



1155 Avenue of the Americas, Suite 1200 | New York, NY 10036-2711 | 212.867.4000

QUEENSBOROUGH COMMUNITY COLLEGE FUND INC. Instructions for Filing Form CHAR500 New York State Annual Filing for Charitable Organizations For the year ended June 30, 2021

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by May 16, 2022 with:

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

A check or money order payable to "Department of Law" in the amount of \$775 should be attached to the return. Be sure to include the federal EIN and "2020 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

| 1. General Informa | tion | | | | | | |
|---|---|--|--|--|--|--|--|
| For Fiscal Year Beginning Check if Applicable: Address Change Initial Filing Final Filing Amended Filing Reg ID Pending Check your organization's registration category: 2. Certification See instructions for certificati signatories. | Name of Organization: QUEENSBOROUGH C Mailing Address: 222-05 56TH AVE City / State / Zip: BAYSIDE, NY 113 Website: WWW.QCC.CUNY.ED 7A only EPT | OMMUNITY COLLEGE NUE 64 U TL only X DUAL (7A & E | PTL) C EXEMPT* C | 06 / 30 / 2021 Employer Identification Number (EIN): 11-2386540 NY Registration Number: 02-19-39 Telephone: (718) 631-6244 Email: WLEUNG@QCC.CUNY.ED onfirm your Registration Category in the harities Registry at www.CharitiesNYS.com. | | | |
| We certify under pe | | eviewed this report, including a in accordance with the laws | | e best of our knowledge and belief, applicable to this report. | | | |
| President or Authorized Offic | | | Mark Kupferberg, Ch | | | | |
| | asurer: Claubotte & | Reblur | Print Name and Tit | | | | |
| Chief Financial Officer or Trea | asurer: Signature | 3- | Charlotte Biblow, Trea Print Name and Tit | | | | |
| categories (DUAL filers) that | apply to your filing. If you apply to your registration, | complete only parts 1, 2, ar | d 3, and submit the certifi | gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or additional | | | |
| attachments and pay applicab | le fees. i <u>on</u> : Total contributions fro | m NY State including resider | its, foundations, governm | on, you must file applicable schedules and rent agencies, etc. did not exceed \$25,000 solicit contributions during the fiscal year. | | | |
| <u>3b. EPTL filing exem</u> fiscal year. | <u>ption:</u> Gross receipts did no | ot exceed \$25,000 and the n | narket value of assets did | not exceed \$25,000 at any time during the | | | |
| 4. Schedules and A | Attachments | | | | | | |
| See the following page for a checklist of schedules and attachments to complete your filing. | Yes X No for fur | d your organization use a pr nd raising activity in NY State d the organization receive go | ? If yes, complete Schedu | | | | |
| 5. Fee | | | | | | | |
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: CHAR500 Annual Filing for CI | 7A filing fee: | EPTL filing fee: | Total fee: | Make a single check or money order payable to: <u>"Department of Law"</u> | | | |

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

Page 1

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

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

Checklist of Schedules and Attachments

| If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (C | |
|--|------------|
| | CV) |
| If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants | |
| Check the financial attachments you must submit with your CHAR500: | |
| X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable | |
| X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosur and will not be available for public review. | e |
| Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. | ; |
| If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: | |
| Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000. | |
| X Audit Report if you received total revenue and support greater than \$750,000 | |
| No Review Report or Audit Report is required because total revenue and support is less than \$250,000 | |
| We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required | |
| Calculate Your Fee | |
| For 7A and DUAL filers, calculate the 7A fee: | <u>PT?</u> |
| \$0, if you checked the 7A exemption in Part 3a Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: | |
| X \$25, if you did not check the 7A exemption in Part 3a 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") | |
| For EPTL and DUAL filers, calculate the EPTL fee: | |
| \$0, if you checked the EPTL exemption in Part 3b EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. | , |
| \$25, if the NET WORTH is less than \$50,000 | |
| DUAL filers are registered under both 7A and EPTL. | |
| \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 EXEMPT filers have registered with the NY Charities Bureau | |
| \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These | |
| \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 organizations are not required to file annual financial reports but may do so voluntarily. | ; |
| X \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u> | Y |
| \$1500, if the NET WORTH is \$50,000,000 or more | |
| Send Your Filing | |
| NET WORTH for the purposes is calculated on: | |
| | |
| NYS Office of the Attorney General - IRS Form 990 E2 Part Lline 21 Charities Bureau Registration Section - IRS Form 990 PF, calculate the difference between | |
| 28 Liberty Street Total Assets at Fair Market Value (Part II, line 16(c)) and | |
| New York, NY 10005 Total Liabilities (Part II, line 23(b)). | |
| <u>Need Assistance?</u> Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov | |
| | ge 2 |

0J3551 1.000 1034NT V01B 3/11/2022 11:34:25 AM V 20-7.19

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

2020 Open to Public Inspection

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

Definitions

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

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

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

1. Organization Information

| Name of | Organization: |
|---------|---------------|
|---------|---------------|

QUEENSBOROUGH COMMUNITY COLLEGE FUND INC.

NY Registration Number: 02-19-39

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

| | Name of FRP: | NY Registration Number: |
|---------------------------------|---------------------|-------------------------|
| Fund Raising Professional type: | | |
| Professional Fund Raiser | Mailing Address: | Telephone: |
| Fund Raising Counsel | City / State / Zip: | |
| Commercial Co-Venturer | | |
| | | |

3. Contract Information

| Contract Start Date: | Contract End Date: | | | |
|----------------------|--------------------|--|--|--|
| | | | | |
| | | | | |

4. Description of Services

Services provided by FRP:

Yes

5. Description of Compensation

| Compensation arrangement with FRP: | Amount Paid to FRP: |
|------------------------------------|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

6. Commercial Co-Venturer (CCV) Report

No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2021) Page 1 0J3552 1.000

Schedule 4b: Government Grants

www.CharitiesNYS.com

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary**. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| Name of Organization: | NY Registration Number: |
|-----------------------|-------------------------|
| | |
| | |

2. Government Grants

| Name of Government Agency | Amount of Grant |
|---------------------------|-----------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: |

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

| | | e 2020 | calendar year, or tax year beginning | 07/01, 20 | | | | 06/30 | , 20 21 | stion |
|--------------|-------------------|--|---|--|----------------------------|------------------------------|-------------------------------------|-------------------|----------------|-----------------|
| | | | C Name of organization | | | | D Employer ide | | | |
| B | check if a | applicable: | QUEENSBOROUGH COMMUNIT | TY COLLEGE FUND INC. | | | 11-238 | 6540 | | |
| | Addr chan | | Doing business as | | | | | | | |
| | 1 | e change | Number and street (or P.O. box if mail is | not delivered to street address) | Room/s | uite | E Telephone nu | mber | | |
| | Initia | I return | 222-05 56TH AVENUE | 222-05 56TH AVENUE A-406 | | 06 | (718) 631-6244 | | | |
| | | return/ inated | City or town, state or province, country, a | and ZIP or foreign postal code | | | | | | |
| | Ame | nded | BAYSIDE, NY 11364 | | | | G Gross receipts | s \$ | 3,012 | ,598 |
| | | ication | F Name and address of principal officer: | CHARLOTTE BIBLOW, | ESQ | | H(a) Is this a grou | | Yes | XN |
| | _ point | | 400 RXR PLAZA,, UNIONI | DALE, NY 11556 | | | subordinates H(b) Are all subord | | Yes | |
| I | Tax-ex | kempt st | atus: X 501(c)(3) 501(c) (|) 		 (insert no.) 		 4947(a) | (1) or | 527 | lf "No," a | ttach a list. See | e instructions | 5 |
| J | Webs | ite: 🕨 | WWW.QCC.CUNY.EDU | | | | H(c) Group exem | ption number | ► | |
| ĸ | Form | of organ | nization: X Corporation Trust | Association Other ► | LY | ear of forma | tion: 1975 M | State of lega | al domicile: | NY |
| P | art I | Su | immary | | | | | | | |
| | 1 | Briefly | y describe the organization's mission or | r most significant activities: TO I | BENEFIT | QUEENS | SBOROUGH C | OMMUNI | ГҮ | |
| e | | | LEGE STUDENTS BY RAISING | | | | | | | |
| Jan | | EDU | CATIONAL & CULTURAL PROG | FRAMS OF QUEENSBOROU | GH COMM | UNINITY | COLLEGE. | | | |
| veri | 2 | Check | k this box 🕨 🔜 if the organization di | iscontinued its operations or disp | osed of mo | re than 25% | 6 of its net asset | S. | | |
| Governance | 3 | Numb | per of voting members of the governing | body (Part VI, line 1a) | | | | 3 | | 21. |
| ∞ v | 4 | | per of independent voting members of t | | | | | 4 | | 21. |
| Activities & | 5 | Total | number of individuals employed in cale | endar year 2020 (Part V, line 2a) | | | | 5 | | 0. |
| ÷ | 6 | | number of volunteers (estimate if necess | | | | | 6 | | 21. |
| ¥ | 7a | | unrelated business revenue from Part VI | | | | | 7a | | 0. |
| | b | Net ur | nrelated business taxable income from F | Form 990-T, Part I, line 11 | | | | 7b | | |
| | | | | | | | Prior Year | | Current Y | 'ear |
| e | 8 | Contri | ibutions and grants (Part VIII, line 1h) | | | | 570,16 | 1. | 858 | ,154. |
| Revenue | 9 | Progra | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | 0. | | 0. |
| šev | 10 | | | | | | 510,86 | 57. | 862 | ,526. |
| u. | 11 | Other | | | | | | 73. | | |
| | 12 | Total | revenue - add lines 8 through 11 (must | equal Part VIII, column (A), line 12 | 2) | | 1,081,30 | | 1,720,68 | ,680. |
| | 13 | Grant | rants and similar amounts paid (Part IX, column (A), lines 1-3) | | | | 225,83 | 1. | 400,78 | ,785. |
| | 14 | Benef | fits paid to or for members (Part IX, column (A), line 4) | | | | | 0. | | 0. |
| es | 15 | | es, other compensation, employee bene | | | | 65,890. | | 144 | ,680. |
| Expenses | 16 a | Profes | ssional fundraising fees (Part IX, column | (A), line 11e) | | | | 0. | | 0. |
| ă | b | | fundraising expenses (Part IX, column (I | | | | | | | |
| | 17 | | r expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | 385,56 | | 407,536 | - |
| | 18 | Total | expenses. Add lines 13-17 (must equal | Part IX, column (A), line 25) | | | 677,28 | | 953,001 | |
| | 19 | Rever | nue less expenses. Subtract line 18 from | n line 12 | | | 404,01 | | | ,679. |
| s or | 20 21 22 | | | | | Begir | nning of Current | | End of Ye | |
| sset | 20 | | assets (Part X, line 16) | | | •• | 14,767,09 | | 18,475 | |
| nd B B | 21 | | liabilities (Part X, line 26) | | | · · | 109,05 | | | ,127. |
| | | | ssets or fund balances. Subtract line 21 | from line 20 | | | 14,658,04 | 5. | L8,258 | ,374. |
| | ırt II | | gnature Block | | | | | | | |
| Un | der pe e. corr | nalties c ect. and | of perjury, I declare that I have examined thi complete. Declaration of preparer (other than | is return, including accompanying scl officer) is based on all information of | nedules and which prepa | statements, rer has anv k | and to the best of nowledge. | i my knowle | dge and b | elief, it i |
| | , | , | | , | | | | | | |
| Sig | m | | Signature of officer | | | | Data | | | |
| He | | | signature of oncer | | | | Date | | | |
| | | ╞╴╶ | For a second state | | | | | | | |
| | | | Type or print name and title | | Data | | | :f PTIN | | |
| Paid | ł | Print/Type preparer's name Preparer's signature Date | | | Check | ויינ | 1 2 2 2 0 | 1.0 | | |
| | parer | AARON SHAPIRO | | | | | self-employ | | 13338 | тр |
| | Only | | sname BKD, LLP | | | | Firm's EIN ► 4 | | | |
| | | | s address 1155 AVENUE OF THE AMERIC | | | | 1 110110 1101 | 212.867 | 1 | |
| | | | iscuss this return with the preparer | | ns) | | <u></u> | | | No |
| For | Pape | rwork | Reduction Act Notice, see the separate | e instructions. | | | | | Form 99 | U (2020) |
| JSA | | | | | | | | | | |

| QUEENSBOROUGH COMMUNITY COLLEGE FUND INC | 2. |
|--|----|
|--|----|

| | m 990 (2020) | Page 2 |
|-----|--|---------------------|
| Pa | art III Statement of Program Service Accomplishments | X |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: | |
| | ATTACHMENT 1 | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | X No |
| ~ | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 824,864. including grants of \$ 400,785.) (Revenue \$ |) |
| | TO PROVIDE SCHOLARSHIPS AND TO SUPPLEMENT COLLEGE PROGRAMS BY | |
| | PROVIDING SUPPLIES AND SERVICES. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 41- | $(O_{2} + c_{2}) = (O_{2} + c_{2}) + (O_{2} + c$ | <u> </u> |
| 40 | (Code:) (Expenses \$including grants of \$) (Revenue \$ | _) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$) | _) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 824,864. | |
| 0E1 | Form 9 1034NT V01B 3/11/2022 11:34:25 AM V 20-7.19 1181769 | 90 (2020) PAGE 5 |
| | | |

