost or other basis						
<u>o</u>		_	and sales expenses <b>7b</b> 111,117,96	3.					
enu		c	Gain or (loss) 7c -1,729,03	3.					
Şev			Net gain or (loss)			-1,729,033.			-1729033.
her Revenue			Gross income from fundraising events (not			, , ,			
Oth	0	u	including \$ of						
			contributions reported on line 1c). See						
				За					
		h		3b					
			Net income or (loss) from fundraising events						
	9	а	Gross income from gaming activities. See	\_					
		L-	* *************************************	9a 9b	-				
				ן מפ					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns	_					
				0a	-				
			b Less: cost of goods sold						
		С	Net income or (loss) from sales of inventory						
ပ္				Business C	ode				
eon Ie	11			-					
lan		b		-					
Miscellaneous Revenue		С		_					
Mis		d	All other revenue						
_		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			3,222,090.	282,314.	0.	477,574.

# Form 990 (2023) C/O SUNY PURCHASE Part IX Statement of Functional Expenses

Check if Schedule O contains a response				L
o not include amounts reported on lines 6b, b, 8b, 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				
2 Grants and other assistance to domestic				
	2,418,752.	2,418,752.		
individuals. See Part IV, line 22  Grants and other assistance to foreign	2,410,752.	2,410,752.		
Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
6 Compensation of current officers, directors,				
trustees, and key employees				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	2,359,246.	2,018,430.		340,81
Other salaries and wages	4,333,440.	2,010,43U•		J±0,01
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	2,801.	2,801.		
Other employee benefits	2,001.	2,001.		
Payroll taxes				
Fees for services (nonemployees):				
a Management	20 (52		20 (52	
b Legal	20,652.		20,652.	
c Accounting	75,000.		75,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,327.		27,327.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	463,157.	189,882.	766.	272,50
2 Advertising and promotion	1,216.	1,216.		
Office expenses	608,858.	504,383.	85,324.	19,15
Information technology				
Royalties				
Occupancy				
' Travel	104,296.	86,928.	1,938.	15,43
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization				
Insurance	38,601.		38,601.	
Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a PROGRAM ACTIVITIES AND	1,269,676.	1,268,077.		1,59
b REPAIRS AND MAINTENANCE	38,556.	38,556.		_, _,
c PRINTING AND POSTAGE	27,680.			27,68
d OTHER EXPENSES	10,958.	-2,880.	6,498.	7,34
	574.	574.	5,150.	,,,,,
	7,467,350.	6,526,719.	256,106.	684,52
	1, 401, 330 •	0,520,115.	230,1000	504,52
Joint costs. Complete this line only if the organization				
reported in column (D) joint costs from a combined				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

# Form 990 (2023) Part X Balance Sheet

<u>'ar</u>	t X	Balance Sneet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,455,178.	1	1,349,819
	2	Savings and temporary cash investments		847,378.	2	847,378
	3	Pledges and grants receivable, net		505,791.	3	353,759
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	ified persons (as defined			
		under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)		6	
:	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
ί	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	44 -44
	11	Investments - publicly traded securities	35,651,798.	11	69,582,872	
	12	Investments - other securities. See Part IV, line	58,367,354.	12	29,616,755	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		1 100	14	1.5
	15	Other assets. See Part IV, line 11	1,422.	15	-463	
4	16	Total assets. Add lines 1 through 15 (must equ	96,828,921.	16	101,750,12	
-	17	Accounts payable and accrued expenses	241,705.	17	434,030	
	18	Grants payable	62.020	18	45 05	
	19	Deferred revenue		63,230.	19	45,07
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or form				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p.				
		parties, and other liabilities not included on line of Schedule D	s 17-24). Complete Part X	11,040,853.	25	11,451,182
	26			11,345,788.		11,930,29
+	20	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, ch		11,545,700.	20	11,550,25
اا		and complete lines 27, 28, 32, and 33.	eck fiele [21]			
	27			8,414,446.	27	9,938,79
	28	Net assets with donor restrictions		77,068,687.	28	79,881,026
	20	Organizations that do not follow FASB ASC 9		71700070070	20	75,002,02
:		and complete lines 29 through 33.				
;	29	Capital stock or trust principal, or current funds	3		29	
	30	Paid-in or capital surplus, or land, building, or e			30	
	31	Retained earnings, endowment, accumulated in			31	
	32	Total net assets or fund balances		85,483,133.	32	89,819,825
۱ ک	33			96,828,921.		101,750,123

