PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-70-57

		EXTENDED TO JULY 17, 2023			OMB No. 1545-0047
12563	0	Return of Organization Exempt From			0000-1
Fom		90 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (a		tions)	ZUZI
Depar	tment o	I the Treasury use Service Go to www.irs.gov/Form990 for instructions and the late			Open to Public Inspection
		2021 calendar year, or tax year beginning SEP 1, 2021 and ending	AUG 31, 202	22	
Bc	heck if	C Name of organization	D Employer iden	tification	number
aj	pplicabl	WESTCHESTER COMMUNITY COLLEGE FOUNDATION			
	Addre chang	INC.			
	Name chang		23-7050	ADDRESS AND ADDRESS AD	
	Final Foturn	Number and street (or P.O. box if mail is not delivered to street address) 75 GRASSLANDS ROAD	ite E Telephone num 9147856		
	termin ated	Gity or town, state or province, country, and ZIP or toreign postal code	G Gross receipts \$	33	3,091,927.
	Amen		H(a) Is this a grou	p return	
	Applic tion pendia	F Name and address of principal officer: DOLOKES SWIKIN-IAO	for subordina		
	1992	15 GRASSLANDS ROAD, VALHALLA, NY 10595	H(b) Are all subordinat		Contraction of the second s
		empt status: $X = 501(c)(3) = 501(c)() \leq (insert no.) = 4947(a)(1) or = 1$ te: WWW.SUNYWCC.EDU/ABOUT/FOUNDATION	527 If "No," attac H(c) Group exemp		e instructions
Contraction of the local division of the loc	the second s		ear of formation: 1969	- Commence - Colonia - Col	
	irt I	Summary	car or formation, 20 01	1 w Outo	or logar borniono
	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	an an a data da a da a da	
Governance					
H N8	2	Check this box 🕨 🥅 if the organization discontinued its operations or disposed of m	ore than 25% of its net	assets.	= 0
ove		Number of voting members of the governing body (Part VI, line 1a)	F	3	50
		Number of independent voting members of the governing body (Part VI, line 1b)		4	50
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	9
ivit		Total number of volunteers (estimate if necessary)		6	437
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	and the second
		Contributions and grants (Dart)(III line 1b)	Prior Year 7,262,531		Current Year 4,391,345.
en	8	Contributions and grants (Part VIII, line 1h)	Property of the second s).	<u>, , , , , , , , , , , , , , , , , , , </u>
Revenue	1.00	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,786,120		2,912,152.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,995		226,736.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,212,646	Contraction of the local division of the loc	7,530,233.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,473,978		4,863,677.
		Benefits paid to or for members (Part IX, column (A), line 4)).	0.
60	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	631,621	L.	714,467.
1903	16a	Professional fundraising fees (Part IX, column (A), line 11e)	().	0.
Exper	b	Total fundraising expenses (Part IX, column (D), line 25) <a>169,522.			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	553,304		671,058.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,658,903		6,249,202.
	19	Revenue less expenses. Subtract line 18 from line 12	4,553,743		1,281,031.
S OT			Beginning of Current Ye		End of Year
Assets	20	Total assets (Part X, line 16)	72,621,701		1,692,109.
		Total liabilities (Part X, line 26)	1,259,854		1,858,135. 9,833,974.
	1 22 art II	Net assets or fund balances. Subtract line 21 from line 20	/1,501,04		9,033,914.
-		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the best o	f my knowle	edge and helief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		i ny aioni	bege and benefit is
	, 00110	Daellell Mel		23	
Sig	n	Signature of officer	Date		
Her		DOLORES SWIRIN-YAO, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature 🕉 💋	Date Check	Lannard	PTIN
Paid	1	JAMES R. D'ARCANGELO JAMES R. D'ARCANGEL	0 01/24/23 selfe		00836264
	parer	Firm's name PRAGER METIS CPAS, LLC	Firm's EIN	06-	1667465
Use	Only	Firm's address 800 WESTCHESTER AVE., SUITE N-400		014 0	04 4000
		RYE BROOK, NY 10573	Phone no.		94-4600 X Yes No
May	y the l	RS discuss this return with the preparer shown above? See instructions		L.	X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

_	WESTCHESTER COMMUNITY COLLEGE FOUNDATION	22 7050207	- 0
Form Pa	1 990 (2021) INC . rt III Statement of Program Service Accomplishments	23-7050397	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		. X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
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.	Yes	X No
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.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		ıd
4a	(Code:) (Expenses \$2,514,934. including grants of \$2,514,934.) (Reven)
4b	(Code:) (Expenses \$2,838,208. including grants of \$2,348,743.) (Reven SEE SCHEDULE O		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 5,353,142.)	
		Form 9 9	90 (2021

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INC.

Part IV Checklist of Required Schedules

Form 990 (2021)

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	12-09-21	Form	aan	(2021)