QUEENSBOROUGH COMMUNITY COLLEGE FUND INC. 11-2386540

| Form 9 | 90 (2020) | | F | Page 3 |
|--------|--|-----------|--------|---------|
| Part | V Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | 37 | |
| • | complete Schedule A. | 1 | X X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? | 2 | A | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| • | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I. | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | 37 |
| 4.0 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | х | |
| 11 | or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | Λ | |
| | 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," | | | |
| u | 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 | | Х |
| 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 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 4.0 | Х | |
| Ŀ | Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | A | |
| D | | 126 | Х | |
| 13 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 12b 13 | 21 | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization manual an once, employees, or agents outside of the office of the | u | | · · · · |
| | 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 | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | | X |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | v |
| ~~ | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | L |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | Х |
| 16.4 | | <u></u> | | |

Form 990 (2020)

Page **4**

| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (X), ling 27 if Yres, "complete Schedule I, Parts I and II | Part | V Checklist of Required Schedules (continued) | | Yes | No |
|---|------------|---|---------|---------|--------|
| Part X, column (A), line 27 II "Yes," complex Schedule I, Parts J and III, | 1 1 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | res | |
| 23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization server and former officer, director, trustees, key employees, and highest compensation of the set 420 Did the organization invest any proceeds of tax-event bonds beyond a temporary pendo exception? 24 24 Did the organization aves any proceeds of tax-event bonds beyond a temporary pendo exception? 24a 25 Section SOL(23), SOL(24), and SOL(23) organizations. Solveduk K // Wro." go to Nn 25a 24a 25 Section SOL(24), and SOL(25) organizations. Did the organization in access benefit transaction with a disqualified person during the year? 24a 25 Section SOL(2(3), SOL(2(4), and SOL(2(2) organizations. Did the organization space here it regaged in an excess benefit transaction with a disqualified person during the year? 25b 26 Did the organization avecue multi engaged on any of the organization space here it ansaction with a disqualified person in a prior year, and that the tanaaction avecue nor founder, substantial contributor, or 390 or 900-C27 27 M'''Nes. Complete Schedule L, Part I. 25b x 28 Obd the organization proved agrant or these persons? If "Yes," complete Schedule L, Part I. 26c x 29 M'''''''''''''''''''''''''''''''''''' | 22 | | 22 | x | |
| arginization's current and former officers, directors, trustees, key employees, and highest compensated arginytees? If "ws," complete Schedule A, III was issued after December 31, 2002 // "ws," comparestines 244, 244 24a Did the organization have a tax-exempt bonds beyond a temporary preide axequitor A. 24a 25 Did the organization maintain an escrow account other than a refunding scrow at any time during the year 24d 25 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 time by year? If "ys," complete Schedule L, Part I. 25d 25 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 time a prior year, and that the transaction has not been reported on any of the organization spore Forms 900 or 990-227 17 "ys," complete Schedule L, Part I. 25a x 25 Did the organization report of any any ont on Part X, line 5 or 22, for receivables from or payables to any current or former officer, firsector, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part I. 26 x 27 X 28 the organization reported schedule, L, Part I. 27 x 28 during the second transmitter of the second transmitter of the organization reported schedule L and I. 27 x 28 during the second transmitter or the second trano the second transmitter of a grant selection committe | 23 | | | | |
| employees? If "Yes," complete Schedule J. 23 X 24 Did the organization area tax-exempt bord issue with an outstanding principal anound of more than \$100.000 as of the last day of the year. If all was issued after December 31, 2002? If "Yes," answer likes 24b it mough? 24d and complete Schedule K. If "No," go to line 25e 24a X b Did the organization invest any proceests of tax-exempt bonds beyond a temporary period exception? 24d X c Did the organization maintain an escow account other than a refunding escow at any time during the year? 24d X d Did the organization axet as an "on behall of" issuer for bonds outstanding at any time during the year? 24d X 255 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25d X 255 Section 501(c)(3), 501(c)(4), and 501(c)(2) organization. Did the organization ayoet the another on payables to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity (including an employee thereof) or family member of any of these persons? If "res," complete Schedule L, Part I. 26 X 27 Did the organization ayoet benefit and exception? 2 2 X 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "res," complete Schedule L, Part IV. 2< | | | | | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002 // 1*%s," answer/like 24a 24a 24a 24 Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d 2 Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d 2 Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d 2 Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d 2 Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d 2 Did the organization report on any or other organization organization provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, fursetor, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these pressors? If 'Yes,' complete Schedule L, Part I 27 X 2 Did the organization report de any and or other assistance to any current or former officer, director, trustee, key employee, creator or founder, gustatation and the trustee second any current or former officer, director, trustee, key employee, creator or founder, a grant selection committee member, or to a 35%, controlled entity of any IT 'Yes,' complete Schedule L, Part I | | | 23 | | Х |
| S100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Withough 24 and complete Schedule K. If Ne' go to line 25a 24b C Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24b 25c 24c 25c | 24 a | | | | |
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| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c13), 501(c14), and 501(c129) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in thing the year? If <i>Yes</i> , <i>complete Schedulu</i> L, Part I, | | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| to defease any tax-exampt bords? 24c 4 Did the organization as an 'on behalf of'' issuer for bords outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 390 or 390-E27 11'' Yes,' complete Schedule L, Part I. 25a X 26 Did the organization export that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction near other approach the organization's prior Form 390 or 390-E27 11'' Yes,' complete Schedule L, Part I. 25b X 27 Did the organization export 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 asphore Schedule L, Part II. 26 X 27 Did the organization applicable filting thresholds, conditions, and exceptions: a 27 X 28 Was the organization applicable filting thresholds, conditions, and exceptions: a 27 X 29 Did the organization explicable filting thresholds, conditions, and exceptions: a 28 X 29 Did the organization applicable filting thresholds, conditions, and exceptions: a 28 X 29 Did the organization receive enroth than 525,0 | | | 24b | | |
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| 25a Section 501(c)(2), 501(c)(2), 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction number that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction number to any of the organization's prior Forms 990 or 990-E27 10° bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or of ormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 25b X 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II). 26 X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV). 27 X 28 Was the organization involved a grant or oriendived schedule L, Part IV). 27 X 29 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV). 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization inquidvaluel described in line 28a? If "Yes," complete Schedule M. 29 | | | | | |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pity of year, and that the transaction has not been reported on any of the organization sport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of animy member of any of these persons? If "xes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or employee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol or family member of any of these persons? If "xes," complete Schedule L, Part II. 27 X 28 Was the organization applicable filing thresholds, conditions, and exceptions): A current or form officer, director, trustee, key employee, creator or founder, or substantial contributor? If "xes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than 525,000 in non-cash contributions? If "xes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than 525,000 in non-cash contributions? If "xes," complete Schedule N, Part I 30 X 29 Did the organization applicable thing between organization sections of 100. The organization metal substantial contributions? If "xes," complete Schedule N, Part I 31 | | | 24d | | |
| b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 980-EZ? 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or any othese persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 X 29 Did the organization receive contributions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization incelive contributions of an, historical treasures, or other similar assets, or qualified constructions of 11. The "complete Schedule M. 30 X 31 Did the organization receive contributions of ar, historical treasures, or other similar assets, or qualified consoration contributions? If "Yes," complete Schedule M.< | 25 a | | 05 | | v |
| year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 25 k 26 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II. 26 27 Did the organization provide a grant or other assistance to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II. 27 28 Was the organization provide a grant or other assistance to any current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II. 28 28 Was the organization receive more individuals and/or organizations described in lines 28 or 2 | h | | 25a | | |
| 11/1 *Yes," complete Schedule L Part I. 256 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 27 X 28 Was the organization papticable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule M, Part II 28 X 30 Did the organization receive contributions of an thistorical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule N, Part II. 30 X 31 Did the organization neelive contributions of an thistorical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule N, Part II. 30 X 32 Did the organization ing | D | | | | |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any to the some persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II). 28a X 29 A current or former officer, director, trustee, key employee, creator or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization scleable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 28a X 20 Did the organization sele, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? II "Yes | | | 25h | | х |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II, | 26 | | 230 | | |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II, | 20 | | | | |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, tor applicable filing thresholds, conditions, and exceptions): 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV . 28c X 30 Did the organization receive contributions of art historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . 29 X 31 Did the organization receive contributions of art historical treasures, or other similar assets? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization related to any tax-exempt or taxsfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, IIne 1 33 X 33 Did the organization related to any tax-exempt or taxsfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1 33 | | | 26 | | Х |
| member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes," complete Schedule L, Part II. Z7 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. Z8 X8 29 At current or former officer, furstee, key employee, creator or founder, or substantial contributor? If 'Yes," complete Schedule L, Part IV. Z8 X8 26 A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV. Z8 X8 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M Z9 X 30 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose d, or transfer more than 25% of its net assets? If 'Yes," 30 X 33 Did the organization related to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part II. 33 X 34 Was the organization contributions of at, historical treasures or one for sinalization was a controlled entity within the meaning of section 512(b)(13)? 33 X 33 Did the organization related to any tax-exempt or taxable entity? If 'Yes," complete Sched | 27 | | | | |
| persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28 X 29 X X 28 X 20 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 20 A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV 28a X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization inguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or N, and Part V, line 1 31 X 34 Was the organization and tax tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or N | | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organization described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,'' complete Schedule N, Part II, II, or IV. and Part V, line 1. 33 X 32 X 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 34 Did 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. 35a X 35a <td></td> <td>member, or to a 35% controlled entity (including an employee thereof) or family member of any of these</td> <td></td> <td></td> <td></td> | | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ''Yes,'' complete Schedule L, Part IV | | persons? If "Yes," complete Schedule L, Part III | 27 | | Χ |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a x Yes," complete Schedule L, Part IV. 28b x 2ab x 2ab x 2b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 2ab x 2b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 2ac x 2b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 2ac x 2b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Part I 3ai x 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Part I 3ai x 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 3ai x 33 Did the organization number nearing of section 512(b)(13)? 3ai x 34 Was the organization nave a controlled entity within the meaning of section 512(b)(13)? 35ai x 34 Was the organization controlled entity within the meaning of section 512(b)(13)? 35ai x | 28 | | | | |
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| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organization described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I, 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I, 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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 I, III, or IV, and Part V, line 1. 34 X 35a Did the organization set, did the organization make any transfers to an exempt non-charitable related organization set, exclude R, Part V, line 2. 35b 35a 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2. 35b 37 Did the organization complete Schedule Q | а | | | | |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? /f 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? /f "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f "Yes," complete Schedule M 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? /f "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? /f "Yes," complete Schedule R, Part I. 33 X 33 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. 35a X 34 Was the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35a X 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity this to at a elated organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization 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 netated 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 netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2. 35b 36 Section 501(c)(3) organizations. 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 35b 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 37 38 <td></td> <td></td> <td>286</td> <td></td> <td></td> | | | 286 | | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | C | | 290 | | x |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 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 have a controlled entity within the meaning of section 512(b)(13)? 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization 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 complete Schedule R, Part V, line 2. 36 X 36 Was the organization complete Schedule C and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 37 X< | 29 | | | | |
| conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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 organizations. 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 36 X 37 Did the organization complete Schedule R, Part V, line 2. 36 X 37 38 Did the organization complete Schedule R, Part V, line 2. 36 X 37 38 Did the organization complete Schedule R, Part V, line 2. 37 36 X 3 | | | 25 | | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I. 37 X 38 Did the organization complete Schedule O and provide explanations | ••• | | 30 | | Х |
| complete Schedule N, Part II. 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization neated 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 neated 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)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 35b 37 37 Did the organization complete Schedule R, Part V, line 2. 37 37 X 38 Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X 91 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applica | 31 | | | | Х |
| 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 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Bection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2. 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 37 X 38 Liter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 50 1b 0. 14 50 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 50 50 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 32 | | | | |
| sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> | | complete Schedule N, Part II | 32 | | Х |
| 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 | 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| or IV, and Part V, line 1, | | | 33 | | Х |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 37 X 38 Did the organization complete Schedule O contains a response or note to any line in this Part V 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 50 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 50 1b 0. 15 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1a 50 1b 0. 16 Enter the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes | 34 | | | | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | | | |
| controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | 35a | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | b | | 256 | | |
| related organization? If "Yes," complete Schedule R, Part V, line 2 | 26 | | 350 | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 50 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 50 1b 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 1b 0. 1c JSA JSA Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Form 990 (2020) | 30 | | 36 | | x |
| and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | 50 | | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check I = 0. Image: Check I = 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Image: Check I = 0. Image: Check I = 0. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check I = 0. Image: Check I = 0. JSA 0E1030 1.000 Form 990 (2020) Form 990 (2020) Form 990 (2020) | 01 | | 37 | | Х |
| 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Image: Check of Check | 38 | | | | |
| Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 50 1b 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. 0. 1b 0. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c JSA DE1030 1.000 Form 990 (2020) 100 100 100 | | | 38 | Х | |
| Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 50 1b 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. 0. 1b 0. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c JSA DE1030 1.000 Form 990 (2020) 100 100 100 | Part | | | | |
| 1a 50 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? JSA 0E1030 1.000 Form 990 (2020) | | | <u></u> | <u></u> | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c JSA 0E1030 Form 990 (2020) | | | | | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | | | |
| reportable gaming (gambling) winnings to prize winners? | | | - | | |
| JSA 061030 1.000 Form 990 (2020) | С | | | | |
| 0E1030 1.000 | JSA | reportable gaming (gambling) winnings to prize winners? | | 000 | (0000) |
| | 0E1030 | 1.000 1034NT V01B 3/11/2022 11:34:25 AM V 20-7.19 1181769 | ⊢orm | | |