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	- 3	,22	2,0	90.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	46	7,3	50.		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	.,24	5,2	60.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	85	,48	3,1	33.		
5	5 Net unrealized gains (losses) on investments 5 8							
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 89 , 8							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

#### **SCHEDULE A**

(Form 990)

Total

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

PURCHASE COLLEGE FOUNDATION, **Employer identification number** Name of the organization INC. C/O SUNY PURCHASE 23-7066616 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1385211.	2097359.	2278857.	1627506.	2462202.	9851135.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	1069592.	1022006.	990,436.	839,450.	580,988.	4502472.			
4	Total. Add lines 1 through 3	2454803.	3119365.	3269293.	2466956.	3043190.	14353607.			
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)						856,497.			
6	Public support. Subtract line 5 from line 4.						13497110.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	2454803.	3119365.	3269293.	2466956.		14353607.			
	Gross income from interest,	21310031	31133031	32032331	21003301	30131301	113330071			
Ü	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1220665.	1745558.	1317169.	1419457.	2206607.	7909456.			
0	Net income from unrelated business	12200031	17433300	13171036	1415457.	2200007.	73034301			
9										
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						22263063.			
	<b>Total support.</b> Add lines 7 through 10	-1- /	>				,615,372.			
	Gross receipts from related activities,						,013,372.			
13	First 5 years. If the Form 990 is for th	-		•						
500	organization, check this box and stor									
	ction C. Computation of Publi			. (6)			60.63 %			
	Public support percentage for 2023 (li					14	60.00			
	Public support percentage from 2022					15	, - , -			
16a	33 1/3% support test - 2023. If the o									
	<b>stop here.</b> The organization qualifies									
b	33 1/3% support test - 2022. If the o									
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances test	•					•			
	and if the organization meets the facts			=	•	VI how the organiz	zation			
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization					
b	10% -facts-and-circumstances test	- <b>2022.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain in	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s			
18	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  Schedula A (Form 990) 2023									

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# 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
_		
3a		
3b		
3c		
10		
4a		
4b		
4c		
F-0		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
40-		
10a		
10b		
lule A (Forr	n 990)	2023

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	, , , , , , , , , , , , , , , , , , ,	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	s)	
2	Activities Test. Answer lines 2a and 2b below.	ou douon	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 C/O SUNY PURCHASE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations C/O SUNY PURCHASE

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	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		

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Part VI	Supplemental Information Decide to a state of the Detail State of
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  (See instructions.)
_	

### 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.

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number 23-7066616

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, an	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	•	. , , , , ,	
	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements th	at describes the
<b>D</b> -	organization's accounting for conservation easements.	Aut Historical Topos	Oth C	Similar Assats
Pa	t III Organizations Maintaining Collections of		sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			\$