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23-7050397 Page 4

Part IV Checklist of Required Schedules Continued Image: Continued Content in the Schedule Schedule Schedule Content in a solution on the complexitation in access in an former of these, directors, trustees, less employees, and highest compensation and to the comparization in access in an former of these, directors, trustees, less employees Content in a net content of the comparization in access in an former of these directors, trustees were the not stand of the comparization in access in an former of these directors in access in an former of these directors in access in a content of the comparization in access in a content bond is seen of the comparization in access in a content of the comparization in access in a content of the comparization in access in access in a content of the comparization in access in a network access in a content in a returning sectors at any time during the year? 260 Det be cognitization materia an incove access in the comparization is prioritic access in the access in the comparization in access and the comparization in access in a network access in the interpret in	Form	990 (2021) INC. 23-705)397	Р	age 4
22 Del the organization report more than 55 000 of grants or other assistance to or for domestic individuals on Part IX, complex Schedule / Part I and III 22 X 23 Del the organization answer "Yes" to Part IV, Section A, ine 3, 4, or 5, about compensation or the organization a summary and tome toffees, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule / A 23 X 24 Del the organization have a tax-event bond issue with an outstanding principal amount of more than 5100 000 as of the Schedule / N the 1 opt issue for bonds by pand a temporary period exception? 24 24 Del the organization invest any proceeds of tax-exempt bonds by pand a temporary period exception? 24 25 Section 501(c)(A), and 501(c)(2) organizations. Dol the organization engage in an excess bandle transaction may the duing the year 1 delease any tax-exempt bonds? 24 26 Del the organization neares that the negacity in an excess bandle transaction with a discussified period with the year 1 or the assistence to any of the organization and as in a for beint of its part in the organization in a prior year. and that the magnet on any of the organization with a discussified period with the year in the organization may the interport any amount of frant X, lines for 2/0 are specified. L, Part II 25 25 Del the organization parties any on the frant X, lines for 2/0 are specified. L, Part II 26 X 26 Del the organization parule appet of any amount of frant X, lines for 2/0 are specified.	Par	TIV Checklist of Required Schedules (continued)			
Pert IX, column (A), line 2? (r Yes, * complete Schedule (<i>Perts</i> Land II) 20 Det the organization anserver's to Part IV), Scheduler A, shout compensation of the organization is current 3 and former officers, directors, frustees, key employees, and highest composated employees? (r Yes, * complete Schedule X, if YAs, * on part and the set as exempt boards beyond 1, 2002? If Yes, * answer fines 24b through 24d and complete Schedule X, if YAs, * on part and the set as exempt boards beyond 1, 2002? If Yes, * answer fines 24b through 24d and complete Schedule X, if YAs, * on part and the set as * on behalf of issuer for boards beyond a temporary period excellor) 244 Did the organization markatian an escrow account of the thran a relation of grant and the year in the value of the organization markatian an escrow account of the thran a relative of grant and the year in the value of the organization markatian an escrow account of the thran a relative of grant and the set of the organization markatian an escrow account of the thran a relative of the organization across benefit transaction with a disqualified period in a kick of the organization across benefit transaction with a disqualified period in a kick of the organization across benefit transaction across the morphord and grant by and the organization set of the organization organization reports and any account of the transaction with a disqualified period in a prior year, and that the transaction have of the yorth assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of rahily member of any of these periods? If Yes, * complete Schedule L, Part II 20 Did the organization provide a grant or draw the assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of anism the mather of any of these periods? If Yes, * complete Schedule L, Part II 20 Did the organization neavier and thread tran				Yes	No
23 Delthe organization answer "Ver" to Park WI, Section A, Irea 3, 4, or 5, about compensation of the organization is current and former differse, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J, If Yes, "to blance 250, 250, 250, 250, 250, 250, 250, 250,	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? #************************************			22	X	<u> </u>
Schedule J 23 X 42 Did the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule V. Mo. To be time 52. 24 42 Did the organization meet any proceeds of taxexempt bonds beyond a temporary paried exception? 240 4 Did the organization meet any proceeds of taxexempt bonds beyond a temporary paried exception? 240 4 Did the organization meet any proceeds of taxexempt bonds of taxexempt bonds of taxexempt bonds of the organization and tax is an 'on behal of issuer for bonds outstanding secrew at any time during the year? 240 24 24 X 25 Section 50(62), 50(14)(4), and 501(26) organizations. Did the organization are benefit transaction with a disqualified person during the year? 240 25 Section 50(62), 50(14)(4), and 501(26) organizations. Did the organization are proved any time during the year? 250 26 Is the organization are base to the reported on any of the organization proved any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, levy employee, creator or founder, substantial contributor, or 33% controlled entity of chardly member of any of these person? <i>I'</i> Yes, 'complete Schedule L, Part I' 26 X 27 X 28 A current or former officer, director, trustee, levy employee, creator or founder, substanta	23				
24a Ddt he organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the set that way of the ways, that wais sized after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K, If 'No,' go to line 25a 24a X 24b Dd the organization mixed any proceeded of tax-exempt bonds beyond a temporary paried axception? 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization at any time during the year? 24d 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 in a prior year, and that the transaction ware that it engaged in an excess therefft transaction with a disqualified person in a prior year, and that the transaction memory of the organization's prior Forms 900 or 900 E27. If 'Yes,' complete Schedule L, Part I 25a X 27 Dd the organization organization any of the organization's prior Forms 900 or 930 E27. If 'Yes,' complete Schedule L, Part I 26a X 28 Was the organization specifies of organization 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 person? If 'Yes,' complete Schedule L, Part I 26a X 29 Was the organization specifies schedule and or organizations and exception commuter, or to a 36% controlled entity of nearly member of any of these person? If 'Yes,' complete Schedule L, Part I 26a X 29 Was the organization index		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		<u></u>	
Lat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Scheduk K, "Iwo," pot of line 25a 24b 24b Lot the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c 24b Lot the organization maintain an escove account ofher than a returning escove at any time during the year to detease any tax exempt bonds? 24c 24d Lot the organization and that it engaged man excess benefit transaction with a disqualified person during the year? 24d 25a Lot the organization access that transaction with a disqualified person during the year? 24d 25a Lot the organization access that transaction with a disqualified person during the year? 25a X Lot the organization access that transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization apprets in a prior year, and that the transaction person any amount on Part X, line 5 or 22, for receivables from or payateles to any current or former officer, direct, rutuke, key employee, creator or founder, directaful current with a disqualiticat contributor or any anotice normal or any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 bit the organization apert thereds, containtow, and and comployee thereds, a part selection completer Schedule L, Part IV, instructions for applicable ling thresholds, conditions, and exceptions? Yes, 'complete Schedule L, Part IV, 'res,' complete Schedule L, Part IV, 'res,' complete Schedule L, Part IV, 'res,' complete Schedule L,			23	X	
Schedule K. If 'No,' go to kine 25a 24a X b D dthe organization investion any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c D dthe organization maintain an escrow account other than a refunding escrow at any time during the year? 24c 25a Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations ploir Forms 960 or 990 E27. If "Yes,' complete Schedule L, Part I 25a 25a D dthe organization aware that 1 engage in an excess benefit transaction with a disqualified person in a piror year, and that the transaction with a Gisqualified person in a piror year, and that the transaction with a organization sploir Forms 960 or 990 E27. If "Yes,' complete Schedule L, Part I 25b 25a D dthe organization provide any mount on Part X, Ine 5 or 22, for receivables from or paryables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee threndo for any individual accorations, and exceptions; 26 X 27 W with enganization provide any and thread person in the meab orany of thread contributor or employee thread, a family member of any of thread schedule L, Part I 26 X 28 Was the organization revel we thread or family member of any of thread schedule L, Part I 27 X 28 Was the organization revel we more than 525	24a				
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c Did the organization maintain an encow account other than a refunding escrow at any time during the year to defease any tax-wampt bonds? 24d 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)(2b) organizations. Did the organization regage in an excess benefit transaction with a disqualified person in a pior year, and that the transaction has not been reported on any of the organization's pior Forms 900 or 990-572 // 'Yes," complete Schedule L, Part I 25a X 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an enployee) thereoil, a grant selection committee member, or to a 35% controlled entity (including an enployee) thereoil of a grant or othes persons? // 'Yes," complete Schedule L, Part II 26a X 28 Was the organization provide a grant or other assistance to any current or founder, substantial contributor or employee thereoil or family member of any current or founder, or substantial contributor? If 'Yes," complete Schedule L, Part IV 28a X 29 Mas the organization receive thereoil or family member of any individual described in line 28a? If 'Yes, 'complete Schedule L, Part IV 28a X 29 Mas the organization receive on thick of or any current or founder, substantial contributor? If 'Yes, 'complete Schedule L, Part IV 28a					<u> </u>
any tax-example books? 24cd 251 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? // Yes," complete Schedule L, Part I 25a 251 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualitid person during the year? // Yes," complete Schedule L, Part I 25a 251 Did the organization aver that engaged in an excess benefit transaction with a disqualitid person on any of the organization's pior Forms 980 or 990-EZ7 // Yrs," complete Schedule L, Part I 26a 252 Did the organization point any amount on Part X, line 5 or 22, for reexivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, aubstantial contributor? 27 X 28 Was the organization neevine work that S25.000 in non cash contributions? 11 28a X 29 Did the organization neevine work that S25.000 in non cash contributions? 11 28a X 30 Did the or			24b		<u> </u>
d Did the organization act as an 'on behalf of itsuer for bonds outstanding at any time during the year? 24d 256 Section 501(c)(8), 501(c)(4), and 501(c)(29) organizations. Did the organization enagae in an excess benefit transaction with a disqualified person during the year? If 'Yea,' complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yea,' complete Schedule L, Part I 25a 2 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yea,' complete Schedule L, Part I 26b 2 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 formed officer, director, trustee, key employee, creator or formed officer, director, trustee, key employee, a grant solection committee mether, or to a 35% controlled entity (including an employee thereof) or family member of any of these parsons? If 'Yea,' complete Schedule L, Part II 27 28 Was the organization reports ear more individual acorticular or approxements or any individual described in line 28a / Y, 'eag,' complete Schedule L, Part II 28a X 29 Ub the organization receive one one more individual acorticular or granization described in line 28a / Y, 'eag,' complete Schedule L, Part II 28a X 29 Was the organization receive one one more individual acorticular sol or one complete Schedule L, Part II 28a X 29 A did the organization recei	С				
26a Section 501(c)(X), 501(c)(X), and 501(c)(ZD) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction near that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction near that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 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% complete Schedule L, Part II 25a X 27 Did the organization approvide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% complete Schedule L, Part II 26a X 28 Was the organization approvement or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% complete Schedule L, Part II 27a X 29 Was the organization approvement or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes, " complete Schedule L, Part IV 28a X 20 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes, " complete Schedule L, Part IV 28a X 21 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes, " complete Schedule L, Part IV					<u> </u>
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 55a 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)? 35a X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V. 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O. Yes No 1a 1a 49 Late of the organization complete in the Schedule O. Note: All Form 990 f	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Ves." complete Schedule N. Part I			
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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 12b 13 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 14a X b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(2)1 organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under sect	-				
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17					
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Note: See the instructions for additional information the organization must report on Schedule O. Image: the instruction of the instructio			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 6069. 17 17	-				
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c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 6069. 17 17 17	-				
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 16 "Yes," complete Form 6069. 17					
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16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 16 X 17 If "Yes," complete Form 6069. 17 16 X					
If "Yes," complete Form 4720, Schedule O.	16		16		Х
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 1f "Yes," complete Form 6069. 10					
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If "Yes," complete Form 6069.			17		
	132005	7	Form	990	(2021)

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INC.

Form 990 (2021)

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Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management						X
Jec	tion A. doverning body and Management					Vee	Na
4		1 -	1	50		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>					
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		50			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervisior	ו ו			
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	-			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			••••••	-14		
U					7b		Х
~					70		<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	ŀ		v	
a	The governing body?				8a	X	
	Each committee with authority to act on behalf of the governing body?			·····	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the f	orm?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-	Ī			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			ľ	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				12.0		
Ŭ		,			12c	х	
13	on Schedule O how this was done				13	X	
10	Did the organization have a written whistleblower policy?				14	X	
14 45	Did the organization have a written document retention and destruction policy?				14	л	
15	Did the process for determining compensation of the following persons include a review and approva	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						37
	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a	ļ			
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 5	01(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.		. (- (-/(-/-			
	X Own website X Another's website X Upon request Other (explain	00 00	hadula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	licy and	finan	ial	
	statements available to the public during the tax year.	mot C	, interest pt	noy, and	man		
20		ko cr	tropord-				
20	State the name, address, and telephone number of the person who possesses the organization's boot $TFFF$ COLDEFPC C/O MCCF = 914-606-6670	ks and	records				
	JEFF GOLDBERG C/O WCCF - 914-606-6670 75 GRASSLANDS ROAD, VALHALLA, NY 10595						

WESTCHESTER	COMMUNITY	COLLEGE	FOUNDATION
INC.			

Form 990 (2		23-70
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contrac	tors

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

Х

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cł		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 NEO	and related
	below	dual	nstitutional trustee	2	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Offlicer	Key e	Highest compensated employee	Former			
(1) LISA MITZNER	35.00									
CFO THROUGH AUGUST 2021							Х	147,631.	0.	38,500.
(2) ILENE LIEBERMAN	35.00									
DIR. OF ANNUAL GIVING						X		0.	152,524.	12,202.
(3) DOLORES SWIRIN-YAO	17.50									
EXECUTIVE DIRECTOR	17.50			Х				0.	121,093.	21,523.
(4) JEFF GOLDBERG	35.00									
CFO				Х				57,142.	0.	2,880.
(5) JOANNE LANDAU	3.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(6) THOMAS T. LEE	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) JENNIFER GRUENBERG	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) CORNELIA BESHAR SPRING	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) GEORGE LINDSAY	3.00									-
SECRETARY		Х		Х				0.	0.	0.
(10) ROBERT CORDERO	3.00									•
TREASURER	1 00	X		Х				0.	0.	0.
(11) BARBARA A. ABELES	1.00								•	•
DIRECTOR	1 0 0	X						0.	0.	0.
(12) MERYL A. ALLISON	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(13) AMY ANSEHL	1.00	37							0	0
DIRECTOR	1 00	X						0.	0.	0.
(14) GEORGE E. AUSTIN	1.00	77						0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) DAVID J. BERRY	1.00	x						0.	0.	0
DIRECTOR	1 00	~						0.	0.	0.
(16) BENJAMIN CHEEVER DIRECTOR	1.00	x						0.	0.	0.
(17) JAMES W. COBB	1.00	^						U•	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
	1	Λ						0.	0.	Form 990 (2021)
132007 12-09-21										FUTTI 330 (2021)

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INC.