| Form | 990 (2020) | | P | Page 5 |
|------|---|-----|-----|--------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0. | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12 a | 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | 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 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | 37 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2020)

| Form § | 990 (2020) | QUEENSBOROUGH COMMUNITY COLLEGE FUND INC. 11-2386 | 540 | F | Page 6 |
|--------|----------------|---|---------|-----------|---------|
| Part | VI Gove | rnance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | for a | "No" |
| | | nse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. 3 | | | tions. |
| | Check | if Schedule O contains a response or note to any line in this Part VI | | | Х |
| Sect | | rning Body and Management | | | |
| | | | | Yes | No |
| 1a | Enter the nu | mber of voting members of the governing body at the end of the tax year \ldots $1a$ 21 | | | |
| | | material differences in voting rights among members of the governing body, or | | | |
| | if the gove | rning body delegated broad authority to an executive committee or similar | | | |
| b | | mber of voting members included on line 1a, above, who are independent 1b 21 | | | |
| 2 | | cer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | - | icer, director, trustee, or key employee? | 2 | | Х |
| 3 | | anization delegate control over management duties customarily performed by or under the direct | | | |
| | | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organi | ization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the orga | nization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | | nization have members or stockholders? | 6 | | Х |
| 7a | Did the orga | anization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more | members of the governing body? | 7a | | X |
| b | Are any go | overnance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders | , or persons other than the governing body? | 7b | | X |
| 8 | Did the orga | anization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by th | he following: | | | |
| а | The governin | ng body? | 8a | X | |
| b | Each commi | ttee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | | officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | 37 |
| 0 | | tion's mailing address? If "Yes," provide the names and addresses on Schedule O. | 9 | , | X |
| Sect | ION B. POLICIE | es (This Section B requests information about policies not required by the Internal Revenue | Coae | .) Yes | No |
| | | | 40- | 103 | X |
| | • | nization have local chapters, branches, or affiliates? | 10a | | <u></u> |
| b | | the organization have written policies and procedures governing the activities of such chapters, | 10b | | |
| | | d branches to ensure their operations are consistent with the organization's exempt purposes? | 11a | Х | |
| | - | ization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 114 | | |
| | | Schedule O the process, if any, used by the organization to review this Form 990. | 12a | Х | |
| | - | nization have a written conflict of interest policy? If "No," go to line 13 | | | |
| U | | | 12b | Х | |
| ~ | | anization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| С | • | Schedule O how this was done | 12c | Х | |
| 13 | | nization have a written whistleblower policy? | 13 | Х | |
| 14 | • | nization have a written document retention and destruction policy? | 14 | Х | |
| 15 | | cess for determining compensation of the following persons include a review and approval by | | | |
| 10 | - | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | • | ation's CEO, Executive Director, or top management official | 15a | | Х |
| b | - | s or key employees of the organization | 15b | | Х |
| | | ne 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | | anization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxabl | le entity during the year? | 16a | | Х |
| b | If "Yes," did | the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | | 's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclo | | | | |
| 17 | | es with which a copy of this Form 990 is required to be filed $\blacktriangleright^{ m NY}$, | | | |
| 18 | | 4 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T | (Sec | tion 5 | 01(c) |
| | | ailable for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own w | | | | |
| 19 | | Schedule O whether (and if so, how) the organization made its governing documents, conflict o | f inter | est p | olicy, |
| _ | | statements available to the public during the tax year. | | | |
| 20 | State the nai | me, address, and telephone number of the person who possesses the organization's books and record AULKNER 222-05 56TH AVENUE, A-504 BAYSIDE, NY 11364 718-631-6244 | s 🕨 | | |
| | | | | gan | (2020) |
| | | | 1 0000 | 220 | (2020) |

JSA

PAGE 9

540 Page **7**

| Part VII | Compensation Independent Co | | | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|-----------|--------------------------------|-------|--------------|--------------|-----------------|-----------|--------------|-----------|-------------|------------|-----|
| | Check if Schedule |) O (| contains a r | esponse or n | ote to any line | e in this | s Part VII | | | | |
| Section A | . Officers, Direc | tors | s, Trustees | s, Key Empl | oyees, and | Highe | est Compensa | ated Empl | oyees | | |

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
|------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|---|--|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations | |
| (1) MARK KUPFERBERG | 2.00 | | | | | | | | | | |
| CHAIR | 0. | X | | x | | | | 0. | 0. | 0. | |
| (2) CHARLENE PROUNIS | 2.00 | | | | | | | | | | |
| VICE CHAIR | 0. | x | | x | | | | 0. | 0. | 0. | |
| (3) CHARLOTTE BIBLOW, ESQ | 2.00 | | | | | | | | | | |
| TREASURER | 0. | x | | x | | | | 0. | 0. | 0. | |
| (4) PATRICIA TIFFANY | 2.00 | | | | | | | | | | |
| SECRETARY | 0. | x | | x | | | | 0. | 0. | 0. | |
| (5) RONALD S. APPEL | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | x | | | | | | 0. | 0. | 0. | |
| (6) RIZWAN QURESHI | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | х | | | | | | 0. | 0. | 0. | |
| (7) DOMINICK BRUCCOLERI | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | x | | | | | | 0. | 0. | 0. | |
| (8) RICHARD MAHER | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | х | | | | | | 0. | 0. | 0. | |
| (9) ALAN FRANKEL | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | x | | | | | | 0. | 0. | 0. | |
| (10) PEARL HALEGUA | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | х | | | | | | 0. | 0. | 0. | |
| (11) ELEANOR IMPERATO | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | x | | | | | | 0. | 0. | 0. | |
| (12) STEPHEN T. LEVINE | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | X | | | | | | 0. | 0. | 0. | |
| (13) JOHNSON CHEN | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | x | | | | | | 0. | 0. | 0. | |
| (14) GEORGIANA REESE-BENATTI | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0. | х | | | | | | 0. | 0. | 0. | |

Form **990** (2020)

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| Form 990 | (2020) | |
|----------|--------|--|
| | | |

| (A) Name and title | (B) Average hours per | | | (C | | | | (D) | (E) | (F) |
|--|--|----------------|-----------------------|---------------|------------------|---------------------------------|---------------|--|--|--|
| | week (list any | box, | not ch unles | neck is pe | rson | e than o is both or/trust | an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | hours for related organizations below dotted line) | or director | Institutional trustee | Officer | _ | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
|) GARY SCHULZE BOARD MEMBER | 2.00 | x | | | | | | 0. | 0. | |
|) CHRISTINE MANGINO BOARD MEMBER | 2.00 | x | | | | | | 0. | 0. | |
|) TIM NOBLE | 2.00 | | | | | | | | | |
| BOARD MEMBER) JASMIN MOSHIRPUR | 0. | X | | | | | | 0. | 0. | |
| BOARD MEMBER | 0. | x | | | | | | 0. | 0. | |
|) DEBRA RESNICK BOARD MEMBER | 2.00 | x | | | | | | 0. | 0. | |
|) ANTHONY SIMEONE BOARD MEMBER | 2.00 | v | | | | | | 0. | 0. | |
|) LIREN WEI | 2.00 | X | | | | | | | | |
| BOARD MEMBER | 0. | X | | | | | | 0. | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| o Sub-total c Total from continuation sheets to Part VII, | | | | | ••• | | • | 0. | 0. 0. | |
| d Total (add lines 1b and 1c) | ot limited to t | | liste | | | | ► o re | 0. ceived more than | 0. \$100,000 of | No. |
| Did the organization list any former of employee on line 1a? If "Yes," complete Sch | | | | | | | | | | Yes I |
| For any individual listed on line 1a, is the organization and related organizations individual | e sum of rep greater than | oortab \$15 | ole c 50,00 | om 00? | pen <i>If</i> | satior <i>"Ye</i> s | n ar s," (| nd other compens complete Schedu | sation from the le J for such | 4 |
| Did any person listed on line 1a receive for services rendered to the organization? If | | | | | | | | | | 5 |
| ection B. Independent Contractors | | | | | | | | | | |
| Complete this table for your five highest co compensation from the organization. Repor year. | | | | | | | | | | |
| (A) Name and business a | address | | | | | | | (B) Description of se | rvices C | (C) ompensation |
| | | | | | | | | | | |
| Total number of independent contractors | (in alustic sur l | .4 | . 12 | | | 41 | + | intend of such such | received | |

Form 990 (2020)

| Par | t VII | | | | | | |
|-----------------------------------|----------------|--|---------------|------------------------------|---------------------------------------|-------------------------------|--|
| | | Check if Schedule O contains a response | or note to an | y line in this Part V (A) | (III (B) | (C) | |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| nts | 1a | Federated campaigns 1a | | | | | |
| s, Gifts, Grants milar Amounts | b | Membership dues | | | | | |
| s, C Am | С | Fundraising events 1c | | | | | |
| lar Iar | d | Related organizations 1d | | | | | |
| ini, | e | Government grants (contributions) . 1e | | | | | |
| tior r S | f | All other contributions, gifts, grants, and similar amounts not included above . 1f | 050 154 | | | | |
| ibu | | and similar amounts not included above . 1f Noncash contributions included in | 858,154. | | | | |
| Contributions, and Other Sim | g | lines 1a-1f | | | | | |
| аČ | h | Total. Add lines 1a-1f | | 858,154. | | | |
| | | | Business Code | | | | |
| e | 2a | | | | | | |
| Program Service Revenue | b | | | | | | |
| n Si | c | | | | | | |
| ran | d | | | | | | |
| б Б | е | | | | | | |
| ā | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 0. | | | |
| | 3 | Investment income (including dividends, int | | | | | |
| | | other similar amounts) | | 315,871. | | | 315,871. |
| | 4 5 | Income from investment of tax-exempt bond pro | | 0. | | | |
| | 5 | Royalties | (ii) Personal | 0. | | | |
| | 6a | Gross rents 6a | (| | | | |
| | b | Less: rental expenses 6b | | | | | |
| | c | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | ► | 0. | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a 1,838,573. | | | | | |
| e | b | Less: cost or other basis | | | | | |
| enue | | and sales expenses 7b 1,291,918. | | | | | |
| Sev | с | Gain or (loss) 7c 546,655. | | | | | |
| erF | d | Net gain or (loss) | ► | 546,655. | | | 546,655. |
| Other Rev | 8a | Gross income from fundraising | | | | | |
| U | | events (not including \$ | | | | | |
| | | of contributions reported on line | 0 | | | | |
| | | 1c). See Part IV, line 18 8a | 0. | | | | |
| | b c | Less: direct expenses 8b Net income or (loss) from fundraising events | | 0. | | | |
| | | | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 9a | Ο. | | | | |
| | ь | Less: direct expenses | 0. | | | | |
| | c | Net income or (loss) from gaming activities | ► | 0. | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances 10a | 0. | | | | |
| | b | Less: cost of goods sold | 0. | | | | |
| | с | Net income or (loss) from sales of inventory | | 0. | | | |
| sn | | | Business Code | | | | |
| ieo Ne | 11a | | | | | | |
| llar /en | b | | | | | | |
| Miscellaneous Revenue | c | | | | | | |
| Miš | d | All other revenue | | | | | |
| | <u>е</u> 12 | Total. Add lines 11a-11d Total revenue. See instructions | | 0.1,720,680. | | | 862,526. |
| JSA | 14 | | 🚩 | 1,120,000. | | I | Form 990 (2020) |