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

Schedule D (Form 990) 2023

_	t III Organizations Maintaining Co	ollections of Art	Historical Tre	asures, or Othe	r Simila		(continu		ge Z
							(CONTINU	iea)	
3									
	collection items (check all that apply).								
a	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					ose in Part	XIII.		
5	During the year, did the organization solicit or					_	_		
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "Yes" on	Form 990	), Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·							
1a	Is the organization an agent, trustee, custodia						_		
	on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:			T			
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				lity?		Yes	X	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided in Part XIII					
Par	t V Endowment Funds Complete if		wered "Yes" on For	m 990, Part IV, line					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years b	ack
1a	Beginning of year balance	79,817,600.	77,354,169.	90,209,904.	74,	412,640.	77,9	949,0	84.
	Contributions 929,248. 556,057. 944,302. 1,564,999. 565,797						97.		
	Net investment earnings, gains, and losses	7,647,937.	6,621,844.	-8,809,815.	5. 18,385,836406,578			78.	
d	Grants or scholarships	1,418,800.	1,145,581.	969,007.	1,	692,146.	2,	006,7	69.
	Other expenditures for facilities								
	and programs	4,558,617.	3,568,889.	4,021,215.	2,	461,425.	1,	688,8	94.
f	Administrative expenses					-			
g	End of year balance	82,417,368.	79,817,600.	77,354,169.	90,	209,904.	74,4	112,6	40.
2	Provide the estimated percentage of the curre				· · · ·	· ·	· · ·		
	Board designated or quasi-endowment	8.0000	%	, 1101d do.					
	Permanent endowment 53.0000	%	_/*						
·	The percentages on lines 2a, 2b, and 2c shou	-							
22	Are there endowment funds not in the posses	-	ion that are hold an	nd administered for t	ho				
Ja	organization by:	ssion of the organizat	ion that are neid ar	id administered for t	10		[·	Yes	No
							3a(i)	_	X
	(i) Unrelated organizations?								X
	(ii) Related organizations?						3a(ii)	-	
4	If "Yes" on line 3a(ii), are the related organization						3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipment		rment tunas.						
ı uı	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 10				
			i i	i i		had	(al) Dools	valua	
	Description of property	(a) Cost or ot basis (investm	` '		Accumula epreciation	II.	(d) Book	value	
	Land	`	Dasis	(Carlot) Ut	-pi colatio				—
	Land								—
	Buildings								
	Leasehold improvements								—
	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	(. line 10c. column	<i>(B))</i>					0.

Schedule D (Form 990) 2023

C/O SIINV DIIDCHASE

Schedule D (Form 990) 2023 C/O DOM 1 1 01	KCHADE	۷.	7000010 Page <b>0</b>
Part VII Investments - Other Securities	on Form 000 Dort IV line 1:	1h Cao Farm 000 Dart V line 10	
Complete if the organization answered "Yes" (  (a) Description of security or category (including name of security)			ad af year market value
7 7 7 7 7	(b) Book value	(c) Method of valuation: Cost or er	id-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) HEDGE FUNDS	11,612,158.	END-OF-YEAR MARKET	י עסוווד
(B) VANGUARD 500 INDEX FUND	12,312,700.	END-OF-YEAR MARKET	
(C) ISHARES RUSSELL MIDCAP	5,691,897.	END-OF-YEAR MARKET	
(D)	0,002,007.0		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	29,616,755.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	<u>. (B))</u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1:	1e or 11f See Form 990 Part Y line 2	5
(a) Description of liability	orr om 550, r arriv, inc r	Te of Th. Gee Form 330, Fart X, line 2	(b) Book value
(1) Federal income taxes			(D) Dook value
(2) DUE TO PURCHASE COLLEGE			89,063.
(3) DUE TO PURCHASE COLLEGE			33,0000
(4) ASSOCIATION (PCA)			248.
(5) DUE TO RESEARCH FOUNDATION	1 FOR		
(6) SUNY			60,116.
(7) INVESTMENTS HELD FOR OTHER	RS (PCA		
(8) AND FRIENDS)			11,297,855.
(9) GIFT ANNUITY PAYABLE			3,900.
Total. (Column (b) must equal Form 990, Part X, line 25, col	. (B))		11,451,182.
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the