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Form 990 (2021) INC .									23-70	<u>503</u>	97	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)		,	(C				(D)	(E)		(F)
Name and title	Average			Posi	tion			Reportable	Reportable			nated
Name and the	hours per			heck r ss per:				compensation	compensation			unt of
	week			id a di				from	from related			her
	(list any	tor						the	organizations			ensation
	hours for	direc				-		organization	(W-2/1099-MISC			n the
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)			ization
	organizations	ndividual trustee or director	al tru		yee	mpei		1099-NEC)			•	related
	below	dual	ution	-	mplo	ist co	er					izations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ũ	
(18) EDWARD L. CONWAY	1.00											
DIRECTOR		x						0.		0.		0.
(19) SHARON FARMAN COOPER, ESQ.	1.00									••		
DIRECTOR	1.00	x						0.		0.		٥
	1 0 0	Δ						0.		••		0.
(20) BETTY COTTON	1.00											0
DIRECTOR		Х						0.		0.		0.
(21) JOHN A. DECICCO	1.00											
DIRECTOR		Х						0.		0.		0.
(22) LISA M. DENIG	1.00											
DIRECTOR		x						0.		0.		0.
(23) ALEIDA M. FREDERICO	1.00											
DIRECTOR	1.00	x						0.		0.		0.
(24) DOUG GREENE	1.00	Δ						0.		••		0.
	1.00							0				0
DIRECTOR	1 0 0	Х						0.		0.		0.
(25) PETER HERRERO	1.00											
DIRECTOR		Х						0.		0.		0.
(26) JOYCE A. HIRSCH	1.00											
DIRECTOR		х						0.		0.		0.
1b Subtotal	•							204,773.	273,61	7.	75	,105.
c Total from continuation sheets to Part VI								0.		0.		0.
								204,773.	273,61	-	75	,105.
d Total (add lines 1b and 1c)										/•	15	,105.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable			1
compensation from the organization												
										_	Y	'es No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emplo	oyee	e, or	hig	hest compensated empl	oyee on	_		
line 1a? If "Yes," complete Schedule J for su	uch individual									L	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com					-		Juice	ou organization of intervie			5	X
Section B. Independent Contractors	<u>piele Schedule</u>	3 1 10	or su	ICH <u>C</u>	bers	<u>on</u> .					5	
•									100.000 (
1 Complete this table for your five highest con	•	•							•	ensatio	on from	1
the organization. Report compensation for t	he calendar ye	ear e	endin	ng wi	ith c	or wi	thin		ear.			
(A)				_				(B)		~	(C)	
Name and business	address	NC	ONE	6				Description of s	ervices	Co	mpens	ation
											,	
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to t	hos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					0)						
SEE PART VII, SECTION	A CONT	IN	UA	TIC	ON	S	ΗĒ	ETS		F	orm 99	90 (2021)

SEE PART VII, SECTION A CONTINUATION SHEETS 132008 12-09-21

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INC.

Form 990

23-7050397

	rustees, Key Er	npic	yee			lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours	(c		Posi all t			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) HONORABLE ANNE JANIAK	1.00	=	-	ö	Ke	Ŧ	R			
DIRECTOR		Х						0.	0.	0.
(28) WILSON KIMBALL	1.00									
DIRECTOR		Х						0.	0.	0.
(29) ELYSE KLAYMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(30) DR. JEREMY KOHOMBAN	1.00									
DIRECTOR		Х						0.	0.	0.
(31) HONORABLE GEORGE LATIMER	1.00									
DIRECTOR		Х						0.	0.	0.
(32) STEPHEN LOWEY	1.00									
DIRECTOR		х						0.	0.	0.
(33) PATRICIA LUNKA	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(34) RICHARD MARTINELLI	1.00							0	0	
DIRECTOR	1.00	Х						0.	0.	0.
(35) MATTHEW G. MCCROSSON DIRECTOR	1.00	x						0.	0.	0.
(36) PHILIP J. MCGRATH	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(37) LINDA MOSER	1.00								0.	
DIRECTOR	1.00	x						0.	0.	0.
(38) WENDY NADAL	1.00									
DIRECTOR		x						0.	0.	0.
(39) SHIRLEY PHILLIPS	1.00									
DIRECTOR		x						0.	0.	0.
(40) YVONNE POLLACK	1.00									
DIRECTOR		х						0.	0.	0.
(41) JOHN W. PRIESING	1.00									
DIRECTOR		Х						0.	0.	0.
(42) DEBORAH RAIZES	1.00									
DIRECTOR		Х						0.	0.	0.
(43) RICHARD SHEARER	1.00									
DIRECTOR		Х						0.	0.	0.
(44) HONORABLE CECILE D. SINGER	1.00								•	
DIRECTOR	1 00	X						0.	0.	0.
(45) KATHERINE STIPICEVIC	1.00								^	
	1 00	Х		-				0.	0.	0.
(46) EVELYN STOCK DIRECTOR	1.00	x						0.	0.	0.
	1	i X		I			1	i U	υ.	. U.

132201 04-01-21

INC.

Form 990

23-7050397

Location (a) Name and title Average hverage (block of an and title Average hverage (block of an and title hasppy) per (block of an and title hasppy) (block of an an and title hasppy) (block of an and tit	Porm 990 INC.						l'arla			23-703	0597
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	Total to Part VII, Section A, line 1c										

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) Total revenue Related or exempt function revenue Unrela business r start b Membership dues 1a c Fundraising events 1b 1c 107,436. d Related organizations 1d 1e 1d e Government grants (contributions) imilar amounts not included above 1f 4,283,909. 1g 15,602. h Total. Add lines 1a-1f 1g 15,602. 4,391,345. 4,391,345.	ted Revenue excluded
Total revenue Related or exempt Unrela function revenue business r	ted Revenue excluded evenue from tax under
st s	
b Membership dues 1b	
G C Fundraising events	
d Related organizations	
e Government grants (contributions)	
<u>B</u> i All other contributions, gifts, grants, and	
similar amounts not included above 1f 4,283,909.	
g Noncash contributions included in lines 1a-1f 1g \$ 15,602.	
b h Total. Add lines 1a 1f ▶ 4,391,345.	
Business Code	
ღ 2 a	
2 a b c d	
f All other program service revenue	
g Total. Add lines 2a-2f	
3 Investment income (including dividends, interest, and	
other similar amounts) 1,279,024.	1279024.
4 Income from investment of tax-exempt bond proceeds ►	
5 Royalties	
(i) Real (ii) Personal	
6 a Gross rents 6a 406, 364.	
b Less: rental expenses 6b 194,238.	
c Rental income or (loss) 6c 212,126.	
d Net rental income or (loss)	212,126.
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 7a 26,977,409.	
b Less: cost or other basis	
B and sales expenses 7b 25,344,281.	
and sales expenses 7b 25,344,281. c Gain or (loss) 7c 1,633,128. d Net gain or (loss) 1,633,128.	
	1633128.
8 a Gross income from fundraising events (not	
including \$ 107,436. of	
contributions reported on line 1c). See	
Part IV, line 18	
b Less: direct expenses 8b 23,175.	
c Net income or (loss) from fundraising events > 14,610.	14,610.
9 a Gross income from gaming activities. See	
Part IV, line 19	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances 10a	
b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory	
Business Code	
So end of a second s	
e Total. Add lines 11a-11d	
■ ■ ■ 12 Total revenue. See instructions ▶ 7,530,233. 0.	0. 3138888.
	Form 990 (2021)

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Form 990 (2021)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

INC.

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	2,348,743.	2,348,743.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	2,514,934.	2,514,934.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	161,985.	89,092.	64,794.	8,099.			
6	Compensation not included above to disqualified							
	persons (as defined under section $4958(f)(1)$) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	399,743.	211,305.	116,203.	72,235.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	76,637.	41,057. 12,242.	25,073.	<u> 10,507.</u> 3,132.			
9	Other employee benefits	22,849.	12,242.	7,475.	3,132.			
10	Payroll taxes	53,253.	28,529.	17,423.	7,301.			
11	Fees for services (nonemployees):							
а	Management							
b	Legal							
С	Accounting	24,700.	942.	19,760.	3,998.			
d	, , , , , , , , , , , , , , , , , , ,							
е	Professional fundraising services. See Part IV, line 17	407 000		407 000				
f	Investment management fees	427,262.		427,262.				
g		65 000	65 000					
	column (A), amount, list line 11g expenses on Sch 0.)	65,298.	65,298.					
12	Advertising and promotion	10 665	407	0 5 2 2	1 700			
13	Office expenses	10,665.	407.	8,532.	1,726.			
14	Information technology	23,077.	880.	18,462.	3,735.			
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	7,368.	7,368.					
19	Conferences, conventions, and meetings	7,300.	/,308.					
20	Interest							
21	Payments to affiliates	1,997.	76.	1,598.	323.			
22	Depreciation, depletion, and amortization	15,442.	589.	12,354.	2,499.			
23	Insurance Other expenses. Itemize expenses not covered	15,442.	505.	12,554.	2,499.			
24	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.) DONOR RELATIONS	54,815.	386.	0.	54,429.			
a b	ALUMNI ENRICHMENT	23,005.	23,005.	0.	J4,44J.			
u o	OFFICE ADMINISTRATIVE C	9,367.	358.	7,493.	1,516.			
c d	DUES AND FEES	6,447.	6,447.	1,=55•	±,J±0•			
	All other expenses	1,615.	1,484.	109.	22.			
	Total functional expenses. Add lines 1 through 24e	6,249,202.	5,353,142.	726,538.	169,522.			
<u>25</u> 26	Joint costs. Complete this line only if the organization	0,240,2020	5,555,174.	, 20, 550.	107,344			
20	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
13201) 12-09-21				Form 990 (2021)			
.0201		1 /						

