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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

Open to Public

	-	nue Service		The organization may hav				<u> </u>		mapection
<u>A</u>	For th	e 2008 ca	alendar	year, or tax year begins			, and ending	Ju	ne 30	, 20 09
В	Check if a	applicable	Please	C Name of organization C	anton College Fo	oundation, Inc	3		D Employ	er identification number
	Address	change	use IRS label or	Doing Business As					23	7392114
	Name ch		print or	Number and street (or PO b	ox if mail is not delivered	to street address)	Room/suit	•	E Telepho	one number
	nitial ret		type See	34 Cornell Drive					(315)	386-7082
	Terminat		Specific Instruc-	City or town, state or cou	untry, and ZIP + 4					
		tion ed return	tions	Canton, NY 13617					G Gross re	ceipts \$ 6,064,159
			F Nan	ne and address of principal of	officer					
□ /	Applicatio	on pending	1			V 49647				for affiliates? Yes No
-	-			Gerlach, 45 Farmer S						included? LYes LNo
		empt status			4947(a)(1) or	527		_		list (see instructions)
_				ton.edu/foundation					exemption nui	
_				ration Trust Association	U Other ►	LY	ear of formation	n. 1974	M State of	f legal domicile NY
Pa	art I	Summ	ary							
	1 1	Briefly de	escribe	the organization's mis	sion or most sia	nificant activit	ies. Fundra	iise, acce	ept gifts ar	nd provide both
		monetai	ry and	non-monetary suppo	rt to the student	s, faculty, sta	ff, educatio	nal progr	ams and	campus-wide
çe	1 -			State University of Ne						
nar] .									
ver	1	O		☐ If the organization disc	continued its operati		of more than	250/ of the		
Ĝ								2370 01 115 1	1 - 1	44
প্ত				ng members of the go					. 3	41
Activities & Governance				pendent voting memb	•	nng body (Par	t VI, line 1b)		. 4	30
₹.	5	Total nur	nber of	f employees (Part V, li	ne 2a) . .	. 125-0	L-17 ALL.		5	71
Ac	6	Total nur	mber of	f volunteers (estimate	if necessary) .	, KEU	EIVED	↓ .	6	12
	7a	Total gro	ss unre	elated business revenu	e from Part VIII,	line 12, colum	n (C) .	ان.⊏	7a	400
				usiness taxable incom			9 7 2020	SSC	. 7b	0
						B) AUG	& o zuih	Prior	r ear	Current Year
	8	Contribu	tions ai	nd grants (Part VIII, lin	e 1h)	L		<u> 1</u> 2 1	,873,308	1,839,820
Revenue	9			e revenue (Part VIII, lin					0	2,220
Š	10				L				797,566	(1,156,808)
æ	10			ome (Part VIII, column	• •	•	_′ ⊢		20,307	7,137
				Part VIII, column (A), li add lines 8 through 11 (i						
	†						iiile 12)		2,691,180	692,369
	1			ılar amounts paıd (Par			. –		741,639	731,611
en.	14	Benefits	paid to	o or for members (Part	IX, column (A), I	ine 4)			0	0
Expenses	15	Salaries,	other co	ompensation, employee	benefits (Part IX,	column (A), line	es 5–10) 📙		450,281	313,112
per	16a	Profession	onal fun	ndraising fees (Part IX, c	olumn (A), line 1	le)			0	0
ŭ	b	Total fun-	draising	g expenses (Part IX, col	umn (D), line 25) ▶	. 14	1,107	10.48	Table 1	MANAGE AND
	1		_	s (Part IX, column (A),			ĺ		364,667	246,920
	1		•	. Add lines 13-17 (mus			I .	1	,556,587	1,291,642
				penses. Subtract line 1			° 20,1 .		1,134,593	(599,273)
٥٥				<u></u>	<u> </u>	<u> </u>	/	Beginning		End of Year
ets	20	Total and	noto (D)	art X, line 16)					3,653,197	9,811,251
Assets	5 20		•	•			· · · -		2,859,909	
Net A	21 22			(Part X, line 26)	time Of from in		· · · -			681,921
				und balances. Subtrac		<u> </u>	<u> </u>),793,288	9,129,330
	art li			Block						
		and belie	enanteso ef. Ar is tru	of persury, I declare that I have ue, gorresti and complete. D	eclaration of preparer	, including accomp (other than office	panying schedu r) is based on a	ies and state ill informatio	ments, and to n of which bi	o the best of my knowledge reparer has any knowledge
			N.			(,		σL	1
Si	gn		ΔM	JAM					<u> </u>	0/10
He	ere	Sign	nature of		C .1	2 1		D	ate	
			buid	M. Gerlach	treuting	: 1), rect	r			
		Тур	e or print	name and title						
		Preparer	., L			Date		eck if	Preparer's	identifying number
_		signature				1	sell		(see instruc	
Paid employed l							-			
	eparer's	Firm's n	ame (or y	/ours L				EINI	 _	
Us	e Only	ıf self-en	nployed),	. .				EIN	<u> </u>	<u> </u>
7.4			and ZIP			20 /2 22	\	Pnone	no ► (
M	ay the	INO GISC	uss thi	s return with the prepare	arer snown above	er (see instruc	tions) .	<u>-</u> -		Yes 📙 No
Fo	r Priva	icy Act ar	nd Pape	rwork Reduction Act N	otice, see the sep	arate instruction	ons.	Cat No	11282Y	Form 990 (2008)