Schedule D (Form 990) 2023

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

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With	n Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				10 255 502
1				1	12,357,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	0 501 050		
a	Net unrealized gains (losses) on investments		8,581,952. 580,988.		
b	Donated services and use of facilities		300,300.		
C	Recoveries of prior year grants  Other (Describe in Port VIII.)				
d	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	9 162 940
е 3	Add lines 2a through 2d Subtract line 2e from line 1			3	9,162,940. 3,194,763.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			j	3/131//031
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,327.		
b	Other (Describe in Part XIII.)		, -		
С	Add lines <b>4a</b> and <b>4b</b>			4c	27,327.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	27,327. 3,222,090.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,021,011.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	580,988.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				F00 000
_	Add lines 2a through 2d			2e	580,988. 7,440,023.
3	Subtract line 2e from line 1			3	7,440,023.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	27 327		
	Investment expenses not included on Form 990, Part VIII, line 7b		27,327.		
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c	27 327.
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	27,327. 7,467,350.
Par	t XIII Supplemental Information				, , , , , , , , , , , , , , , , , , , ,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1	b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	ormation.		
PAR	T V, LINE 4				
mii	ENDOMINENT FINDS ARE DESTANATED TO DROWNER	T ONG	O WEDW CIIDOO	ъш	EOD MILE
THE	ENDOWMENT FUNDS ARE DESIGNATED TO PROVIDE	LONG	TERM SUPPO	KT.	FOR THE
DR(	GRAMS OF SUNY PURCHASE COLLEGE. THE FUNDS	ARE I	מפווף חה פווףף	О₽Ф	
1110	CHANG OF BONT FORCHADE COLLEGE: THE FONDO	ить с	DEED TO BOTT	OILI	
SCH	OLARSHIPS AND CAMPUS PROGRAMS.				

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**ZUZ**3

Open to Public Inspection

PURCHASE COLLEGE FOUNDATION, INC. **Employer identification number** Name of the organization 23-7066616 C/O SUNY PURCHASE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) THE STELTER COMPANY - 10435 PLANNED GIVING PROGRAM Yes No NEW YORK AVE., DES MOINES, IA WEBSITE AND EMAILS Х 0 974 -974. MCALLISTER & QUINN LLC - 1030 15TH STREET, NW SUITE 590 GRANT WRITING SERVICES Х 0 118,929 -118,929. THE TAGS GROUP - 364 W 18TH MARKETING COMMUNICATIONS & ST #6G, NEW YORK, NY 10011 EVENT SUPPORT Х 0. 98,053 -98,053. 217 956. -217 956. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 C/O SUNY PURCHASE Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	1	T .		s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts				
	2	Less: Contributions				_
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
۵	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
		Net income summary. Subtract line 10 from line				
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ι	# > Dull take freetens		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_					
		ter the state(s) in which the organization condu				□ Vaa □ Na
		the organization licensed to conduct gaming ac				Yes No
D	11	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:	•			Yes No
	_					

332082 09-13-23 Schedule G (Form 990) 2023

# PURCHASE COLLEGE FOUNDATION, INC.

Sch	ledule G (Form 990) 2023 C/O SUNY PURCHASE 2	3-70	<i>)</i> 660	<u>616</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		,	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		,	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
а	a The organization's facility		13a		<u>%</u>
b	o An outside facility	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	nt			
	of gaming revenue retained by the third party \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		,	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e			
<b>D</b> -	organization's own exempt activities during the tax year \$				
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
a a	THENTIE C DARM T ITNE OR ITCM OF MEN HICHECM DAID WINDRAIC	GDC.			
<u>5C</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	rvo:	i		
	) NAME OF FUNDRAISER: THE STELTER COMPANY				
<u>(I</u>	) NAME OF FUNDRAISER: THE STELTER COMPANY				
(I	) ADDRESS OF FUNDRAISER: 10435 NEW YORK AVE., DES MOINES, IA	50	322	2.	
<u>,                                    </u>	,				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
<u>(I</u>	) NAME OF FUNDRAISER: MCALLISTER & QUINN LLC				
<u>(I</u>	) ADDRESS OF FUNDRAISER:				
10	30 15TH STREET, NW SUITE 590 WEST, WASHINGTON, DC 20005				

# PURCHASE COLLEGE FOUNDATION, INC.

Schedule G	Supplemental Information (continued)	23-7066616 Page 4
Part IV	Supplemental Information (continued)	
		_

#### SCHEDULE I (Form 990)

Department of the Treasury

# **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.

Internal Revenue Service Go to www.irs.gov/Fo
Name of the organization PURCHASE COLLEGE FOUNDATION, INC.