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	990 () t X			NIII COLLEGE F		23-	7050397 Page 11
	.,,	Check if Schedule O contains a response or not	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,120.	1	6,350.
	2	Savings and temporary cash investments			6,020,240.	2	7,676,547.
	3	Pledges and grants receivable, net	788,690.	3	393,935.		
	4	Accounts receivable, net	92,180.	4	83,191.		
	5	Loans and other receivables from any current o			5272001	-	
	5	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali				-	
	U	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		Г		7	
sets	8	Inventories for sale or use				8	
Assets	9				9,328.	9	28,053.
-		Land, buildings, and equipment: cost or other	·····		575201		20,033
	104	basis. Complete Part VI of Schedule D	102	21,559.			
	h	Less: accumulated depreciation	10a	16,011.	2,585.	10c	5,548.
	11	Investments - publicly traded securities			59,337,265.	11	48,110,594.
	12	Investments - other securities. See Part IV, line	6,370,293.	12	5,387,891.		
	13	Investments - program-related. See Part IV, line			0,570,255.	13	3,307,091.
	14				14		
	15	Intangible assets		15			
	16	Total assets. Add lines 1 through 15 (must equ		72,621,701.	16	61,692,109.	
	17	Accounts payable and accrued expenses			986,324.	17	1,572,779.
	18	Grants payable			,	18	
	19	Deferred revenue			211,250.	19	226,118.
	20	Tax-exempt bond liabilities		20	,		
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		of Schedule D			62,280.	25	59,238.
	26	Total liabilities. Add lines 17 through 25		Γ	1,259,854.	26	1,858,135.
		Organizations that follow FASB ASC 958, che	eck here	e 🕨 X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27				7,653,398.	27	8,203,049.
Bal	28	Net assets with donor restrictions			63,708,449.	28	51,630,925.
pu		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌			
Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ea				30	
As	31	Retained earnings, endowment, accumulated in		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			71,361,847.	32	59,833,974.
-	33	Total liabilities and net assets/fund balances	<u></u>		72,621,701.	33	61,692,109.
							Form 990 (202 ⁻

132011 12-09-21

WESTCHESTER	COMMUNITY	COLLEGE	FOUNDATION
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	990 (2021) INC.	23-	7050	<u>397</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,530</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,249		
3	Revenue less expenses. Subtract line 2 from line 1	3		,281		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,361		
5	Net unrealized gains (losses) on investments	5	-12	,119),32	23.
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		-689	9,58	81.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	59	<u>,833</u>	3 <u>,9'</u>	74.
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	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

132012 12-09-21

C Department of the Treasury			omplete if the organ 494 ►	rity Status an hization is a section 501 47(a)(1) nonexempt cha Attach to Form 990 or F	(c)(3) orga ritable tru form 990-1	anization (st. EZ.	or a section		OMB No. 1545-0047
Internal Reve			-	//Form990 for instructio					Inspection
Name of	the organizati	INC.	CHESTER CO	MMUNITY COLLI	SGE FC	JUNDA'I	LON		identification number 3-7050397
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	<u>ے</u> اS.	5-1030391
				For lines 1 through 12, cl					
1		•		on of churches described	-	,)(A)(i).		
2	,		,	Attach Schedule E (Form			·//·		
3				anization described in se		(b)(1)(A)(ii	i).		
4	•	•		njunction with a hospital			•)(iii). Enter	the hospital's name,
	city, and state	-							
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10	-		•	than 33 1/3% of its supp				-	•
				t to certain exceptions; a					
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
—			mplete Part III.)						
	•	-	-	vely to test for public sat	•				
12	-	-		vely for the benefit of, to				-	
				d in section 509(a)(1) o					check the box on
• □	-	-	• •	f supporting organization				-	nivina
a 🔄				upervised, or controlled	• • • •	-			
		•	complete Part IV, Se	gularly appoint or elect a	majonty o	n the direc			ipporting
b			-	or controlled in connect	ion with its	s sunnorte	d organizatio	n(s) by bay	ina
			-	anization vested in the sa			-		-
		-	t complete Part IV,					ge the supp	
с 🗌		. ,	•	g organization operated	in connect	ion with, a	and functiona	llv integrate	d with
-). You must complete F				,	<u> </u>
d		0	()(porting organization oper	,	,		rted organiz	zation(s)
	that is not f	unctionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and	an attentiv	veness
				nplete Part IV, Sections					
е 🗌	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f Ente	er the number	of supported o	organizations						
		0	about the supporte	<u> </u>	(iv) Is the orga	nization listed			
	 i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
	organization	•		above (see instructions))	Yes	No		1311 40110113/	
Total									

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Part

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	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.)
n /	A Public Support

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4274123.	5442252.	8445051.	7262531.	4391345.	29815302.	
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							
4	Total. Add lines 1 through 3	4274123.	5442252.	8445051.	7262531.	4391345.	29815302.	
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)						7558242.	
6	Public support. Subtract line 5 from line 4.						22257060.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	4274123.	5442252.	8445051.	7262531.	4391345.	29815302.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1258390.	1230417.	1003538.	1273531.	1685388.	6451264.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	72,511.	107,051.	38,663.	36,982.	37,785.	292,992.	
11	Total support. Add lines 7 through 10						36559558.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section /	01(c)(3)		
	organization, check this box and stop						>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>60.88</u> %	
15	Public support percentage from 2020					15	56.96 %	
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2020. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	e e						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	-		• • • •	-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the						. —	
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	<u>a, 16b, 17a, or 17b</u>	o, check this box a			
						Schedule A	(Form 990) 2021	

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	WESTCHESTER	COMMUNITY	COLLEGE	FOUNDATION
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Schedule A (Form 990) 2021

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

INC.

(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	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		((-) == :=	(-)		()
	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 regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2021 (I		•	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20					17 18	%
	Investment income percentage from						% Z is pot
198	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2020. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	23 01-04-22		19			Schedule /	A (Form 990) 2021

Schedule A (Form 990) 2021

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Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

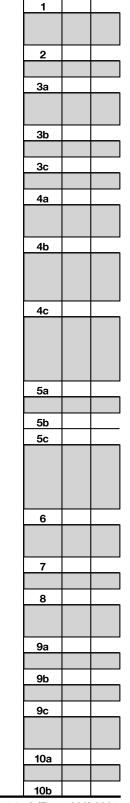
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

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- 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.)

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Schedule A (Form 990) 2021

Sch		23-705039	7 Ра	age 5
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	ction 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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amone	fficers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 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		

supervis	sea. or cor	<u>ntrollea the sul</u>	oporting or	danization.
Section C.	Type II	Supporting	d Organi	zations

 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
 I
 I
 I

Sec	ction D. All Type III Supporting Organizations
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?
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported

organization(s) or (ii) serving on the governing body of a supported organization? *If* "*No*," *explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*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* **Part VI** *the role the organization*'s
supported organizations played in this regard.
3

supported organizations played in this regard. Section 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. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you	ou supported a governmental entity	(see instruction <u>s).</u>
---	--	---	-----------------------------	------------------------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.**

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.*132025 01-04-22

Yes No

Yes No

1

Schedule A (Form 990) 2021

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WESTCHESTER	COMMUNITY	COLLEGE	FOUNDATION

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Sche	dule A (Form 990) 2021 INC •			23-7050397 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		

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

Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 INC.	a)/2) Supporting Orga		23-7050397 Page 7
Par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	allo Supporting Orga	nizations (continued)	Current Year
<u>Secu</u>	on D - Distributions Amounts paid to supported organizations to accomplish exer	mot purposes	1	
2	Amounts paid to supported organizations to accompliant exerp			
2	organizations, in excess of income from activity		2	,
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.	0	8	
9	Distributable amount for 2021 from Section C, line 6		g	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>i</u>	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

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WESTCHESTER COMMUNITY COLLEGE FOUNDATION Schedule A (Form 990) 2021 INC. 23 - 7050397 Page 8 Part 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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
NET INCOME FROM FUNDRAISING EVENTS
2017 AMOUNT: \$ 72,511.
2018 AMOUNT: \$ 107,051.
2019 AMOUNT: \$ 38,663.
2020 AMOUNT: \$ 36,982.
2021 AMOUNT: \$ 37,785.
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Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

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Name of the organizati		Employer identification number
	WESTCHESTER COMMUNITY COLLEGE FOUNDATION INC.	23-7050397
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Х	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
	contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
	or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRISON, NY 10528-1635	- \$ <u>533,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PLEASANTVILLE, NY 10570-3907	- \$ <u>422,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NEW YORK, NY 10022-4501	- _ \$ <u>340,998.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SCARSDALE, NY 10583-6004	\$309,500. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PURCHASE, NY 10577-1444	- \$ <u>300,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NEW YORK NV 10022 4752	\$ <u>244,500.</u>	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2021) Name of organization

INC.