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 400,785 400,785 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 0 foreign individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 121,927. 60,964 60,963 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 13,426 6,713 6,713 9 Other employee benefits 9,327. 4,663. 4,664. 10 11 Fees for services (nonemployees): 0 a Management 775 775 **b** Legal 24,464 24,464. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 1,440 1,440 (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 63,883. 41,020. 12,191 10,672. 13 Office expenses 0 14 Information technology 0 15 Royalties 0 Occupancy 16 15,124. 15,124 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 2,421. 2,421. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aHONORARIUM AND STIPENDS 97,242. 97,242. **PROGRAM EVENTS** 83,646 79,812. 3,834. CURATORIAL 28,981. 28,981. dBOOKS AND PUBLICATIONS 830 830. 88,730. 88,730. e All other expenses 953,001 824,864 113,631 14,506. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 0

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Form **990** (2020)

Form 990 (2020)

Part X Balance Sheet

| n 990 (i | 990 (2020) | | | | | | |
|----------|---|--------------------------|---|---------------------------|--|--|--|
| art X | Balance Sheet | | | | | | |
| | Check if Schedule O contains a response or note to any line in this P | art X | | | | | |
| | | (A) Beginning of year | | (B) End of year | | | |
| 1 | Cash - non-interest-bearing | 254,665. | 1 | 284,877. | | | |
| | Savings and temporary cash investments. | | 2 | 0. | | | |
| 3 | Pledges and grants receivable, net | 0. | 3 | 0. | | | |
| | | | | | | | |

| | 2 | Savings and temporary cash investments | 0. | 2 | 0. |
|--------------------|------|---|-------------|-----|------------------------|
| | 3 | Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 | Accounts receivable, net | 12,041. | 4 | 13,914. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | 0. | 6 | 0. |
| its | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 8 | Inventories for sale or use | 0. | 8 | 0. |
| Ř | 9 | Prepaid expenses and deferred charges | 7,393. | 9 | 7,393. |
| | 10 a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation | 0. | 10c | 0. |
| | 11 | Investments - publicly traded securities | 9,180,221. | 11 | 11,293,490. |
| | 12 | Investments - other securities. See Part IV, line 11 | 5,312,777. | 12 | 6,875,827. |
| | 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 14,767,097. | 16 | 18,475,501. |
| | 17 | Accounts payable and accrued expenses | 63,951. | 17 | 171,849. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue | 0. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| iab | | controlled entity or family member of any of these persons | 0. | 22 | 0. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 45,101. | | 45,278. |
| | 26 | Total liabilities. Add lines 17 through 25 | 109,052. | 26 | 217,127. |
| es | | Organizations that follow FASB ASC 958, check here ► X | | | |
| Balances | | and complete lines 27, 28, 32, and 33. | 2 071 460 | | 2 042 675 |
| 3al i | 27 | Net assets without donor restrictions | 3,071,468. | | 3,943,675. |
| | 28 | Net assets with donor restrictions | 11,586,577. | 28 | 14,314,699. |
| Net Assets or Fund | | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| s o | 29 | Capital stock or trust principal, or current funds | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| let | 32 | Total net assets or fund balances | 14,658,045. | 32 | 18,258,374. |
| | 33 | Total liabilities and net assets/fund balances | 14,767,097. | 33 | 18,475,501. |
| | | | | | Form 990 (2020) |

JSA 0E1053 1.000 QUEENSBOROUGH COMMUNITY COLLEGE FUND INC.

| Form 99 | 90 (2020) | | | Pa | ge 12 |
|---------|--|-----------|------|---------|--------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | - |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | 580. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | _ | | | 001. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | 579. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | 14,6 | | |
| 5 | Net unrealized gains (losses) on investments | | 2,8 | 32,6 | 550. |
| 6 | Donated services and use of facilities | _ | | | 0. |
| 7 | Investment expenses | _ | | | 0. |
| 8 | Prior period adjustments | _ | | | 0. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | _ | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | 10.0 | | |
| | 32, column (B)) | | 18,2 | 58,3 | 374. |
| Part | | | | | |
| | 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," expla | in in | | | |
| _ | Schedule O. | | | | x |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compile | ed or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 24 | Х | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | <u></u> | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: | on a | | | |
| | | | | | |
| | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig | | 2c | х | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 20 | | |
| | If the organization changed either its oversight process or selection process during the tax year, expla | in on | | | |
| • | Schedule O. | a. 4 la c | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth i | n the | 3a | | x |
| Ŀ | Single Audit Act and OMB Circular A-133? | | Ja | | |
| a | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | | 990 | (2020) |

| SCHEDULE A |
|----------------------|
| (Form 990 or 990-EZ) |

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2

| | | nt of the Treasury evenue Service | 1 | Go to www.irs.go | /Form990 for instruction | ons and t | he latest i | nformation. | Open to Public Inspection |
|------------|--------|--|--|---|--|---|---|--|-------------------------------------|
| Nam | e of t | he organization | | | | | | Employer identif | ication number |
| QUI | EEN | | | COLLEGE FUND | | | | 11-23865 | - |
| Ра | | | | • | organizations must | | | , | S |
| The | org | 1 | • | | is: (For lines 1 throug | - | • | , | |
| 1 | | 1 | | | tion of churches desc | | | | |
| 2 | | 1 | | | . (Attach Schedule E | - | | | |
| 3 | | - | | - | rganization described | | | | |
| 4 | | | - | | conjunction with a hos | spital de | scribed in | n section 170(b)(1)(A) | (iii). Enter the |
| _ | | hospital's nam | - | | | | | | |
| 5 | Х | - | - | | a college or universit | y owned | d or ope | rated by a governme | ental unit described in |
| • | | | | complete Part II.) | | | | | |
| 6 | | | | | rnmental unit describe | | | | |
| 7 | | - | | | - | pport fro | om a go | vernmental unit or tr | om the general public |
| • | | 1 | | (1)(A)(vi). (Compl | | | | | |
| 8 9 | | - | | - | b)(1)(A)(vi). (Complete ed in section 170(b)(1 | - | | Lin conjunction with a | land grant college |
| 3 | | - | | - | griculture (see instruct | | - | - | |
| | | university: | | grant conege of ag | | 10113). LI | | name, ony, and state o | i the college of |
| 10 11 | | An organization receipts from support from acquired by the An organization | activities rela gross investm ne organizatio on organized a | ted to its exempt f lent income and u n after June 30, 19 and operated exclu | pre than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509 usively to test for publi | ertain ex able inco (a)(2). (0 c safety. | ceptions ome (less Complete See sec | s; and (2) no more that s section 511 tax) from Part III.) t tion 509(a)(4). | n 331/3 % of its businesses |
| 12 | | - | - | - | - | - | | | carry out the purposes |
| | | | | | | | | | See section 509(a)(3). |
| | _ | | | - | | | | - | nes 12e, 12f, and 12g. |
| а | | | | - | , supervised, or contr | - | | | |
| | | | - | | regularly appoint or e | | ajority of | the directors or truste | es of the |
| | | | | | e Part IV, Sections A | | | | |
| b | L | | | | ed or controlled in co | | | | |
| | | | - | | rganization vested in | the sam | e persor | is that control or mar | hage the supported |
| | | | . , | • | , Sections A and C. | 1 | | · · · · · · · · · · · · · · · · · · · | U . 1. C. source of a state |
| С | | | | | ng organization opera | | | | lly integrated with, |
| ا م | | | - | | s). You must comple | | | | tod organization(a) |
| d | | | - | | porting organization c nization generally mus | - | | | |
| | | | • | • • | omplete Part IV, Sect | | | | u an allenliveness |
| е | Γ | | - | | a written determinatio | | | | II Type III |
| Ŭ | | | - | | ionally integrated sup | | | | n, rypo m |
| f | En | | | | | | | | |
| g | | | | - | orted organization(s). | | | | |
| | (i) N | lame of supported of | organization | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of |
| | | | | | (described on lines 1-10 above (see instructions)) | | ur governing ment? | support (see instructions) | other support (see instructions) |
| | | | | | | Yes | No | instructions) | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | al | | | | | | | | |
| | | rwork Reduction A | ct Notice, see th | e Instructions for Form | 990 or 990-EZ | | | Schedule A | (Form 990 or 990-EZ) 2020 |

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Page 2

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------|--|--------------------|-----------------|----------|-----------------|----------|----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 827,934. | 800,958. | 748,134. | 570,161. | 858,154. | 3,805,341. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 827,934. | 800,958. | 748,134. | 570,161. | 858,154. | 3,805,341. |
| 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) | | | | | | 344,260. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 3,461,081. |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | 827,934. | 800,958. | 748,134. | 570,161. | 858,154. | 3,805,341. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 242,074. | 313,381. | 272,743. | 302,457. | 315,871. | 1,446,526. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u> | 3,672. | 420. | | 1,443. | | 5,535. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 5,257,402. |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) . | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2020 (lin | | · · | | | 14 | 65.83 % |
| 15 | Public support percentage from 2019 | | | | | 15 | 69.14 % |
| 16a | 331/3% support test - 2020. If the org | | | | | | |
| _ | box and stop here. The organization qu | | | | | | |
| b | 331/3% support test - 2019. If the org | | | | | | |
| | this box and stop here. The organization | - | | - | | | |
| 17a | 10%-facts-and-circumstances test - 2 | - | | | | | |
| | 10% or more, and if the organization | | | | | - | - |
| | Part VI how the organization meets to organization | | | | | | ► |
| b | 10%-facts-and-circumstances test - 2 | - | • | | | | |
| | 15 is 10% or more, and if the organiz | | | | | - | - |
| | in Part VI how the organization meets | | | - | - | | |
| | organization | | | | | | |
| 18 | Private foundation. If the organizatio | | | | | | |
| | instructions | | | | | | <u></u> ▶ ∟_ |

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | | |
|-----------|--|-----------------------|--------------------------|---------------------|------------------|-----------|---------------------|------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 20 | 020 (f) To | otal |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | | |
| | sold or services performed, or facilities | | | | | | | |
| | furnished in any activity that is related to the | | | | | | | |
| | organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | | |
| | unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the | | | | | | | |
| | organization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | | |
| | received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | | |
| с | Add lines 7a and 7b. | | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | | |
| | line 6.) | | | | | | | |
| Sec | tion B. Total Support | | 1 | | Γ | 1 | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 🔤 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 20 | 020 (f) To | otal |
| 9 | Amounts from line 6 | | | | | | | |
| 10 a | 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 | | | | | | | |
| с | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business | | | | | | | |
| | activities not included in line 10b, whether | | | | | | | |
| | or not the business is regularly carried on. | | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | | |
| | (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | | |
| | and 12.) | | | | | | | |
| 14 | First 5 years. If the Form 990 is for | the organizati | on's first. secon | d. third. fourth. | or fifth tax ve | arasa | section 501(c)(; | 3) |
| | organization, check this box and stop here | - | | | | | | |
| Sec | tion C. Computation of Public Supp | | | | | | | |
| 15 | Public support percentage for 2020 (line 8, | column (f), divid | led by line 13, colu | mn (f)) | | 15 | | % |
| 16 | Public support percentage from 2019 Sched | lule A, Part III, lir | ne 15 | | | 16 | | % |
| Sec | tion D. Computation of Investment | Income Perc | centage | | | | | |
| 17 | Investment income percentage for 2020 (line | e 10c, column (| f), divided by line | 13, column (f)) | | 17 | | % |
| 18 | Investment income percentage from 2019 S | chedule A, Part | III, line 17 | | | 18 | | % |
| 19 a | 331/3% support tests - 2020. If the org | janization did r | not check the bo | ox on line 14, ar | nd line 15 is m | ore than | 331/3%, and line | e |
| | 17 is not more than 331/3%, check this | box and stop | here. The orga | nization qualifies | as a publicly s | upported | organization . | ▶ |
| b | 331/3% support tests - 2019. If the organ | nization did not | t check a box on | line 14 or line 1 | 19a, and line 16 | is more t | ihan 331/3%, and | d |
| | line 18 is not more than 331/3%, check t | this box and s | t op here. The or | ganization qualifie | es as a publicly | supported | d organization | |
| | Private foundation. If the organization di | d not check a | a box on line 1 | 4. 19a. or 19b. | check this box | and see | instructions | |
| 20 JSA | | | | , , | | | A (Form 990 or 990- | |