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

2023

Open to Public Inspection

Employer identification number

C/O SUNY	PURCHASE						23-7066616
Part I General Information on Grants a	and Assistance					•	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	T		1		(f) Method of		
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS ARE GIVEN TO STUDENTS BASED ON NEED,	701	0 410 750			
ACADEMIC PERFORMANCE, AND ARTISTIC ACHIEVEMENTS.	701	2,418,752.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
95% OF INSTITUTIONAL SCHOLARSHIPS	ARE APPLI	ED DIRECTI	Y TO STUDE	NT ACCOUNTS	
BY THE PURCHASE COLLEGE OFFICE OF	STUDENT S	ERVICES.	THE REMAIN	DER ARE	
AWARDED DIRECTLY TO CURRENT STUDEN	rs of the	COLLEGE F	OR EDUCATI	ONAL RELATED	
EXPENDITURES WHICH HELP TO ENRICH	STUDENTS'	COLLEGE E	EXPERIENCES	AND SUPPORT	
THEIR ABILITY TO COMPLETE THEIR DE	GREE.				

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Open to Public Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC.

C/O SUNY PURCHASE

Inspection Employer identification number

23-7066616

Pai	rt I   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	549,347.	FMV			
10	Securities - Closely held stock		_	0 _0 , 0				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (THEATER EQUIPME)	Х	2	118,386.	FMV			
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement <b>29</b>				
						$ \bot $	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II							

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

Schedule M (Form 990) 2023

# PURCHASE COLLEGE FOUNDATION, INC.

Schedule M	(Form 990) 2023 C/O SUNY PURCHASE	23-7066616	Page 2
Part II	(Form 990) 2023 C/O SUNY PURCHASE  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of this part for any additional information.	d 33, and whether the organizat	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a	combination of both. Also comp	olete
	this part for any additional information.		
	the parties any additional mornation.		
-			
1			
-			
1			
-			
•			

332142 09-11-23

### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTION AND SUPPORT OF PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK. UNIQUELY, PURCHASE COLLEGE COMBINES BOTH RENOWNED AND HIGHLY SELECTIVE PROFESSIONAL AND CONSERVATORY ARTS PROGRAMS WITH DISTINGUISHED LIBERAL ARTS AND SCIENCES PROGRAMS. THE LARGEST PROGRAMS ARE IN VISUAL ARTS, MUSIC, LIBERAL STUDIES, PSYCHOLOGY, DANCE BIOLOGY JOURNALISM AND NEW MEDIA. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES EXPENSES \$ 706,939. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

ON AUGUST 7, 2024 THE FOLLOWING WAS ADDED TO THE BY-LAWS:

ARTICLE XVI

POLICY REGARDING INQUIRIES

THE CORPORATION IS AN INDEPENDENT SECTION 501(C)3 SECTION 16.1.

CORPORATION FORMED UNDER THE NEW YORK STATE EDUCATION LAW, AND ITS

RELATIONSHIP WITH SUNY AND THE COLLEGE IS GROUNDED IN WELL-ESTABLISHED

STANDARDS SET BY SUNY'S FOUNDATIONS GUIDELINES FOR STATE-OPERATED CAMPUSES

(SUNY DOC. 9600) AND THE FOUNDATION MODEL AGREEMENT ATTACHED THERETO, WHICH

DETAILS COMPLIANCE BY THE CORPORATION WITH APPLICABLE LAWS, RULES,

REGULATIONS AND REQUIREMENTS OF FEDERAL, STATE AND MUNICIPAL GOVERNMENTS

APPLICABLE TO ITS OPERATION.

SECTION 16.2. THE FOUNDATION MODEL AGREEMENT BETWEEN THE CORPORATION AND

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

Schedule O (Form 990) 2023

SUNY RECOGNIZES, AMONG MANY ITEMS INCORPORATED IN ITS RELATIONSHIP, THE

SOLE RESPONSIBILITY AND AUTHORITY OF THE CORPORATION REGARDING ITS

INVESTMENT PRACTICES AND POLICIES AND MANAGEMENT OF ASSETS. THE FOUNDATION

MODEL AGREEMENT FURTHER PROVIDES THAT NEITHER THE CORPORATION NOR THE

COLLEGE IS AUTHORIZED TO MAKE ANY COMMITMENT OR INCUR ANY EXPENSE OR

LIABILITY ON BEHALF OF THE OTHER WITHOUT WRITTEN AUTHORIZATION.