916-19

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: The Canton College Foundation, Inc. was formed in 1974 to provide financial support to the campus community of
	the State University of New York at Canton. The Foundation provides student scholarships, supports faculty and
	staff development, and campus enhancement projects.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	, and the same of
4a	(Code: _611710) (Expenses \$734,467 including grants of \$288,615) (Revenue \$1,770,509) See attached Schedule O.
	,
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	•••••••••••••••••••••••••••••••••••••••
4b	(Code: 55290) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 2,220)
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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1_	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	l	1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	✓	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓_	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	_	✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 17		1
17 18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	7
19	Did the organization report more than \$15,000 total on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		√
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22	√	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Nο

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Pa	rt IV Checklist of Required Schedules (continued)		
			Y
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	7:3	
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b	_,
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	

Schedule N, Part II

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete

Schedule R, Part V, line 2

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

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

Form **990** (2008)

32

35

36

37

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	*	*	
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			τ.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	
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 71		*	
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 e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	······································	1
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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		1
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	✓
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a	✓_	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).	. ,		-
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		<u>-</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		₽ê.	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	*	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		,	
	required?	7h	√	<u></u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		1	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		
9	organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	, ,		✓
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter:			Ė
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	405	-	,	· *
11	Section 501(c)(12) organizations. Enter.		4	-
а	Gross income from members or shareholders	-	7	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	,	(
40-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable truste is the exemptation files Form 999 in the 45 form 4948.	<u>ئ</u> -10-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		L

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A Governing Body and Management

Sec	tion A. Governing Body and Management			
		- 324	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.	.	ļ, W.	100
1a	Enter the number of voting members of the governing body			€ \$
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		12.7	
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	_3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	1	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	_6_		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		\
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		,)	e, 🛊 .
	the year by the following:	1 <u>1 </u>	<u> </u>	~*
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		\
b				
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		✓
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	✓	
<u>Sec</u>	tion B. Policies			_
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by	Ĵ	. 4	* .
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	.aâ		Š
а	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b	✓	
	Describe the process in Schedule O. (see instructions)	N (2)	×	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	%	ملأشأت	,
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		* *. `. 	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶New York	.		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.		••	
	☐ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization. ► College Association, Inc., State University of New York at Canton, 34 Cornell Drive, Can	ton, I	NY 13	617

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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.

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

Check this box if the organization did not co	ompensate	any c	offic	er,	dıre	ctor,	trus	tee, or key em	ployee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per		•			that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations
Connie Augsbury Director / Planning Committee Member	0	1						0	0	0
Dr. Anthony Beane	0							0	70,566	12,301
Director / Planning Committee Member		1	_		<u> </u>					
Barbara Burnham Director / Nominating Committee Member	0	1						0	0	0
Anne Clarkson Director / Planning Committee Member	0	1						0	0	0
Thomas Coakley	0							0	0	0
Director / Fin. & Inv. Committee Member		✓	-				 			
Edward Coombs Director / Fin. & Inv. Committee Member	0	1						0	0	0
William Demo Director / Planning Committee Member	0	/						0	0	0
Jeffrey Deragon	-0	1						0	0	0
Director Desired Form	 	1	├	 	_	-	<u> </u>			
Daniel Fay Director / Fin. & Inv. Committee Chair	0	1						0	77,446	16,395
Kevin Fear Director / Nominating Committee Member	- 0	/						0	0	0
David Frary	- 0							0	0	0
Director / Nominating Committee Member Kenneth Garwood	- 0	✓			<u> </u>		-	0	0	0
Director / Fin. & Inv. Committee Member	•	1		ļ	<u> </u>		┡		0	U
Charles Goolden	0	1						0	o	0
<u>Director / Fin. & Inv. Committee Member</u> Walter Haig		-	 -	<u> </u>			├			
Director / Bylaws Committee Member	- 0	1						0	0	0
John Halford Director / Fin. & Inv. Committee Member	- 0	1						0	0	0
Sylvia Kingston		-	\vdash	\vdash	-	 				
Director / Planning Committee Member	0	1	_	L				0	0	0
Claire LaGarry Director / Bylaws Committee Member	- 0	1						0	0	0