WESTCHESTER COMMUNITY COLLEGE FOUNDATION

Employer identification number

23-7050397

noncash contributions.) Schedule B (Form 990) (2021)

Page **2**

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NEW YORK, NY 10022-4752

2021.05040 WESTCHESTER COMMUNITY COL PM122601

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WESTCH	HESTER COMMUNITY COLLEGE FOUNDATION		23-7050397
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
7	NEW YORK, NY 10017	\$220,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
8	PURCHASE, NY 10577-2138	\$200,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
9	PURCHASE, NY 10577-1712	\$125,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
<u> 10 </u>	BEDFORD, NY 10506-1923	\$125,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
	SAN FRANCISCO, CA 94104-4151	\$119,8	86. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
	ARMONK, NY 10504-1738	\$100,0	00. (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization

COMMINIT

Schedule B (Form 990) (2021)

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2021.05040 WESTCHESTER COMMUNITY COL PM122601

Employer identification number

	3 (Form 990) (2021)		Page 3
			Employer identification number
INC.	HESTER COMMUNITY COLLEGE FOUNDATION		23-7050397
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needec	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	e) (d)
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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Schedule B (Form 990) (2021)

Schedule E	B (Form 990) (2021)			Page 4	
Name of or				Employer identification number	
WESTCH	HESTER COMMUNITY COLLEGE	E FOUNDATION		23-7050397	
Part III	Exclusively religious, charitable, etc., contributi				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	y. For organizations ess for the year. (Enter this info. or	nce.) > \$	
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Part I					
-		(a) Transfer of sift			
		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doc	cription of how gift is held	
Part I	(b) Fulpose of gift		(d) Des	cription of now gift is neid	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
		[
(a) No. from			(1) D		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee	
	,,,				
(a) No.			(1) D.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee	
ŀ					
123454 11-11	-21	I		Schedule B (Form 990) (2021)	
		29			

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SC	HEDULE D	Supplementa	al Financial Statements	OMB No. 1545-0047
(Forn	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2021
	ment of the Treasury		Attach to Form 990.	Open to Public
	Revenue Service		90 for instructions and the latest information ITY COLLEGE FOUNDATION	n. Inspection Employer identification number
Inalli	e of the organization	INC.		23-7050397
Par	t I Organiza		d Funds or Other Similar Funds or A	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised fu	
6			exclusive legal control? dvisors in writing that grant funds can be used	
0	•	c	r donor advisor, or for any other purpose confe	•
	impermissible priv			то. П.
Par			ganization answered "Yes" on Form 990, Part I	
1		servation easements held by the organization		
	Preservation	n of land for public use (for example, recreat	tion or education) Preservation of a his	storically important land area
	Protection o	f natural habitat	Preservation of a ce	rtified historic structure
	Preservation	n of open space		
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year	r.		Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	•			
С			ucture included in (a)	2c
d			fter 7/25/06, and not on a historic structure	
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	inization during the tax
4	year			
4 5		where property subject to conservation eas tion have a written policy regarding the per		
5	•	orcement of the conservation easements it		Yes No
6			handling of violations, and enforcing conserva	
Ŭ				
7	·	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	▶\$	3, 1 3,	5	5 ,
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h))(4)(B)(ii)?		YesNo
9			on easements in its revenue and expense state	
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statements t	that describes the
		ounting for conservation easements.		
Par		-	Art, Historical Treasures, or Other	Similar Assets.
		f the organization answered "Yes" on Form		
1 a	•	· •	8, not to report in its revenue statement and ba	
			lic exhibition, education, or research in further	ance of public
h	· •		icial statements that describes these items.	as shoet works of
b	-		 to report in its revenue statement and balan exhibition, education, or research in furtheran 	
		ing amounts relating to these items:	exhibition, education, or research in furtheran	ce of public service,
	•	c		▶ \$
				N N
2	.,		asures, or other similar assets for financial gair	
		unts required to be reported under FASB A		
а	-		~ 	▶ \$
		eduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
132051	10-28-21			
			30	

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WESTCHESTER COMMUNITY (COLLEGE	FOUNDATION
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Scho	dule D (Form 990) 2021 INC.	SIER COMMON		JE FOUNDAIL		705039	7 Do	~~ 2
	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Similar Ass	sets (conti	nued)	ge Z
3	Using the organization's acquisition, accession						nacaj	
	collection items (check all that apply):	,	,,,,					
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е		0 1 0				
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpose in F	Part XIII.		
5	During the year, did the organization solicit o			•				
	to be sold to raise funds rather than to be ma			•		Yes		No
Par	rt IV Escrow and Custodial Arrang					IV, line 9, o	r	
	reported an amount on Form 990, Pa		C C					
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets not	included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII							
						Amour	nt	
с	Beginning balance				1c			
d	Additions during the year				1d			
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe					Yes		No
b	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Fou	ir years b	ack
1a	Beginning of year balance	43,114,953.	32,865,272.	31,008,515.	31,134,43	30. 29	,941,4	75.
b	Contributions	836,030.	3,481,229.	738,421.	1,076,64	43.	404,3	374.
с	Net investment earnings, gains, and losses	-9,721,356.	8,583,846.	2,571,447.	167,79	93. 2	,074,5	595.
d	Grants or scholarships	1,115,176.	1,413,495.	1,059,893.	1,188,88	86.	954,0	98.
	Other expenditures for facilities							
	and programs	677,732.	401,899.	393,218.	181,40	65.	331,9	16.
f	Administrative expenses							
g	End of year balance	32,436,719.	43,114,953.	32,865,272.	31,008,53	15. 31	,134,4	30.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment 100	%						
с	Term endowment ► .0000	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he organization			
	by:						Yes	No
	(i) Unrelated organizations					3a(i)		Х
	(ii) Related organizations							Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the							
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) A	Accumulated	(d) Boo	ok value	
		basis (investm	nent) basis	(other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other		2	1,559.	16,011.		5,54	8.
Total	Add lines 1a through 1e. (Column (d) must e	aual Form 000 Part	(column (P) line 1				5.54	8.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 INC

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

Complete in the organization answered Tes	on Form 990, Fart IV, line i	TD. See Form 550, Fait A, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ASSETS OF GIFT ANNUITY		
(B) FUND	58,754.	END-OF-YEAR MARKET VALUE
(C) PARTNERSHIP INT. SEATTLE	564,250.	END-OF-YEAR MARKET VALUE
(D) PARTNERSHIP INT. HANCOCK		
(E) TIMBERLAND XI L.P.	1,167,992.	END-OF-YEAR MARKET VALUE
(F) PARTNERSHIP INT. LINX		
(G) PARTNERS III, L.P.	847,831.	END-OF-YEAR MARKET VALUE
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	5,387,891.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (b) must equal Form 990 Part X col (B) line 13)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X | Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	59,238.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	► <u>59,238</u> .

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII
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Schedule D (Form 990) 2021

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	edule D (Form 990) 2021 INC •				7050397 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Ro	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	-4,755,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-12,119,323.		
b	Donated services and use of facilities	2b	553,767.	<u>,</u>	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-292,978.	,	
е	Add lines 2a through 2d			2e	-11,858,534.
3	Subtract line 2e from line 1			3	7,102,971.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	427,262.	<u>,</u>	
b	Other (Describe in Part XIII.)	4b			
С				4c	427,262.
				5	7,530,233.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)				1,550,255.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per		n.
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				n.
	rt XII Reconciliation of Expenses per Audited Financial Statem				n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		Retur	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	553,767.		n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			n. 6,654,468.
Pa 1 2 b c	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	553,767.		n. 6,654,468. 832,528.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	553,767.		n. 6,654,468.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	553,767. 278,761.	Retur	n. 6,654,468. 832,528.
Pa 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	553,767.	Retur	n. 6,654,468. 832,528.
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	553,767. 278,761.	Retur	n. 6,654,468. 832,528. 5,821,940.
Pa 1 2 3 4 4	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	553,767. 278,761. 427,262.	Retur	n. 6,654,468. 832,528. 5,821,940. 427,262.
Pa 1 2 4 6 3 4 5	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	553,767. 278,761. 427,262.	Retur	n. 6,654,468. 832,528. 5,821,940.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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 additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE RESTRICTED FOR THE FOLLOWING PURPOSES: SCHOLA	ARSHIPS
\$17,168,361; VIRGINIA MARX CHILDREN'S CENTER PROGRAMS AND SCHOLAR	рантра
517,100,501; VIRGINIA MARK CHILDREN 5 CENIER PROGRAMS AND SCHOLAR	KONTEO
\$2,935,293; COLLEGE ENHANCEMENT AND ENRICHMENT \$4,622,487; DR. HA	ANKIN
GATEWAY TO THE FUTURE FUND \$6,530,632; GENERAL PURPOSES OF THE FO	OUNDATION
\$994,946; AND TIME RESTRICTED FOR PLEDGES RECEIVABLE \$185,000.	

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A PUBLIC CHARITY.

DONATIONS TO THE FOUNDATION ARE DEDUCTIBLE FOR INCOME TAX PURPOSES UNDER

INTERNAL REVENUE CODE SECTION 170.

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PART XI, LINE 2D - OTHER ADJUSTMENTS:	
UNREALIZED CHANGE IN VALUE OF ASSETS IN GIFT ANNUITY	-15,132.
UNREALIZED CHANGE IN VALUE OF PARTNERSHIP	-674,449.
GROSS UP RENTAL INCOME COUNTY HOMES	278,761.
NON-CONTROLLING INTEREST IN EARNING OF SUBSIDIARY	117,842.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-292,978.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES COUNTY HOMES	278,761.

Schedule D (Form 990) 2021

132055 10-28-21

WESTCHESTER COMMUNI	TY COLLEGE FOU	NDATION
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 Schedule D (Form 990)
 INC .

 Part XIII
 Supplemental Information (continued)

(including name of security)	(b) Book value	Cost or end-of-year market value FMV
	2,749,064.	FMV

Schedule D (Form 990)

17220131 130075 PM122602.000

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)	Complete if the	or if the							
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public Inspection	
Name of the organization	Bernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. ame of the organization WESTCHESTER COMMUNITY COLLEGE FOUNDATION Employee								
	23-7050								
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not	
		ed funds through any of the followin							
a Mail solicitat	ions email solicitations			•	overnment grants nment grants				
c Phone solici		g Special							
d 🗌 In-person so									
		or oral agreement with any individual art VII) or entity in connection with pr				tees,	or Yes	s 🗌 No	
, , ,		viduals or entities (fundraisers) pursua			e e	ne fur			
compensated at le	ast \$5,000 by the	organization.							
(i) Name and address of individua or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in whi		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (exempt from re	egistration	
or licensing.									
LHA For Paperwork Ro	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021	

132081 10-21-21

23-7050397 Page 2

INC.