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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.
- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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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| Part | V Supporting Organizations (continued) | | | |
|-------|--|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | |
|---|---|---|--|
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| | | | |

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2020

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in 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 | | |

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 in | structio | ons). | |
|---|---|----------|--------|-----|
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se | e instru | uction | s). |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | N |

- 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 in 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.*

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s regard. 3b Schedule A (Form 990 or 990-EZ) 2020
PAGE 20

2a

2b

3a

| Schedule A (Form 990 or 990-EZ) 2020 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizotion | | Page |
|--|-------------|------------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ | g trust on | Nov. 20, 1970 (<i>expla</i> | |
| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 10 | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| | | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | 1e | | |
| 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 | | _ |
| Section 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-functional | llv integra | ted Type III supportin | a organization |

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 or 990-EZ) 2020

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| Schedu | le A (Form 990 or 990-EZ) 2020 | | | | Page 7 |
|----------|--|-------------------------------------|---------------------------------------|----|---|
| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organizat | ions (continued) | | |
| Sect | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | mpt purposes of support | ed | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | provide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2020 | s | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 | | | | |
| | (reasonable cause required - <i>explain in Part VI).</i> See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| C | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from | | | | |
| | Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| | Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, <i>explain in Part VI.</i> See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| U | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| b | Excess from 2017. | | | | |
| | Excess from 2018 | | | | |
| d | Excess from 2019 | | | | |
| e | Excess from 2020 | | | | |
| | • • | | 0.1 | | A (Earm 990 or 990-EZ) 2020 |

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

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 - | OTHER INCOME | C | | | ATTACHMENT | 1 |
|-----------------------|--------------|------|------|--------|------------|--------|
| DESCRIPTION | 2016 | 2017 | 2018 | 2019 | 2020 | TOTAL |
| MISCELLANEOUS | 3,672. | 420. | | 1,443. | | 5,535. |
| TOTALS | 3,672. | 420. | | 1,443. | | 5,535. |

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

QUEENSBOROUGH COMMUNITY COLLEGE FUND INC.

11-2386540

Organization type (check one):

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. 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

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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Page **2** Employer identification number 11-2386540

| Part I | Contributors (see instructions). Use duplicate copies of | Part i li additional space is ne | eueu. |
|---|--|---|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | ROBINHOOD FOUNDATION 826 BROADWAY, 9TH FLOOR | \$150,000. | Person X Payroll Noncash |
| | NEW YORK, NY 10003 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | THE CARROLL AND MILTON PETRIE FOUNDATION | | Person X |
| | 767 THIRD AVENUE, FLOOR 37 | \$140,000. | Payroll Noncash |
| | NEW YORK, NY 07920 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | BARNES & NOBLE COLLEGE BOOKSELLERS, INC. | \$45,000. | Person X Payroll |
| | BASKING RIDGE, NJ 07920 | φ | Noncash (Complete Part II for noncash contributions.) |
| (a) | (1-) | | |
| No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Type of contribution Person X Payroll Noncash |
| No. | Name, address, and ZIP + 4 KUPFERBERG FOUNDATION, INC. | Total contributions | Type of contribution Person X Payroll |
| No. | Name, address, and ZIP + 4 KUPFERBERG FOUNDATION, INC. 131-38 SANFORD AVENUE | Total contributions | X Person X Payroll Image: Complete Part II for |
| <u>No.</u> <u>4</u> (a) | Name, address, and ZIP + 4 KUPFERBERG FOUNDATION, INC. 131-38 SANFORD AVENUE FLUSHING, NY 11355 (b) | Total contributions . \$ 80,000. . (c) | X Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) |
| <u>4</u> (a) No. | Name, address, and ZIP + 4 KUPFERBERG FOUNDATION, INC. 131-38 SANFORD AVENUE FLUSHING, NY 11355 (b) Name, address, and ZIP + 4 | Total contributions . \$ 80,000. . (c) | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution |
| <u>4</u> (a) No. | Name, address, and ZIP + 4 KUPFERBERG FOUNDATION, INC. 131-38 SANFORD AVENUE FLUSHING, NY 11355 (b) Name, address, and ZIP + 4 KENNETH & HARRIET KUPFERBERG FAMILY FDN. | Total contributions \$ 80,000. (c) Total contributions | Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.) X Question X X Person X X Payroll X X |
| <u>4</u> (a) No. | Name, address, and ZIP + 4 KUPFERBERG FOUNDATION, INC. 131-38 SANFORD AVENUE FLUSHING, NY 11355 (b) Name, address, and ZIP + 4 KENNETH & HARRIET KUPFERBERG FAMILY FDN. 13138 SANFORD AVENUE | Total contributions \$ 80,000. (c) Total contributions | Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll X Noncash X (Complete Part II for X Person X Payroll X Noncash I (Complete Part II for |
| No. 4 (a) No. 5 (a) | Name, address, and ZIP + 4 KUPFERBERG FOUNDATION, INC. 131-38 SANFORD AVENUE FLUSHING, NY 11355 (b) Name, address, and ZIP + 4 KENNETH & HARRIET KUPFERBERG FAMILY FDN. 13138 SANFORD AVENUE FLUSHING, NY 11355 (b) | Total contributions \$ 80,000. (c) (c) Total contributions 40,000. \$ 40,000. (c) (c) | Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll X Noncash X (Complete Part II for noncash contributions.) X (Complete Part II for noncash contributions.) X (d) X X Payroll X X Noncash X X (Complete Part II for noncash contributions.) X X (d) X X X |
| No. 4 (a) No. 5 (a) No. | Name, address, and ZIP + 4 KUPFERBERG FOUNDATION, INC. 131-38 SANFORD AVENUE FLUSHING, NY 11355 (b) Name, address, and ZIP + 4 KENNETH & HARRIET KUPFERBERG FAMILY FDN. 13138 SANFORD AVENUE FLUSHING, NY 11355 (b) Name, address, and ZIP + 4 | Total contributions \$ 80,000. (c) (c) Total contributions 40,000. \$ 40,000. (c) (c) | Type of contribution Person X Payroll Image: Second contribution (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll Image: Second contributions.) (Complete Part II for noncash contributions.) (d) (Complete Part II for noncash contributions.) (d) (Complete Part II for noncash contributions.) (d) Type of contribution X |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2** Employer identification number 11-2386540

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|------------|--|----------------------------|--|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 7 | DAVID ROSS | | Person X Payroll | | | | | |
| | 5169 SALTER COURT | \$25,000. | Noncash | | | | | |
| | INDIANAPOLIS, IN 46250 | | (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 8 | CARYN WEISS | | Person | | | | | |
| | 67-25 BELL BLVD | \$25,000. | Payroll Noncash | | | | | |
| | OAKLAND GARDENS, NY 11364 | | (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 9 | EUGENE M. LANG FOUNDATION | | Person | | | | | |
| | 33 W. 60TH ST., FLOOR 2 | \$25,000. | Payroll Noncash | | | | | |
| | NEW YORK, NY 10023 | | (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 10 | FLUSHING BANK | | Person | | | | | |
| | 220 RXR PLAZA | \$20,000. | Payroll Noncash | | | | | |
| | UNIONDALE, NY 11556 | | (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 11 | ALAN BIGMAN | | Person | | | | | |
| | 3663 INVERNESS DRIVE | \$\$ | Payroll Noncash | | | | | |
| | HOUSTON, TX 77019 | | (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | | Person | | | | | |
| | | \$ | Payroll Noncash | | | | | |
| | | | (Complete Part II for noncash contributions.) | | | | | |
| | 1 | | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization QUEENSBOROUGH COMMUNITY COLLEGE FUND INC.

Employer identification number 11-2386540

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

| | | | | 11-2386540 | | | | |
|---------------------------|---|--|--|--|--|--|--|--|
| Part III | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat | the year from any ions completing Par | one contributor. (t III, enter the total | Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc. | | | | |
| | contributions of \$1,000 or less for th Use duplicate copies of Part III if addit | e year. (Enter this in | iformation once. S | ee instructions.) ► \$ | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use | | (d) Description of how gift is held | | | | |
| Part I | | | | | | | | |
| | | | | | | | | |
| | | (e) Trans | er of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relatio | nship of transferor to transferee | | | | |
| | | | | | | | | |
| (a) No. from | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Transferee's name, address, a | (e) Trans nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relatio | nship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relatio | nship of transferor to transferee | | | | |
| | | | | | | | | |
| JSA | | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2020) | | | | |
| | | | | | | | | |

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

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

Attach to Form 990

G

OMB No. 1545-0047

| | artment of the Treasury nal Revenue Service | ► Go to www.irs.gov | Form990 for instruction | | rmation. | Inspection |
|---------|--|---|--|---|--|--|
| | e of the organization | , | | | Employer identifi | |
| OUI | EENSBOROUGH CO | MMUNITY COLLEGE FUND I | NC. | | 11-2386 | 540 |
| ~ Pa | art I Organiza | tions Maintaining Donor Advi | sed Funds or Other | · Similar Funds o | | |
| | | e if the organization answered | | | | |
| | · · · | | (a) Donor advi | | (b) Funds ar | d other accounts |
| 1 | Total number at e | nd of year | | | | |
| 2 | | of contributions to (during year) | | | | |
| 3 | | of grants from (during year) | | | | |
| ļ | | at end of year | | | | |
| 5 | Did the organizati | ion inform all donors and donor | advisors in writing th | hat the assets held | d in donor advise | t |
| | funds are the orga | nization's property, subject to the | organization's exclusi | ive legal control? | | Yes No |
| 5 | Did the organizati | on inform all grantees, donors, a | nd donor advisors in | writing that grant | funds can be use | d |
| | only for charitable | e purposes and not for the benef | fit of the donor or dor | nor advisor, or for | any other purpos | e |
| | | nissible private benefit? | | | | . 🔄 Yes 🔄 No |
| Pa | | tion Easements. | | | | |
| | | e if the organization answered | | | | |
| 1 | | servation easements held by the | | | | |
| | | n of land for public use (for example | , recreation or education) | | | mportant land area |
| | | of natural habitat | | | n of a certified hist | oric structure |
| 2 | | n of open space a through 2d if the organization he | ald a qualified concerv | vation contribution | in the form of a co | nconvotion |
| • | | last day of the tax year. | elu a qualifieu conserv | | | e End of the Tax Year |
| а | | onservation easements | | | 2a | |
| b | | tricted by conservation easements | | | 2b | |
| c | - | vation easements on a certified | | | 2c | |
| d | | rvation easements included in (c | | | | |
| | | isted in the National Register | | | 2d | |
| | | rvation easements modified, tra | | | ninated by the or | ganization during the |
| | tax year 🕨 | | | - | - | |
| ŀ | Number of states | where property subject to conse | rvation easement is loc | ated ► | | |
| ; | - | ation have a written policy reg | | | - | |
| | | orcement of the conservation eas | | | | 🗌 Yes 🔛 No |
| ; | Staff and volunteer | hours devoted to monitoring, insp | ecting, handling of viola | ations, and enforcing | g conservation ease | ments during the year |
| | ▶ | | | | | |
| , | Amount of expens | es incurred in monitoring, inspect | ting, handling of violation | ons, and enforcing | conservation ease | ments during the year |
| | ►\$ | | | | | |
| 3 | | vation easement reported on line 2 | () | | | |
| | and section 170(n |)(4)(B)(ii)? ibe how the organization reports | | ata in ita rayanya a | nd avrance statem | . └── Yes └── No |
|) | | d include, if applicable, the text of | | | | |
| | | counting for conservation easeme | | iganization o man | | |
| Pa | | tions Maintaining Collections | | reasures, or Oth | er Similar Asset | s. |
| | | e if the organization answered | | | | |
| a | If the organization of art, historical t service, provide in | n elected, as permitted under FA treasures, or other similar asset Part XIII the text of the footnote | SB ASC 958, not to the held for public extension of the second statements of the second statemen | report in its reven hibition, education ents that describes | ue statement and , or research in these items. | balance sheet works furtherance of public |
| b | If the organization art, historical treat provide the follow | n elected, as permitted under FA sures, or other similar assets he ing amounts relating to these iter | ASB ASC 958, to repo Id for public exhibition | ort in its revenue n, education, or re | statement and ba search in furthera | nce of public service |
| | (i) Revenue inclue | ded on Form 990, Part VIII, line 1 | | | | \$ |
| | (ii) Assets include | ed in Form 990, Part X | | | | \$ |
| 2 | If the organizatio | n received or held works of an s required to be reported under Fa | rt, historical treasures | , or other similar | assets for finance | cial gain, provide the |
| а | | on Form 990, Part VIII, line 1 | | | 🕨 | \$ |

| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | | | | | |
|--|--------|------|-----------|----------|----|-----------|--|--|--|
| JSA 0E1268 1 | .000 | | | | | | | | |
| | 1034NT | V01B | 3/11/2022 | 11:34:25 | AM | V 20-7.19 | | | |

b

▶ \$

Schedule D (Form 990) 2020

QUEENSBOROUGH COMMUNITY COLLEGE FUND INC. 11-2386540

| - | dule D (Form 990) 2020 | | | | | | <u></u> | | Page 2 |
|--------|---|------------------------|----------------|-------------|--------------|------------|----------------------|--------------|----------------|
| | rt III Organizations Maintaini | - | | | | | | • | , |
| 3 | Using the organization's acquisition collection items (check all that app | | ther records | s, check | any of the | e follow | ing that make si | gnificant u | se of its |
| а | Public exhibition | | d 🔄 | Loan or | r exchange | e prograi | n | | |
| b | Scholarly research | | e | Other _ | | | | | |
| С | | | | | | | | | |
| 4 | Provide a description of the organ | nization's collections | and explain | n how th | ey further | the org | ganization's exem | pt purpos | e in Part |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization | | | | | | | | |
| | assets to be sold to raise funds rath | | lined as part | of the or | rganizatior | n's collec | ction? | Yes | No |
| Pa | rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21. | | s" on Form | 990, Pa | art IV, line | 9, or r | eported an amo | unt on Fo | rm |
| 1a | Is the organization an agent, trus | tee, custodian or ot | her interme | diary for | . contribut | ions or | other assets not | | |
| | included on Form 990, Part X? | | | - | | | | Yes | No |
| b | If "Yes," explain the arrangement i | | | | | | | | |
| | | | | • | | | Amou | nt | |
| с | Beginning balance | | | | 1c | | | | |
| d | Additions during the year | | | | | | | | |
| е | Distributions during the year | | | | 1e | | | | |
| f | Ending balance | | | | 1f | | | | |
| 2a | Did the organization include an am | ount on Form 990, F | Part X, line 2 | 21, for es | crow or cu | ustodial | account liability? | Yes | No |
| b | If "Yes," explain the arrangement i | n Part XIII. Check he | ere if the exp | lanation h | nas been p | rovided | on Part XIII | | <u> </u> |
| Pa | rt V Endowment Funds. | | | | | | | | |
| | Complete if the organiza | | | | | | | | |
| | | (a) Current year | (b) Prior y | | (c) Two yea | | (d) Three years back | | years back |
| 1a | Beginning of year balance | 9,758,945. | 9,895 | | 9,544 | | 8,873,183 | | 02,382 |
| b | Contributions | 137,265. | 139 | ,928. | 255 | ,927. | 209,563 | . 3 | 98,452 |
| С | Net investment earnings, gains, | 0 610 050 | 10 | 50F | 2.05 | 100 | 600 401 | | |
| | and losses | 2,619,853. | -42 | ,685. | 325 | ,429. | 622,431 | • 1 | 29,506 |
| | Grants or scholarships | | | | | | | _ | |
| е | Other expenditures for facilities | 271,059. | 177 | E 4 0 | 220 | 677 | 160 610 | | 0 5 7 1 5 7 |
| | and programs | 271,059. | 233 | ,542. | 230 | ,677. | 160,612 | • 2 | 257,157 |
| f | Administrative expenses | 12,245,004. | 9,758 | 945 | 9,895 | 244 | 9,544,565 | 8.9 | 373,183 |
| g | End of year balance | I | | I | | | | • 0,0 | ,105,105 |
| 2 | Provide the estimated percentage Board designated or quasi-endown | of the current year e | end balance % | (line 1g, c | column (a)) | held as | | | |
| a b | Permanent endowment | | _ /0 | | | | | | |
| c | Term endowment \blacktriangleright 15.0000 | | | | | | | | |
| U | The percentages on lines 2a, 2b, a | - | 00% | | | | | | |
| 3a | Are there endowment funds not in | • | | on that a | re held an | d admir | istered for the | | |
| • • | organization by: | | e erganizati | on mar a | | | | ۲. | res No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | X |
| | (ii) Related organizations | | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the relate | | | | | | | | |
| 4 | Describe in Part XIII the intended u | • | • | | | | | | |
| Ра | rt VI Land, Buildings, and Equ | uipment. | | | | | | | |
| | Complete if the organization | ation answered "Ye | | | other basis | | See Form 990, F | (d) Book val | |
| | | (a) Cost of a (investi | | oth) (d) | | | eciation | (a) DOOK VAI | u u |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | | | | | |
| d | Equipment. | | | | | | | | |
| e | Other | <u> </u> | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column | i (d) must equal Form | າ 990, Part X | , column | (B), line 10 |)c.) | | | |

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Schedule D (Form 990) 2020 Page 3 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. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) DYNAMIC ASSET ALLOCATION OVERL 4,678,317. FMV (B) ALTERNATIVE INVESTMENT 2,197,510. FMV (C) (D) (E) (F) (G) (H) 6,875,827 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII 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. (Column (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 DUE TO QCC ALUMNI ASSOCIATION 45,278. (2) (3) (4)(5) (6)(7)(8) (9) 45,278. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII
JSA
UE1270 1.000
Schedule D (Form

| Schedu | le D (Form 990) 2020 | | Page 4 |
|--------|---|--------|------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | 'n. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,708,789. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | • | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 2,988,109. |
| 3 | Subtract line 2e from line 1 | 3 | 1,720,680. |
| 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 | | |
| b | Other (Describe in Part XIII.) | | |
| с | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,720,680. |
| Part | | urn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,108,460. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities 2a 155,459 | · | |
| b | Prior year adjustments | | |
| с | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 155,459. |
| 3 | Subtract line 2e from line 1 | 3 | 953,001. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 953,001. |
| | XIII Supplemental Information. | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; | | |
| z, Pan | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | nation | • |

SEE PAGE 5

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

PART V, LINE 4:

Part XIII Supplemental Information (continued)

THE ENDOWMENT FUND IS COMPRISED OF FOUR FUNDS FOR THE PURPOSES OF SCHOLARSHIPS AND AWARDS, NATIONAL ENDOWMENT FOR HUMANITIES GRANT, ART GALLERY, AND HOLOCAUST CENTER.

PART X, LINE 2

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

| SCHEDULE I | | | | Assistance t | | | ŀ | OMB No. 1545-0047 |
|--|---|----------------|------------------------------------|-----------------------------|---------------------------------------|---|-------------------------------------|----------------------------|
| (Form 990) | Orm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | 2020 |
| | Comp | nete il the or | - | ttach to Form 990 | | , iine 21 01 22. | | Open to Public |
| Department of the Treasury Internal Revenue Service | | ► Go t | | /Form990 for the I | |). | | Inspection |
| Name of the organization | | | | | | | Employer identi | ication number |
| - | COMMUNITY COLLEGE FU | | | | | | 11-238 | 6540 |
| | nformation on Grants and | | | | | | | |
| | zation maintain records to su | | | | | | | |
| | eria used to award the grants | | | | | | | X Yes No |
| | IV the organization's proced | | | 5 | | | | |
| | nd Other Assistance to De | | - | | | • • | | I "Yes" on Form 990, |
| Part IV, II | ne 21, for any recipient th | at received | 1 | ,000. Part II can I | | • | | |
| | d address of organization government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistan | |
| _(1) | | - | | | | | | |
| (2) | | - | | | | | | |
| (3) | | - | | | | | | |
| (4) | | - | | | | | | |
| (5) | | - | | | | | | |
| (6) | | - | | | | | | |
| (7) | | - | | | | | | |
| (8) | | - | | | | | | |
| (9) | | | | | | | | |
| (10) | | - | | | | | | |
| (11) | | - | | | | | | |
| (12) | | - | | | | | | |
| | per of section 501(c)(3) and g | | • | | | | | ► |
| | per of other organizations list | | | | | | | |
| For Paperwork Reducti | on Act Notice, see the Instruction | UNS FOR FORM 9 | 90. | | | | | Schedule I (Form 990) 2020 |

1181769

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| 272. | | | |
|------|----------|--|--------------|
| | 170,113. | | |
| | | | |
| 125. | 40,672. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 125. 40,672. |

information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS:

QCC MONITORS THE USE OF GRANTS FOR INDIVIDUALS BY REVIEWING THE DETAILED

APPLICATIONS FOR CASH ASSISTANCE AND MAKING SURE THEY COMPLY WITH THE

REQUIREMENTS OF THE FUNDING.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



| Internal Revenue Service | Information about Schedule O (Form 990 or 990-EZ) and its instructions is at | Inspection | |
|--------------------------|--|------------------|-----------------|
| Name of the organization | | Employer identif | fication number |
| QUEENSBOROUGH COM | MUNITY COLLEGE FUND INC. | 11-2386 | 540 |

FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 HAS BEEN REVIEWED BY MANAGEMENT AND A COMPLETED COPY WAS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY FOR THEIR REVIEW BEFORE THE FORM WAS FILED. IF THE GOVERNING BODY HAS ANY QUESTIONS THEY ARE ADDRESSED BY MANAGEMENT.

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

ANNUALLY THE ORGANIZATION REQUIRES ALL BOARD TRUSTEES TO REVIEW THE CONFLICT OF INTEREST POLICY, DISCLOSE, IF APPLICABLE, AND ATTEST TO THE VERACITY OF THAT DISCLOSURE WITH A SIGNATURE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. ANY PERSON WITH A CONFLICT IS NOT INVOLVED WITH THE DECISION MAKING PROCESS REGARDING THE AREA WITH A CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19

THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO BENEFIT QUEENSBOROUGH COMMUNITY COLLEGE STUDENTS BY RAISING FUNDS FROM PRIVATE SOURCES TO ADVANCE THE EDUCATIONAL AND CULTURAL PROGRAMS OF QUEENSBOROUGH COMMUNITY COLLEGE. GIFTS TO THE QCC FUND BRIDGE THE GAP BETWEEN THE ACTUAL COST OF EDUCATING STUDENTS AND

ATTACHMENT 1

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| QUEENSBOROUGH COMMUNITY COLLEGE FUND INC. | 11-2386540 |
| <u></u> | ATTACHMENT 1 (CONT'D) |

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FUNDS PROVIDED BY STUDENTS' TUITION, ALLOCATIONS FROM THE CITY

AND STATE.

Independent Auditor's Report and Financial Statements

June 30, 2021 and 2020



June 30, 2021 and 2020

Contents

| Independent Auditor's Report | 1 |
|--|---|
| Financial Statements | |
| Statements of Financial Position | 3 |
| Statements of Activities and Changes in Net Assets | 4 |
| Statements of Functional Expenses | 5 |
| Statements of Cash Flows | 7 |
| Notes to Financial Statements | |



Independent Auditor's Report

Board of Directors Queensborough Community College Fund, Inc. Bayside, New York

We have audited the accompanying financial statements of Queensborough Community College Fund, Inc., which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Board of Directors Queensborough Community College Fund, Inc. Page 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Queensborough Community College Fund, Inc. as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

BKD,LLP

New York, New York September 20, 2021

Statements of Financial Position

June 30, 2021 and 2020

| 2021 | 2020 |
|---------------|--|
| | |
| | |
| \$ 284,877 | \$ 254,665 |
| 5,924,313 | 4,734,053 |
| 13,914 | 12,041 |
| 7,393 | 7,393 |
| 6,230,497 | 5,008,152 |
| | |
| 12,245,004 | 9,758,945 |
| 12,245,004 | 9,758,945 |
| \$ 18,475,501 | \$ 14,767,097 |
| | |
| | |
| \$ 171,849 | \$ 63,951 |
| | |
| 45,278 | 45,101 |
| 217,127 | 109,052 |
| | |
| 3,943,675 | 3,071,468 |
| 14,314,699 | 11,586,577 |
| 18,258,374 | 14,658,045 |
| \$ 18,475,501 | \$ 14,767,097 |
| | $\begin{array}{c} \$ & 284,877 \\ 5,924,313 \\ 13,914 \\ 7,393 \\ \hline 6,230,497 \\ \hline 12,245,004 \\ \hline 12,245,004 \\ \hline 12,245,004 \\ \hline \$ & 18,475,501 \\ \hline \$ & 18,475,501 \\ \hline \$ & 171,849 \\ \hline 45,278 \\ \hline 217,127 \\ \hline 3,943,675 \\ \hline 14,314,699 \\ \hline 18,258,374 \\ \hline \end{array}$ |