SECTION 16.3. CONSISTENT WITH THE FOREGOING, ALL INQUIRIES AND REQUESTS

REGARDING THE CORPORATION'S POLICIES AND PRACTICES MUST BE IN WRITING AND

DIRECTED TO THE CHAIR OF THE BOARD OF TRUSTEES OF THE CORPORATION.

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 COMBINED AUDIT COMMITTEE WILL CONDUCT A REVIEW OF ALL 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

Schedule O (Form 990) 2023 Page **2** 

Name of the organization PURCHASE COLLEGE FOUNDATION, INC.

C/O SUNY PURCHASE

Employer identification number 23-7066616

TO THE EXECUTIVE COMMITTEE, OR OTHER BOARD COMMITTEE (THE 'BODY') HAVING DECISION-MAKING AUTHORITY OVER THE SUBSTANTIVE MATTER IN QUESTION.

THE TRUSTEE OR OFFICER WHO DISCLOSES A DIRECT OR INDIRECT FINANCIAL

INTEREST IN A PROPOSED OR EXISTING CONTRACT, TRANSACTION OR ARRANGEMENT MAY

MAKE A PRESENTATION AND RESPOND TO QUESTIONS BY THE BODY, BUT AFTER SUCH

PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCSSION OF,

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

CONFLICT OF INTEREST.

EACH YEAR AT THE BOARD OF TRUSTEE'S ANNUAL MEETING, THE CONFLICT OF

INTEREST POLICY IS DISTRIBUTED AND WRITTEN ACKNOWLEDGMENTS SUBMITTED.

DURING THE COURSE OF THE YEAR, FINANCIAL RESULTS AND TRANSACTIONS ARE

REVIEWED FOR REASONABLENESS AND APPROPRIATENESS, INCLUDING WITH REGARD TO

ANY POTENTIAL FOR THERE BEING A CONFLICT.

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS

REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON

GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE

FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF

INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 735

ANDERSON HILL ROAD, PURCHASE, NY 10577.

FORM 990, PART XII, LINE 2C

Schedule O (Form 990) 2023	Page 2
Name of the organization PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE	Employer identification number 23-7066616
THERE IS ONE AUDIT COMMITTEE FOR PURCHASE COLLEGE FOUNDATI	ON AND
FRIENDS OF THE NEUBERGER MUSEUM. EACH OF THE RELATED ORGA	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.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

PURCHASE COLLEGE FOUNDATION, INC. C/O SUNY PURCHASE

Employer identification number 23-7066616

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

(a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No PURCHASE COLLEGE FOUNDATION HOUSING CORP -13-4086734, 735 ANDERSON HILL RD, PURCHASE NY 10577 RESIDENTIAL HOUSING NEW YORK 501(C)(3) LINE 10 Х PURCHASE HOUSING CORPORATION II - 82-1262347 735 ANDERSON HILL RD PURCHASE, NY 10577 NEW YORK 501(C)(3) LINE 10 RESIDENTIAL HOUSING Х

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

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partn	er? OW	rcentage wnership
		country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										$\vdash$		
-												
										$\vdash$		

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	(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	Sec 512(b contr enti	tion b)(13) rolled tity?
		country)		or trusty		233013		Yes	No
	-								
								$\vdash$	

X

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a	X
					1b	Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х
d	Loans or loan guarantees to or for related organization(s)				1d	Х
е	Loans or loan guarantees by related organization(s)				1e	Х
f	Dividends from related organization(s)				1f	X
					1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
					11	X
	type (a-s)  1)  2)  3)  4)		1m	X		
					1n	X
o	Sharing of paid employees with related organization(s)				10	X
р	Reimbursement paid to related organization(s) for expenses				1p	X
					1q	X
r	Other transfer of cash or property to related organization(s)				1r	X
					1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered re	lationships and transaction thresholds.		
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction		Method of determining amount inv	olved	
		type (a-s)				
1)						
2)						
3)						
4)						
5)						
6)						
3216	3 09-28-23			Schedule	R (Form 9	990) 2023

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners se 501(c)(3) orgs.?	(g) Share of end-of-year assets	(h) Dispropo tionate allocations Yes No	General managi partner	(k) Percentage ownership

Schedule R (Form 990) 2023