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

-1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PRESIDENT'S			(add col. (a) through
			FORUM	GREAT CHEFS	2	col. (c))
۹			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	54,535.	10,136.	80,550.	145,221
	2	Less: Contributions	22,885.	4,001.	80,550.	107,436
	3	Gross income (line 1 minus line 2)	31,650.	6,135.		37,785
	4	Cash prizes				
	5	Noncash prizes				
Deliser	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages		585.		585
ןב	8	Entertainment				
	9	Other direct expenses	17,020.	2,383.	3,187.	22,590
	10	Direct expense summary. Add lines 4 throug		•	▶	23,175
	11	Net income summary. Subtract line 10 from				14,610
a	rt I		answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1	TT		1
P			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
	<u>1</u> 2	Gross revenue Cash prizes				
	1 2 3					
		Cash prizes				
		Cash prizes Noncash prizes Rent/facility costs				
	3 4	Cash prizes		%	Yes%	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes %	Yes% No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes % └── No	No	No	
	3 4 5 6 7	Cash prizes	Yes%	No	No►	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	No	No►	
DILECT EXPENSES	3 4 5 7 8	Cash prizes	Yes % No 1 5 in column (d) 7 from line 1, column (d)	No	No►	
	3 4 5 7 8 Ent	Cash prizes	Yes% No No from line 1, column (d) ucts gaming activities:	No	No ►	
	3 4 5 6 7 8 Ent	Cash prizes	Yes% No In 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these	No	No ►	Yes N
	3 4 5 6 7 8 Ent	Cash prizes	Yes% No In 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these	No	No ►	Yes N
a b	3 4 5 6 7 8 Entl Is t If "	Cash prizes	Yes% No No from line 1, column (d) ucts gaming activities:activities in each of these	No	No ►	
	3 4 5 6 7 8 Entit	Cash prizes	Yes% No No for a column (d) for a	states?	No ►	
	3 4 5 6 7 8 Entit	Cash prizes	Yes% No No for a column (d) for a	states?	No ►	
	3 4 5 6 7 8 Entit	Cash prizes	Yes% No No for a column (d) for a	states?	No ►	

Sch	edule G (Form 990) 2021	INC.		<u>23-7</u>	<u>05039</u>	7 Page 3
			members?		Yes	No
			ust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	?	· · · · · · · · · · · · · · · · · · ·		Yes	🗌 No
13	Indicate the percentage of gamir	ng activity conducted in:				
а	The organization's facility				13a	%
					13b	%
			the organization's gaming/special events books and recor			
	Name					
	Address 🕨					
			rom whom the organization receives gaming revenue? \dots		Yes	No No
b	If "Yes," enter the amount of gar	ning revenue received by	the organization 🕨 💲 and the am	ount		
	of gaming revenue retained by th	ne third party 🕨 \$				
С	If "Yes," enter name and address	s of the third party:				
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	▶ \$	_			
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
	Mandatory distributions:					
а	Is the organization required under	er state law to make chari	itable distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	No No
b	Enter the amount of distributions	s required under state law	v to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activ					
Ра			explanations required by Part I, line 2b, columns (iii) and (v)); and Part	III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also provide	e any additional information. See instructions.			
13208	33 10-21-21		38	Schedu	le G (Forr	n 990) 2021

Schedule G	(Form 990)	WESTCHESTER INC.	COMMUNITY	COLLEGE	FOUNDATION	23-7050397	Page 4
	Supplemental Infor	mation (continued)					
						Schedule G (Fo	orm 0001
132084 11-18-2	21					Schedule G (FO	, iii 990)

SCHEDULE I (Form 990)		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.}	1 Other Assistance to Organizations, is, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	n 990. · the latest inform	ation.		Open to Public Inspection
Name of the organization WESTCI INC.	WESTCHESTER COMMUNITY INC.		FOUNDATION	N			Employer identification number 23 – 7050397
Part I General Information on Grants and Assistance	rants and Assistance						
1 Does the organization maintain records to substantiate the amount of the	ecords to substantiate the		or assistance, the g	jrantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	or assistance?	oring the use of grant fi	botial Lottod	Ctator			X Yes No
Z Describe III Fail to the organization 5 procedures for informating the use or grant runds in the oritin Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.	nits procedures for filoritien in the proceeding of the proceeding	ations and Domestic	Governments. Co	omplete if the orga	nization answered "Y	co oraces. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for apy	IV. line 21. for any
	e than \$5,000. Part II can	be duplicated if additio	if additional space is needed.	diporte in the diga			
1 (a) Name and address of organization or government	ation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WESTCHESTER COMMUNITY COLLEGE 75 GRASSLANDS ROAD VALHALLA, NY 10595	13-6608356		2,348,743.	0.			TO SUPPORT THE COLLEGE INSTITUTIONAL ENRICHMENT PROGRAMS.
	(c)(3) and government orc	janizations listed in the	line 1 table				
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Notice, see the Instructi	n table ons for Form 990.					⊥ . Schedule I (Form 990) 2021

132101 10-26-21

Schedule I (Form 990) 2021 INC .					23-7050397 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	90, 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	1630	2,514,934.		CASH VALUE	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l uired in Part I, line	: 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
SCHOLARSHIP FUNDING IS A VITAL PART	OF THE	WESTCHESTER	R COMMUNITY	X	
FOUNDATION'S (THE "FOUNDATION") MIS	MISSION, LEV	LEVELING THE	PLAYING FIELD BY	IELD BY	
MAKING SURE EDUCATION IS AVAILABLE	TO ALL WHO	HO SEEK IT.	DESPITE	THE	
WESTCHESTER COMMUNITY COLLEGE'S (THE	HE "COLLEGE")	GE") BEST	EFFORTS TO	CONTAIN	
COSTS, EVEN WITH THE LOWEST TUITION	IN	OUR REGION, TU	TUITION, FEES	g,	
TRANSPORTATION, AND EVEN SUSTENANCE	, ARE	OBSTACLES FO	FOR MANY STUI	STUDENTS WHO	
HAVE A PROFOUND AND COMPELLING NEED	FOR	ASSISTANCE. S	SCHOLARSHIPS	S HAVE A	
TRANSFORMATIONAL IMPACT, MOST OFTEN	N MAKING THE		CRUCIAL DIFFERENCE	CE BETWEEN	
132102 10-26-21					Schedule I (Form 990) 2021

WESTCHESTER COMMUNITY COLLEGE FOUNDATION

WESTCHESTER COMMUNITY COLLEGE FOUNDATION Schedule I (Form 990) INC. 23-7050397 Page 2 Part IV Supplemental Information
Far iv Supplemental mormation
MOVING AHEAD AND FALLING BEHIND. IN ADDITION TO IMPORTANT FINANCIAL
BENEFITS, SCHOLARSHIPS BESTOW ON STUDENTS A VALUABLE SENSE OF RECOGNITION
AND ACCOMPLISHMENT. SCHOLARSHIPS ARE AVAILABLE FOR INCOMING, CONTINUING AND
GRADUATING STUDENTS; EMERGENCY AID ASSISTS STUDENTS WITH FOOD INSECURITY,
TRANSPORTATION, AND UNFORESEEN PREDICAMENTS. GIFTS FROM INDIVIDUALS,
FOUNDATIONS, AND CORPORATIONS HAVE ENABLED THE FOUNDATION TO DISTRIBUTE
OVER \$2 MILLION IN SCHOLARSHIP AWARDS ANNUALLY; EVEN THAT DOES NOT FULFILL
STUDENTS' NEED FOR SUPPORT. IN ORDER TO SUPPORT THE COLLEGE'S RECRUITMENT,
RETENTION, AND COMPLETION GOALS, THE FOUNDATION PARTNERS WITH THE COLLEGE'S
OFFICE OF FINANCIAL ASSISTANCE TO DISTRIBUTE SCHOLARSHIPS. AWARDING IS
BASED UPON A DATA-DRIVEN METRIC TAKING INTO ACCOUNT MERIT, NEED, AND OTHER
FACTORS. IN ADDITION TO ASSURING THAT THE GREATEST NUMBER OF DESERVING
STUDENTS ARE CONSIDERED FOR AWARDS, THE SYSTEM PROVIDES A COMPREHENSIVE
PACKAGE OF STUDENT AID.

	HEDULE J Compensation Information	L	OMB No.	545-004	47	
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2021			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
Department of the Treasury Attach to Form 990.						
	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	nployer ide	Inspe			
man	ne of the organization WESTCHESTER COMMUNITY COLLEGE FOUNDATION Em	23-70			nper	
Pa	rt I Questions Regarding Compensation	23-70	5059	/		
10				V		
4-		`		Yes	No	
а	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	',				
	First-class or charter travel Housing allowance or residence for personal u					
	Travel for companions Payments for business use of personal residence for personal residenc					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ILE				
	Discretionary spending account Personal services (such as maid, chauffeur, ch	hof)				
		nei)				
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	0				
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations	mittee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?		4a		X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		X	
с	Participate in or receive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?		5a		X	
	Any related organization?		5b		X	
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?		6a		X	
	Any related organization?		6b		X	
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n 990)	2021	

132111 11-02-21

Schedule J (Form 990) 2021 INC.					23-7050397	397		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mploy	ees, and Highest C	compensated Empl	oyees. Use duplica	te copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	orm 99	orted on Schedule J 30, Part VII.	l, report compensati	on from the organiz	ation on row (i) and fror	n related organization	s, described in the inst	ructions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ed indi	vidual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (F	E) amounts for that indi	vidual.
		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA MITZNER	(i)	147,631.	.0	.0	38,500.	•0	186,131.	.0
CFO THROUGH AUGUST 2021	: ()	.0	.0	.0	•0	.0	•0	0.
	Ξ		0.			.0		0.
DIR. OF ANNUAL GIVING	(ii)	149,984.	0.	2,540.	12,202.	.0	164,726.	.0
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WESTCHESTER COMMUNITY COLLEGE FOUNDATION INC.