Statements of Activities and Changes in Net Assets

Years Ended June 30, 2021 and 2020

| | | 2021 | | 2020 | | | |
|---|-----------------------|-----------------------|---------------|-----------|-----------------------|-----------------------|---------------|
| | Without | With | | | Without | With | |
| | Donor Restrictions | Donor Restrictions | Total | | Donor Restrictions | Donor Restrictions | Total |
| | Restrictions | Restrictions | Total | | Restrictions | Restrictions | TOLAI |
| Revenues, Gains, Losses and Other Support | | | | | | | |
| Contributions | \$ 171,746 | \$ 686,408 | \$ 858,154 | | \$ 93,373 | \$ 460,238 | \$ 553,611 |
| Special event | - | - | - | \$ 16,550 | | | |
| Less direct costs of special event | - | - | - | (1,170) | 15,380 | - | 15,380 |
| Investment return | 1,075,323 | 2,619,853 | 3,695,176 | | (16,128) | (42,685) | (58,813) |
| Donated services and space | 155,459 | - | 155,459 | | 207,228 | - | 207,228 |
| Other income | - | - | - | | 1,443 | - | 1,443 |
| Net assets released from restrictions | 578,139 | (578,139) | - | | 393,843 | (393,843) | - |
| | | | | | | | |
| Total revenues, gains, losses | | | | | | | |
| and other support | 1,980,667 | 2,728,122 | 4,708,789 | | 695,139 | 23,710 | 718,849 |
| Expenses | | | | | | | |
| Educational support | 824,864 | _ | 824,864 | | 599,304 | _ | 599,304 |
| Educatorial support | 024,004 | · | 024,004 | | | | |
| Supporting services | | | | | | | |
| Management and general | 269,090 | - | 269,090 | | 272,831 | - | 272,831 |
| Fundraising | 14,506 | - | 14,506 | | 12,381 | - | 12,381 |
| | | | | | | | |
| Total supporting services | 283,596 | | 283,596 | | 285,212 | | 285,212 |
| Total expenses | 1,108,460 | | 1,108,460 | | 884,516 | | 884,516 |
| | | | | | (100.000) | | (1 |
| Change in Net Assets | 872,207 | 2,728,122 | 3,600,329 | | (189,377) | 23,710 | (165,667) |
| Net Assets, Beginning of Year | 3,071,468 | 11,586,577 | 14,658,045 | | 3,260,845 | 11,562,867 | 14,823,712 |
| Net Assets, End of Year | \$ 3,943,675 | \$ 14,314,699 | \$ 18,258,374 | | \$ 3,071,468 | \$ 11,586,577 | \$ 14,658,045 |

Statements of Functional Expenses Years Ended June 30, 2021 and 2020

| | | | | 20 |)21 | | |
|-------------------------------------|----|-----------|-----|----------|-----|----------|-----------------|
| | | | Mar | nagement | | | |
| | Ed | ucational | | and | | | |
| | S | Support | (| General | Fun | draising | Total |
| Salaries and benefits | \$ | 72,340 | \$ | 72,340 | \$ | - | \$ 144,680 |
| Office expense | | 9,715 | | - | | - | 9,715 |
| Postage | | - | | 12,191 | | - | 12,191 |
| Meetings | | 31,030 | | - | | - | 31,030 |
| Scholarships and awards | | 400,785 | | - | | - | 400,785 |
| Donated services and space | | - | | 155,459 | | - | 155,459 |
| Travel | | 15,124 | | - | | - | 15,124 |
| Insurance | | - | | 2,421 | | - | 2,421 |
| Printing | | - | | - | | 10,672 | 10,672 |
| Honorarium and stipends | | 97,242 | | - | | - | 97,242 |
| Curatorial | | 28,981 | | - | | - | 28,981 |
| Program events | | 79,812 | | - | | 3,834 | 83,646 |
| Dues and registration fees | | 275 | | - | | - | 275 |
| Professional services | | - | | 26,679 | | - | 26,679 |
| Books and publications | | 830 | | - | | - | 830 |
| Miscellaneous | | 88,730 | | | | - | 88,730 |
| Total expenses reported by function | | | | | | | |
| on the statements of activities and | | | | | | | |
| changes in net assets | \$ | 824,864 | \$ | 269,090 | \$ | 14,506 | \$ 1,108,460 |

Statements of Functional Expenses (Continued)

Years Ended June 30, 2021 and 2020

| | 2020 | | | | | | | | | |
|---|------|-----------|----|----------------|-----|----------|------|---------------------|----|---------|
| | Ed | ucational | | agement and | | | of S | ct Costs Special | | |
| | S | Support | G | Seneral | Fun | draising | E | vent | | Total |
| Salaries and benefits | \$ | 32,945 | \$ | 32,945 | \$ | - | \$ | - | \$ | 65,890 |
| Office expense | | 8,314 | | | · | - | | - | | 8,314 |
| Postage | | - | | 5,025 | | - | | - | | 5,025 |
| Meetings | | 33,969 | | - | | - | | - | | 33,969 |
| Scholarships and awards | | 241,631 | | - | | - | | - | | 241,631 |
| Donated services and space | | - | | 207,228 | | - | | - | | 207,228 |
| Travel | | 50,040 | | - | | - | | - | | 50,040 |
| Insurance | | - | | 2,311 | | - | | - | | 2,311 |
| Event - catering and entertainment | | - | | - | | - | | 1,170 | | 1,170 |
| Printing | | 1,017 | | - | | 11,216 | | - | | 12,233 |
| Honorarium and stipends | | 64,772 | | - | | - | | - | | 64,772 |
| Curatorial | | 35,438 | | - | | - | | - | | 35,438 |
| Program events | | 77,208 | | - | | 1,165 | | - | | 78,373 |
| Dues and registration fees | | 1,898 | | - | | - | | - | | 1,898 |
| Professional services | | - | | 25,286 | | - | | - | | 25,286 |
| Miscellaneous | | 52,072 | | 36 | | | | | | 52,108 |
| Total expenses | | 599,304 | | 272,831 | | 12,381 | | 1,170 | | 885,686 |
| Less expenses deducted directly from revenues on the statements of activities and changes in net assets | | | | | | | | | | |
| Direct cost of special event | | | | | | | | (1,170) | | (1,170) |
| Total expenses reported by function on the statements of activities and | ¢ | 500 204 | ¢ | 070 901 | ¢ | 12 291 | ¢ | | ¢ | 004516 |
| changes in net assets | \$ | 599,304 | \$ | 272,831 | \$ | 12,381 | \$ | - | \$ | 884,516 |

Queensborough Community College Fund, Inc. Statements of Cash Flows

Years Ended June 30, 2021 and 2020

| | 2021 | 2020 |
|---|--------------|--------------|
| Operating Activities | | |
| Change in net assets | \$ 3,600,329 | \$ (165,667) |
| Items not requiring (providing) operating cash flows | | |
| Net realized and unrealized (gains) losses on investments | (3,379,305) | 361,332 |
| Contributions restricted for long-term investment | (137,265) | (139,928) |
| Changes in | | |
| Contributions receivable | - | 58,789 |
| Accounts receivable | (1,873) | (9,581) |
| Prepaid expenses | - | 57,075 |
| Accounts payable and accrued expenses | 107,898 | 9,043 |
| Due to Queensborough Community College | | |
| Alumni Association | 177 | 3,696 |
| Net cash provided by operating activities | 189,961 | 174,759 |
| Investing Activities | | |
| Purchase of investments | (2,135,587) | (1,910,463) |
| Proceeds from sales of investments | 1,838,573 | 1,623,215 |
| Net cash used in investing activities | (297,014) | (287,248) |
| Financing Activities | | |
| Proceeds from contributions restricted for long-term | | |
| investment | 137,265 | 139,928 |
| Net cash provided by financing activities | 137,265 | 139,928 |
| Increase in Cash and Cash Equivalents | 30,212 | 27,439 |
| Cash and Cash Equivalents, Beginning of Year | 254,665 | 227,226 |
| Cash and Cash Equivalents, End of Year | \$ 284,877 | \$ 254,665 |

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Queensborough Community College Fund, Inc. (the Fund) was incorporated under the laws of New York State for the purpose of providing ancillary services to further the goals of Queensborough Community College (the College). The Fund is supported primarily by contributions and investment return.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, expenses, and change in net assets during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Fund considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2021 and 2020, cash equivalents consisted primarily of money market accounts. Uninvested cash and cash equivalents included in investment accounts, including endowment accounts, are considered to be cash and cash equivalents.

At June 30, 2021, the Fund's cash accounts exceeded federally insured limits by approximately \$22,000.

Investments and Net Investment Return

Investments in mutual funds and equities having a readily determinable fair value are carried at fair value. Investments in dynamic asset allocation overlays and alternative investment are recorded at net asset value (NAV), as a practical expedient. Investment return includes dividend and interest less investment expenses; realized and unrealized gains and losses on investments carried at fair value. Gains and losses on the sale of securities are recorded on the trade date and are determined using the specific identification method.

Investments associated with the restricted endowment and its associated undistributed accumulated earnings are classified as noncurrent on the statements of financial position.

The Fund maintains pooled investment accounts for its endowments. Investment income and realized and unrealized gains and losses from securities in the pooled investment accounts are allocated monthly to the individual endowments based on the relationship of the fair value of the interest of each endowment to the total fair value of the pooled investments accounts, as adjusted for additions to or deductions from those accounts.

Collections

Collections of works of art, historical treasures and similar assets are not capitalized in as much as the items are preserved and cared for continuously. Purchases of collection items are reported in the year of acquisition as decreases in net assets without donor restrictions or in net assets with donor restrictions if the assets used to purchase the items were restricted to that use by donor stipulation. Contributions of collection items are not reported in the financial statements. Proceeds from disposal of and insurance recoveries related to collection items are reported as increases in the appropriate net asset classes.

Allowance for Doubtful Accounts

Accounts receivable are charged to bad debt expense when they are determined to be uncollectible based upon a periodic review of the contributions and accounts receivable by management. Factors used to determine whether an allowance should be recorded include the age of the receivable, a review of payments subsequent to year-end, historical information and other factors. Management has determined that no allowance is necessary at June 30, 2021 and 2020.

Due to/from Queensborough Community College Alumni Association

The Fund periodically advances and collects money on behalf of the College or other related entities. As of June 30, 2021 and 2020, the Fund held cash of \$45,278 and \$45,101, respectively, for the Queensborough Community College Alumni Association.

Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor- or grantor-imposed restrictions.

Net assets without donor restrictions are available for use in general operations and not subject to donor or certain grantor restrictions.

Net assets with donor restrictions are subject to donor- or certain grantor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Contributions

Contributions are provided to the Fund either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions. The value recorded for each contribution is recognized as follows:

| Nature of the Gift | Value Recognized |
|--------------------|------------------|
| | |

Conditional gifts, with or without restriction

Gifts that depend on the Fund overcoming a donor-imposed barrier to be entitled to the funds

Not recognized until the gift becomes unconditional, *i.e.*, the donor-imposed barrier is met

| Nature of the Gift | Value Recognized |
|--|---|
| Unconditional gifts, with or without restriction | |
| Received at date of gift – cash and other assets | Fair value |
| Received at date of gift – property, equipment and long-lived assets | Estimated fair value |
| Expected to be collected within one year | Net realizable value |
| Collected in future years | Initially reported at fair value determined using the discounted present value of estimated future cash flows technique |

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level-yield method.

When a donor-stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities and changes in net assets as net assets released from restrictions.

Gifts and investment income that are originally restricted by the donor and for which the restriction is met in the same time period are recorded as revenue with donor restrictions and then released from restriction.

Conditional contributions, gifts, and investment income having donor stipulations which are satisfied in the period the gift is received and the investment income is earned are recorded as revenue with donor restrictions and then released from restriction.

As of June 30, 2021 and 2020, the Fund did not have any conditional contributions.

Donated Services and Space

Donated services are recognized at cost as contributions if the services create or enhance nonfinancial assets or require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Fund. Donated space is recognized based on the cost of the rental. The time expended by members of the Board of Directors and other volunteers is not recognized as contributions in the financial statements.

Scholarships and Awards

Scholarships and awards are recorded when approved by management and the Board of Directors.

Income Taxes

The Fund is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of state law. However, the Fund is subject to federal income tax on any unrelated business taxable income. The Fund files tax returns in the U.S. federal jurisdiction.

Functional Allocation of Expenses

The costs of supporting the various programs and other activities have been summarized on a functional basis in the separate statements of functional expenses. The statements of functional expenses present the natural classification detail of expenses by function. Certain costs have been allocated among the program, management and general, and fundraising categories based on hours worked, square footage of space used, and other methods.

Note 2: Fair Value Measurements and Disclosures

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1 Quoted prices in active markets for identical assets or liabilities
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- **Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of financial position measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2021 and 2020:

| | 2021 | | | |
|--|--|------------------------|--|--|
| | Fair Value Measurements Using Quoted Prices | | | |
| | in Active Markets for Identical Assets | | | |
| | (Level 1) | Total | | |
| Mutual funds Emerging market | \$ 194,961 | \$ 194,961 | | |
| Global fixed income | 1,635,258 | 1,635,258 | | |
| Intermediate duration International equity | 1,642,302 2,004,015 | 1,642,302 2,004,015 | | |
| International small/mid-cap equity Real asset strategy | 448,764 668,769 | 448,764 668,769 | | |
| Bond inflation strategy | 148,197 | 148,197 | | |
| Total mutual funds | 6,742,266 | 6,742,266 | | |
| Equities | | | | |
| Strategic equities | 4,551,224 | 4,551,224 | | |
| Total equities | 4,551,224 | 4,551,224 | | |
| Total investments reported on the fair value hierarchy | \$ 11,293,490 | 11,293,490 | | |
| Investments reported using NAV as a practical expedient (A) Dynamic asset allocation overlays | | | | |
| Overlay A - equity-oriented asset allocation Overlay B - fixed income-oriented asset allocation | | 3,433,103 1,245,214 | | |
| Alternative investment (a) Alternative investment (b) | | 1,826,577 370,933 | | |
| Total investments using NAV as a practical expedient | | 6,875,827 | | |
| Total investments | | \$ 18,169,317 | | |

Notes to Financial Statements

June 30, 2021 and 2020

| | 2020 | | |
|--|---|---------------|--|
| | Fair Value Measurements Using Quoted Prices in Active Markets for Identical Assets (Level 1) | Total | |
| Mutual funds | | | |
| Emerging market | \$ 152,901 | \$ 152,901 | |
| Global fixed income | 1,499,169 | 1,499,169 | |
| Intermediate duration | 1,492,295 | 1,492,295 | |
| International equity | 1,055,673 | 1,055,673 | |
| International portfolio | 319,353 | 319,353 | |
| International small/mid-cap equity | 331,983 | 331,983 | |
| Real asset strategy | 465,364 | 465,364 | |
| Bond inflation strategy | 70,755 | 70,755 | |
| Short duration | 285,725 | 285,725 | |
| Total mutual funds | 5,673,218 | 5,673,218 | |
| Equities | | | |
| Strategic equities | 3,507,003 | 3,507,003 | |
| Total equities | 3,507,003 | 3,507,003 | |
| Total investments reported on the fair value hierarchy | \$ 9,180,221 | 9,180,221 | |
| Investments reported using NAV as a practical expedient (A) Dynamic asset allocation overlays | | | |
| Overlay A - equity-oriented asset allocation | | 2,549,118 | |
| Overlay B - fixed income-oriented asset allocation | | 1,063,703 | |
| Alternative investment | | 1,558,551 | |
| | | 141,405 | |
| Total investments using NAV as a practical expedient | | 5,312,777 | |
| Total investments | | \$ 14,492,998 | |

(A) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of financial position.

The following is a description of the valuation methodology and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of financial position, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended June 30, 2021 and 2020.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Alternative Investments

The following table summarizes investments measured at fair value using NAV as a practical expedient as of June 30, 2021 and 2020:

| | Fair | Value | Unfunde | d | Redemption | Redemption |
|-----------------------------------|-------------|-------------|----------|-----|------------|---------------|
| Investment | 2021 | 2020 | Commitme | nts | Frequency | Notice Period |
| Dynamic asset allocation overlays | | | | | | |
| Overlay A - equity-oriented asset | | | | | | |
| allocation | \$3,433,103 | \$2,549,118 | \$ | - | Daily | None |
| Overlay B - fixed income-oriented | | | | | | |
| asset allocation | 1,245,214 | 1,063,703 | | - | Daily | None |
| Alternative investment (a) | 1,826,577 | 1,558,551 | | - | Quarterly | 95 days |
| Alternative investment (b) | 370,933 | 141,405 | | - | Quarterly | 95 days |
| | \$6,875,827 | \$5,312,777 | \$ | - | | |

The Dynamic Asset Allocation Overlay (DAA overlay) is designed to reduce overall portfolio volatility over the long-term and mitigate the effects of extreme market environments. It engages hundreds of mutual funds and equities to invest in a wide universe of strategies that accomplish its strategy of mitigating risky market conditions. The shares in this portfolio are redeemed daily.

Alternative investments (a) and (b) are both hedge funds of funds that focus on a strong risk adjusted return (rather than just positive returns on a relative to an index basis). They engage about 45 hedge-funds combined across various hedge-fund managers to invest in a wide universe of various specialized strategies that include:

- *Long/Short Equity:* utilize a long and short strategy primarily in stocks. The exposures of these stocks will vary by geography, market capitalization, industry, sector and concentration.
- *Event Driven:* this focuses on the opportunities from certain corporate events which may include Merger & Acquisition transactions, spin-offs, buybacks and other corporate restructurings.
- *Credit/Distressed:* generally long and short fixed-income strategies. This strategy capitalizes on opportunistic trading and also on distressed and/or high-yield securities.
- *Emerging Market:* this strategy is just defined by the market in which the hedge-fund operates. The strategy focuses on emerging market equity and debt investments of emerging markets/governments.
- *Global Macro:* a global top-down approach to investing across stocks, bonds, commodities and currencies.

Alternative investments (a) and (b) offer quarterly liquidity (with 95 days' advanced written notification necessary).

These shares do not trade on any exchanges and liquidity is created through the repurchase by the alternative investment of outstanding shares. The amount of repurchase/liquidity is determined by the Board of the alternative investment, which will generally be limited to 15 percent and 10 percent of outstanding shares of alternative investments (a) and (b), respectively, per quarter.

Proceeds are typically available within 45 days after the liquidation/valuation date with a 5 percent holdback on full liquidations to be paid upon completion of the alternative investments' audit. There are currently no unfunded commitments.

Note 3: Net Assets with Donor Restrictions

Net assets with donor restrictions at June 30, 2021 and 2020 are restricted for the following purposes or periods:

| | 2021 | 2020 |
|---|---------------|---------------|
| Subject to expenditure for specified purpose | | |
| Scholarships and awards | \$ 2,434,622 | \$ 1,763,472 |
| National Endowment for Humanities Grant | 757,787 | 369,175 |
| Art Gallery | 1,182,824 | 686,598 |
| Holocaust Center | 1,869,246 | 1,017,339 |
| Other | 776,113 | 593,149 |
| | 7,020,592 | 4,429,733 |
| Endowments | | |
| Subject to appropriation and expenditure when a specified event occurs | | |
| Restricted by donors for scholarships and awards | 2,038,012 | 2,015,895 |
| National Endowment for Humanities Grant | 1,226,821 | 1,226,785 |
| Art Gallery | 1,490,459 | 1,483,814 |
| Holocaust Center | 2,538,815 | 2,430,350 |
| | 7,294,107 | 7,156,844 |
| Total | \$ 14,314,699 | \$ 11,586,577 |

Net Assets Released from Restrictions

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

| | 2021 | 2020 |
|--|------------|------------|
| Expiration of time restrictions | \$ - | \$ 58,789 |
| Satisfaction of purpose restrictions | | |
| Scholarships and awards | 62,345 | 8,692 |
| Other | 244,735 | 92,820 |
| | 307,080 | 160,301 |
| Restricted purpose spending-rate distributions and appropriations | | |
| Scholarships and awards | 40,009 | 49,079 |
| Holocaust Center | 103,376 | 80,864 |
| National Endowment for Humanities Grant | 45,475 | 23,727 |
| Art gallery | 82,199 | 79,872 |
| | 271,059 | 233,542 |
| Total | \$ 578,139 | \$ 393,843 |

Note 4: Endowment

General

The Fund's endowments consist of 63 donor-restricted endowment funds for the purposes indicated below.

Interpretation of Relevant Law

The Board of Directors of the Fund adopted the *New York Prudent Management of Institutional Funds Act* (NYPMIFA). NYPMIFA moves away from the "historic dollar value" standard and permits charities to apply a spending policy to endowments based on certain specified standards of prudence. The Fund is governed by the NYPMIFA spending policy, which establishes a maximum prudent spending limit of 7 percent of the average of its previous five years' balance. As a result of this interpretation, the Fund classifies as donor restricted endowment net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. Additionally, donor-restricted endowment funds include earnings until those amounts are appropriated for expenditure by the organization in a manner consistent with the standards of prudence prescribed by NYPMIFA.

Return Objectives, Strategies Employed and Spending Policy

The objective of the Fund is to grow the endowment funds to maintain purchasing power. The investment policy to achieve this objective is to invest in a diversified investment portfolio. Investment income earned in relation to the endowment funds is recorded as income with donor restrictions and released from restriction upon expenditure for the programs for which the endorsement was established. In 2021 and 2020, the spending rate was approximately 2 percent.

Funds with Deficiencies

The Fund does not have any funds with deficiencies.

Change in Endowment Net Assets for the Years Ended June 30, 2021 and 2020 Were:

| | With Donor Restrictions | | |
|---|-------------------------|--------------|--|
| | 2021 | 2020 | |
| Endowment net assets, beginning of year | \$ 9,758,945 | \$ 9,895,244 | |
| Investment return | 2,619,853 | (42,685) | |
| Contributions | 137,265 | 139,928 | |
| Appropriation of endowment net assets | | | |
| for expenditure | (271,059) | (233,542) | |
| Endowment net assets, end of year | \$ 12,245,004 | \$ 9,758,945 | |

Note 5: Donated Services and Space

The Fund utilizes certain facilities and professional services provided by the College. The estimated fair values of occupancy costs were \$10,750 in each of the years ending June 30, 2021 and 2020, and salaries and benefits are included in the accompanying statements of activities and changes in net assets as both income and expense.

Note 6: Concentrations

Investments are reported at fair value. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term, based on the markets' fluctuations, and that such changes could materially affect the amounts reported in the financial statements.

Note 7: Queensborough Community College Auxiliary

The Queensborough Community College Auxiliary (the Auxiliary) is a related organization that is not controlled by the Fund. The Fund receives support from the Auxiliary to be used to provide scholarships for students. For the years ended June 30, 2021 and 2020, total support received from the Auxiliary amounted to \$95,000 in each year and is included in contributions with donor restrictions on the statements of activities and changes in net assets.

Note 8: Art Collection

The Fund has title to an art collection which has been accumulated over the years through donations of works of art which were donated to the Fund for the benefit of the College. The value of the contributed collection items is not reflected within the Fund's financial statements. Most of the pieces are exhibited in the art gallery on the campus of the College while others are on display throughout the campus. The pieces are not for sale and the collection had an estimated value at June 30, 2016 of approximately \$26,500,000. In fiscal year 2015, the Board of the Fund approved a transfer of title of the artwork to the College. The transfer of the donated collection is pending and will be finalized once a current appraisal of the collection is completed and the Board of the City University of New York accepts the gift.

Note 9: Liquidity and Availability

The Fund's financial assets available within one year of the statements of financial position date for general expenditures as of June 30, 2021 and 2020 are:

| 2021 | 2020 |
|--------------|-----------------------------------|
| | |
| \$ 284,877 | \$ 254,665 |
| 5,924,313 | 4,734,053 |
| 13,914 | 12,041 |
| \$ 6,223,104 | \$ 5,000,759 |
| | \$ 284,877 5,924,313 13,914 |

The Fund manages its liquidity and reserves following three guiding principles: operating within a prudent range of financial soundness and stability, maintaining adequate liquid assets to fund near-term operating needs and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged. The Fund has a liquidity policy to maintain current financial assets less current liabilities at a minimum of 360 days' operating expenses. The Fund has a policy to target a year-end balance of reserves of unrestricted, undesignated net assets to meet 30 to 45 days of expected expenditures. To achieve these targets, the Fund forecasts its future cash flows and monitors its liquidity quarterly and monitors its reserves annually. During the years ended June 30, 2021 and 2020, the level of liquidity and reserves was managed within the policy requirements.

The Fund receives significant contributions restricted by donors and considers contributions restricted for programs which are ongoing, major and central to its annual operations to be available to meet cash needs for general expenditures. For the years ended June 30, 2021 and 2020, restricted net assets of \$2,069,695 and \$1,827,632, respectively, were included in financial assets available to meet cash needs for general expenditures within one year.

Note 10: Subsequent Events

Subsequent events have been evaluated through September 20, 2021 which is the date the financial statements were available to be issued.