132112 11-02-21

Schedule J (Form 990) 2021 UNC. 23-7050397	97 Page 3
ormation	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	al information.
PART I, LINE 3:	
SEE SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION B, LINE 15.	
Sch	Schedule J (Form 990) 2021

SCHEDULE 0 Supplemental Information to Form 990 or 990-F7
SCHEDULE O (Form 990) 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.
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection
Name of the organization WESTCHESTER COMMUNITY COLLEGE FOUNDATION Employer identification number INC. 23-7050397
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SINCE ITS FOUNDING IN 1969, THE WESTCHESTER COMMUNITY COLLEGE
FOUNDATION (THE "FOUNDATION") HAS RAISED OVER \$100 MILLION TO MEET
WESTCHESTER COMMUNITY COLLEGE ("COLLEGE") AND STUDENT NEEDS NOT COVERED
BY TUITION AND PUBLIC SUPPORT. FROM A MODEST BEGINNING RAISING FUNDS
FOR STUDENT SCHOLARSHIPS, THE FOUNDATION, COMPLETING ITS 53RD YEAR IN
2022, HAS EXPANDED TO PROVIDE FUNDING FOR CAPITAL PROJECTS, FACULTY
DEVELOPMENT, EMERGENCY STUDENT AID, WORKFORCE DEVELOPMENT, AND NEW AND
INNOVATIVE PROGRAM INITIATIVES TO PROMOTE STUDENT SUCCESS AND HELP THE
COLLEGE PROVIDE ATTAINABLE, AFFORDABLE, AND QUALITY EDUCATION.
MONETARY SUPPORT IS IMPORTANT, AND THE FOUNDATION IS ALSO GRATEFUL TO
THE MANY VOLUNTEERS AND ALUMNI WHO DONATE THEIR TIME AND EXPERTISE TO
PERSONALLY ASSIST OUR STUDENTS THROUGH THEIR PROFESSIONAL EXPERIENCE
AND DEDICATION.
FORM 990, PART III, LINE 1
THE PURPOSES OF THE FOUNDATION SHALL BE, AMONG OTHER THINGS, TO AID AND
ADVANCE THE MISSION OF THE COLLEGE, A PUBLIC EDUCATIONAL INSTITUTION.
RECOGNIZING THAT PUBLIC EDUCATION IS A PUBLIC RESPONSIBILITY, THE
FOUNDATION SHALL HAVE AS ITS GOAL THE DEVELOPMENT OF VOLUNTARY AND

SUPPLEMENTAL SUPPORT RESULTING FROM GIFTS, BEQUESTS, AND FUNDRAISING

ACTIVITIES. THE FOUNDATION DISBURSES INCOME OR PRINCIPAL THEREOF, FOR

THE BENEFIT OF THE COLLEGE FOR, BUT NOT LIMITED TO, STUDENT

SCHOLARSHIPS AND EMERGENCY AID, FACULTY DEVELOPMENT, EDUCATIONAL

PROGRAMMING AND COLLEGE OPERATING AND CAPITAL EXPENDITURES NOT COVERED

BY TUITION OR PUBLIC FUNDS. THE FOUNDATION'S SUPPORT, THROUGH ITS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Image: Comparison of Comparison

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2021.05040 WESTCHESTER COMMUNITY COL PM122601

Schedule O (Form 990) 2021	Page 2
Name of the organization WESTCHESTER COMMUNITY COLLEGE FOUNDATION INC.	Employer identification number 23-7050397
FUNDRAISING AND PROGRAMMATIC ACTIVITIES, SHALL STRENGTHEN	AND ENRICH
THE EDUCATIONAL LIFE AND ENVIRONMENT OF THE COLLEGE AND EN	ABLE THE
COLLEGE TO CONTINUE TO OFFER ACCESS TO QUALITY EDUCATION A	ND THE SKILLS
FOR SUCCESS.	

FORM 990 PAGE 2 PART III LINE 4A

SCHOLARSHIPS AND AWARDS:

OPPORTUNITY: SCHOLARSHIP FUNDING IS A VITAL PART OF THE FOUNDATION'S MISSION, LEVELING THE PLAYING FIELD BY MAKING SURE EDUCATION IS AVAILABLE TO ALL WHO SEEK IT. DESPITE THE COLLEGE'S BEST EFFORTS TO CONTAIN COSTS, EVEN WITH THE LOWEST TUITION IN OUR REGION, TUITION, FEES, TRANSPORTATION, AND EVEN SUSTENANCE, ARE OBSTACLES FOR MANY STUDENTS WHO HAVE A PROFOUND AND COMPELLING NEED FOR ASSISTANCE. SCHOLARSHIPS HAVE A TRANSFORMATIONAL IMPACT, MOST OFTEN MAKING THE CRUCIAL DIFFERENCE BETWEEN MOVING AHEAD AND FALLING BEHIND. IN ADDITION TO IMPORTANT FINANCIAL BENEFITS, SCHOLARSHIPS BESTOW ON STUDENTS A VALUABLE SENSE OF RECOGNITION AND ACCOMPLISHMENT. SCHOLARSHIPS ARE AVAILABLE FOR INCOMING, CONTINUING AND GRADUATING STUDENTS; EMERGENCY AID ASSISTS STUDENT WITH FOOD INSECURITY, TRANSPORTATION, AND UNFORESEEN PREDICAMENTS. THIS PAST YEAR, GIFTS FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS ENABLED THE FOUNDATION TO DISTRIBUTE \$2.5 MILLION IN SCHOLARSHIP AWARDS; EVEN THAT DOES NOT FULFILL STUDENTS' NEED FOR SUPPORT. IN ORDER TO SUPPORT THE COLLEGE'S RECRUITMENT, RETENTION, AND COMPLETION GOALS, THE FOUNDATION NOW PARTNERS WITH THE COLLEGE'S OFFICE OF FINANCIAL ASSISTANCE TO DISTRIBUTE SCHOLARSHIPS. AWARDING IS BASED UPON A DATA-DRIVEN METRIC TAKING INTO ACCOUNT MERIT, 132212 11-11-21 Schedule O (Form 990) 2021 47

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Schedule O (Form 990) 2021 Name of the organization WESTCHESTER COMMUNITY COLLEGE FOUNDATION INC.	Page 2 Employer identification number 23-7050397
NEED, AND OTHER FACTORS. IN ADDITION TO ASSURING THAT THE	GREATEST
NUMBER OF DESERVING STUDENTS ARE CONSIDERED FOR AWARDS, TH	E SYSTEM
PROVIDES A COMPREHENSIVE PACKAGE OF STUDENT AID. A NEW ST	UDENT
FINANCIAL PLANNING DATABASE, FUNDED BY THE FOUNDATION, WIL	L COMPLETE
THE COORDINATION AND TRANSITION TO THIS NEW MODEL. FUNDING	OF \$300,000
WAS SECURED TO INSTITUTE THIS SOFTWARE PROGRAM THAT WILL I	MPROVE THE
STUDENT EXPERIENCE AND MAKE MORE DOLLARS AVAILABLE TO MORE	STUDENTS.
FORM 990 PAGE 2 PART III LINE 4B	
COLLEGE INSTITUTIONAL ENRICHMENT:	
CURRENT YEAR INITIATIVES INCLUDED:	
PATHWAYS THE CAMPAIGN FOR STUDENT SUCCESS	
BEGINNING IN THE FALL OF 2013, THE FOUNDATION ENTERED A CO	MPREHENSIVE
CAMPAIGN TO SIGNIFICANTLY IMPROVE STUDENT OUTCOMES THROUGH	PROGRAMS AND
SERVICES DESIGNED TO INCREASE STUDENT READINESS, SUCCESS A	ND OVERALL
SUPPORT. THE CAMPAIGN HAS BEEN VERY SUCCESSFUL FOCUSING O	N MAJOR GIFTS
AND OTHER FUNDRAISING METHODS. THIS APPROACH HAS ALLOWED	THE CAMPAIGN
TO SURPASS THE ORIGINAL \$30 MILLION GOAL, AND A NEW GOAL O	F \$50 MILLION
WAS ANNOUNCED AT THE FOUNDATION'S 50TH ANNIVERSARY CELEBRA	TION IN
NOVEMBER 2020, WITH A TARGET OF REACHING THIS MARK BY WCC'	S 75TH
ANNIVERSARY IN 2021. AS OF AUGUST 31, 2022, \$57 MILLION H	IAS BEEN
RAISED TO DATE, AND THE CAMPAIGN HAS PROVIDED FUNDING TO L	AUNCH SEVERAL
INNOVATIVE INITIATIVES IN THREE MAJOR CATEGORIES. EXAMPLE	S OF
INITIATIVES FUNDED THIS FISCAL YEAR FOLLOW.	

STUDENT SUCCESS

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Schedule O (Form 990) 2021	Page 2					
Name of the organization WESTCHESTER COMMUNITY COLLEGE FOUNDATION INC.	Employer identification number 23-7050397					
THE FUNCTIONS OF THE FOUNDATION'S SCHOLARSHIP OFFICE WERE MERGED WITH						
THE COLLEGE'S OFFICE OF FINANCIAL AID TO CREATE A NEW DIVI	SION OF					
FINANCIAL ASSISTANCE, SPECIFICALLY TO IMPROVE STUDENTS' AC	CESS TO					
SCHOLARSHIPS, FINANCIAL AID, AND OTHER SOURCES TO SUPPORT	THE PURSUIT					
OF EDUCATION. FUNDING OF \$300,000 WAS SECURED TO INSTITUTE THE STUDENT						
FINANCIAL PLANNING SOFTWARE PROGRAM, A PRODUCT THAT WILL I	MPROVE THE					
STUDENT EXPERIENCE AND MAKE MORE DOLLARS AVAILABLE TO MORE	STUDENTS.					
ACADEMIC EXCELLENCE						
\$2 MILLION HAS BEEN RAISED IN SUPPORT OF THE DESIGN AND CONSTRUCTION OF						
A NEW SIMULATED HOSPITAL LAB. ONCE COMPLETED, IT WILL PROVIDE						
STATE-OF-THE ART FACILITIES FOR NURSING AND OTHER HEALTH-R	ELATED					
FIELDS, ENHANCE PROGRAM CURRICULA, AND ENABLE EXPANDED ENR	OLLMENT IN					

THE SCHOOL OF HEALTH CAREERS.

SCHOLARSHIP OPPORTUNITIES

RECOGNIZING THAT THE PATH TO EQUITABLE ECONOMIC OPPORTUNITY INCLUDES EQUITABLE EDUCATION, PEPSICO FOUNDATION UPLIFT SCHOLARSHIPS CONTINUE TO PROVIDE OPPORTUNITY FOR BLACK AND HISPANIC STUDENTS LOOKING TO ENTER AND/OR ADVANCE IN CAREERS IN INFORMATION TECHNOLOGY. A TWO-YEAR GRANT OF \$600,000 HAS SUPPORTED OVER 160 SCHOLARSHIPS IN BOTH DEGREE-SEEKING AND SHORT-TERM WORKFORCE PROGRAMS TO DATE.

 FORM 990, PART VI, SECTION B, LINE 11B:

 THE FORM 990 IS REVIEWED IN DETAIL BY THE FOUNDATION EXECUTIVES AND IS MADE

 AVAILABLE ELECTRONICALLY AND/OR BY PAPER WHEN REQUESTED FOR THE AUDIT

 COMMITTEE AND BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO

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Schedule O (Form 990) 2021					Page 2
·······	WESTCHESTER INC.	COMMUNITY	COLLEGE	FOUNDATION	Employer identification number 23-7050397

FILING FORM 990 WITH THE IRS.

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

BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST DISCLOSURE FORMS ANNUALLY. IN ADDITION, NEW BOARD MEMBERS ARE REQUIRED TO COMPLETE THE DISCLOSURE FORM UPON APPOINTMENT. ALL DISCLOSURES REQUIRED UNDER THE POLICY SHALL BE MADE TO THE SECRETARY OF THE BOARD OF DIRECTORS AND SHOULD A CONFLICT OF INTEREST EXIST, A DIRECTOR IS TO REFRAIN FROM PARTICIPATION IN ANY CONSIDERATION OF THE MATTER AT ISSUE.

FORM 990, PART VI, SECTION B, LINE 15B:

THE WCC FOUNDATION'S EXECUTIVE DIRECTOR AND OTHER HIGHLY COMPENSATED EMPLOYEES ARE EMPLOYED BY A RELATED ENTITY, WESTCHESTER COMMUNITY COLLEGE OF WESTCHESTER COUNTY. THE RELATED ENTITY ESTABLISHES JOB CLASSES WITH SALARY RANGES THAT ARE BASED UPON MANY FACTORS. OFFICERS ALSO PAID BY THE WCC FOUNDATION ARE GUIDED BY THE SAME JOB CLASSES AND SALARY RANGES ESTABLISHED BY WESTCHESTER COMMUNITY COLLEGE OF WESTCHESTER COUNTY FOR THEIR HIGHLY COMPENSATED EMPLOYEES WHICH IS APPROVED BY THE OFFICERS OF THE BOARD.

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

A COPY OF THE MOST RECENT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 IS MAINTAINED AT THE WESTCHESTER COMMUNITY COLLEGE OFFICE AND IS MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND THROUGH WESTCHESTER COMMUNITY COLLEGE'S WEBSITE.

FORM 990 PART VII

EX-OFFICIO MEMBERS OF THE BOARD ARE:

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Schedule O (Form 990) 2021 Name of the organization WESTCHESTER COMMUNITY COLLEGE FOUNDATION	Page Employer identification number
INC.	23-7050397
DR. BELINDA S. MILES	
LEROY W. MITCHELL	
VAUGHN ROBINSON	
CHAD THOMPSON, PRESIDENT WCC FACULTY SENATE	
DIRECTOR EMERITUS MEMBERS OF THE BOARD ARE:	
FRANK S. MCCULLOUGH, JR	
THEODORE PELUSO	
HARRY PHILLIPS, III	
BETSY STERN	
FLORENCE SINSHEIMER IS AN HONORARY DIRECTOR OF THR BOARD	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED CHANGE IN VALUE OF ASSETS IN GIFT ANNUITY	-15,132.
UNREALIZED CHANGE IN VALUE OF PARTNERSHIPS	-674,449.
FOTAL TO FORM 990, PART XI, LINE 9	-689,581.
132212 11-11-21	Schedule O (Form 990) 20

SCHEDULE R (Form 990)	P Complete if the organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b,	ganizations and Unrelated Partnerships ation answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	tnerships _{ne 33, 34, 35b, 36}	3, or 37.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Auach to Form 990. m990 for instructions and the lates	t information.			Open to Public Inspection
ation WESTCHESTER INC.	COMMUNITY COLLEGE FOUNDATION	UNDATION			Employer identification number 23-7050397	ication number 397
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization answered "Yes"	on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ne End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	Complete if	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, b	ecause it had one c	r more related tax-ex	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
WESTCHESTER COMMUNITY COLLEGE - 13-6608356 75 GRASSLANDS ROAD VALHALLA, NY 10595	EDUCATIONAL	NEW YORK			N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule F	Schedule R (Form 990) 2021

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Schedule R (Form 990) 2021 INC •									23-7(23-705039	7 Pag	Page 2
Rel:	ganizations Taxable a Irtnership during the tax	s a Partn e < year.		the organiza	ttion answered '	"Yes" on Form	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	e 34, because	it had one or r	nore relate		ļ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or F managing le partner?	(k) or Percentage ownership	age
COUNTY HOMES LLC - 13-3867731 80 s. broadway TarryTown, NY 10591	RENTAL PROPERTY	ЛY	WESTCHESTER COMMUNITY COLLEGE FOUNDATION,	RENTAL INCOME	COME	176,763.	2,763,017.		N/A	×	60	.008
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	s a Corpc g the tax _}	or Trust.	omplete if the	Complete if the organization answered "Yes"	Inswered "Yes"	on Form 990, Part IV, line 34, because it had one or more related	art IV, line 34	, because it ha	d one or n	nore related	g
(a) Name, address, and EIN of related organization	ZE	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ng (e) Type of entity (C corp, S corp, or trust)	Share inc		(g) Share of end-of-year assets	(h) Percentage ownership	(i 512(b contre enti enti) (13) olled ty? No
132162 11-17-21 C		а С Б	CONT TNILL TONSE 3	ONICE 2				-	Schec	lule R (Fo	Schedule R (Form 990) 2021	021

WESTCHESTER COMMUNITY COLLEGE FOUNDATION

SEE PART VII FOR CONTINUATIONS53

WESTCHESTER COMMUNITY COLLEGE FOUNDATION INC. Schedule R (Form 990) 2021

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				-	Yes	٥N
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?	is with one or more rel	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Ŋ			1a		Х
b Gift, grant, or capital contribution to related organization(s)				1b	X	
(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
				2		⊳
e coaris or ioari guarantees by related organizationils)				le		4
f Dividends from related organization(s)				¥	F]×
					T	
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				1h		Х
				1		×
i Lease of facilities. equipment, or other assets to related organization(s)				÷		×
k Lease of facilities. equipment: or other assets from related organization(s)				¥	t	×
Performance of services or membership or fundraising solicitations for i	anization(s)			Ŧ		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			E F	ł	×
	ion(s)			÷	×	
	le)iini			÷	: >	
o sharing of paid employees with related organization(s)				₽	4	ſ
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses				1q		Х
- -						
r Other transfer of cash or property to related organization(s)				÷		×
				÷	×	
. סנוופו נומווצופו טו כמצוו טו טוטטפונץ ווטווו ופומנפט טוטמווובמנוטוו(צ)				2	4	
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete thi	s line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) COUNTY HOMES LLC	ω	166,086.	CASH RECEIVED			
[2]						
(2)						
(4)						
(6)						
132163 11-17-21			Schedule R (Form 990) 2021	R (Form	066	2021

Image:	s" on Form 990. Part IV, line 37.	Schedule R (Form 990) 2021 INC •	INC.							23-705039	0397	Page 4
ucted more than five percent of its activities (measured by total assets or trained by total assets or trained by total assets or total share of trained by total assets or total assets total assets total assets (f) (g) (h)	Indext of the percent of tis activities (measured by total assets or summary service) Indext of the percent of tis activities (measured by total assets or summary service) Indext of the percent of tis activities (measured by total assets or summary service) Indext of the percent of tis activities (measured by total assets total assets income as a set income asset income assets income as a set inc	elated Organizations Taxa	ble as a Partnership. Co		ization answered "Yes	" on Forr	n 990, Part IV, line	37.				
(e) (f) (f) Amagail Margail (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0105) (0060 V-UBI (0000 (0060 V-UBI (0000 (0060 V-UBI (0000 (0060 V-UBI (0000 (0060 V-UBI (0000 (0000 (0000 (0000) (000	(e) (f) (g) (h) (g) Resent Share of and of year Share of and of year Share of and of year Code V-UBI resent No No No No No re No No	owing information for each created or the section of the section o	entity taxed as a partnersh structions regarding exclus	ip through which the sion for certain inve	he organization condu stment partnerships.	cted mor	e than five percent	of its activities (me	asured by	/ total assets or g	Iross reve	(ənu
Futurary activity Legal dominiant income setting (state or foreign setting) Perdominiant (net income setting) Share of setting) Share of set	Primary activity Legal domicile tester of rosign states of ro	(a)	(q)	(c)		(e)	(£)	(6)		(<u>i</u>)	9	(k)
Sections 512-514) Yes No Sections 512-514) Assets Assets Assets	Section: 31.2 (1/) Section:	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	Are all partners sec. 501(c)(3) orgs.?	Share of total	Share of end-of-year	Dispropor- tionate allocations	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	^o ercentage ownership
					sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
									_			
Schedule R (Form 990) 2021												

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Part VII Supplemental Information

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

INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

COUNTY HOMES LLC

DIRECT CONTROLLING ENTITY: WESTCHESTER COMMUNITY COLLEGE FOUNDATION, INC.

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