Part VII Section A. Officers, Directors, Tre	ıstees, Key	/ Emp	loye	es,	an	d Hig	hest	Compensated	I Employees (co	ntınued)
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and title	Average hours per week	Po Individual trustee	Institutional trustee	heck Officer	≅ Key employee	Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Marti K. MacArthur Director	0	1						0	0	0
Scott Mason Director / Fin. & Inv. Committee Member	0	√						0	0	0
Richard Miller Director / Fin. & Inv. Committee Member	0	/						0	0	0
Michael Noble Director / Fin. & Inv. Committee Member	0	√					_	0	0	0
Chloe Ann O'Neil Director / Planning Committee Chair	0	1						0	0	0
Robert Raymo Director / Planning Committee Member	0	1						0	0	0
Jon Richardson Director / Nominating Committee Member	0	1						0	0	0
Marilyn Scozzafava Director / Nominating Committee Chair	0	1						0	0	0
Carl Trainor Director / Planning Committee Member	0	/						0	0	0
Rosella Valentine Director / Nominating Committee Member	0	1						0	0	0
Michael Varley Director / Planning Committee Member	0	1						0	0	0
Grace Vesper Director / Bylaws Committee Member	0	1						0	0	0
Thomas Walsh Director / Bylaws Committee Chair	0	·						0	0	0
1b Total	•				<u> </u>	-	>			

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

3	Did the organization list any former officer, director or trustee, key employee, or highest of	compensated
	employee on line 1a? If "Yes," complete Schedule J for such individual	

- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
		* *
3		✓
		1 ~ 1 ~ 3 ii.
4	√	
*		.* .
5		✓_

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

	(A) Name and business address	(B) Description of services	(C) Compensation
N/A			
			

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►

Par	VII	Statement of Re	venue				T	rage 5
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues . Fundraising events Related organizations Government grants (contr All other contributions, gifts, g and similar amounts not include Noncash contributions include	grants, uded above 1f	64,373 12,152 0 0 1,763,295 11,742	., -h, ,,	> 300		<i>3</i> , <i>6</i>
`	h	Total. Add lines 1a-1f		<u></u> ▶	1,839,820			
are		Emannan I aan Daa		Business Code		, ,		
eve	2a	Emergency Loan Pro		525990	2,220	2,220		
Program Service Revenue	b c d					<u></u>		
ogra	1	All other program servi						
<u> </u>	g	Total. Add lines 2a-2f	<u> </u>	<u> </u>	2,220	*	~,	
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties			163,118			
		,	(ı) Real	(II) Personal	- * * ***	ja (a	, , , ,	\$5× × ×
	b	Gross Rents Less rental expenses Rental income or (loss)						- <u>*</u> * * * *
	d	Net rental income or (lo		<u> ▶</u>	0			ļ
	7a	Gross amount from sales of assets other than inventory	(i) Securities 4,043,065	(ii) Other			· *	
	ь	Less cost or other basis and sales expenses .	5,362,990		, t	* * *	~ *	***************************************
		Gain or (loss) Net gain or (loss)	(1,319,926) · ·	▶	(1,319,926)	Y000-b		
evenue	8a	Gross income from events (not including \$			* *	*	\$ * *	. *
Rev		of contributions reported	d on line 1c).		* , ,		.5- # *	- » «
er	١.	See Part IV, line 18	· · · · a	8,800	ş	≥		
Other		Less direct expenses Net income or (loss) fro	b	8,800 vents	0	<u></u>		
_			voino , P	∵ *	** *	A. ·	 	
		Gross income from gam See Part IV, line 19 Less. direct expenses.	a		g. ~1	**	×.	
		Net income or (loss) from		ities . ►	0			
	i	Gross sales of inverteurns and allowances	entory, less		<i>,</i> **	*	š,	,
	b	Less cost of goods so						
	_ c	Net income or (loss) from			0			
	<u> </u>	Miscellaneous Rev	enue	Business Code	***************************************	·		
	11a	Alumai Nausa Haana		531190	400	:	400	
	b	Alumni House Usage Affinity Income		531110	3,720	3,720		
	C			524298	3,017	3,017		
	1	All other revenue . Total. Add lines 11a-1		•	7,137			
	12	Total Revenue. Add lir		- • •	,,137			
		9c, 10c, and 11e	· · · · · · · ·		692,369	8,957	400	0

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			· <u>\$</u>				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	731,611	731,611	200				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				* * *			
4	Benefits paid to or for members			***				
5	Compensation of current officers, directors, trustees, and key employees .	30,358		30,358	· · · · · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	209,194		209,194				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,113		29,113				
9	Other employee benefits	23,124		23,124				
10	Payroll taxes	21,323		21,323				
11	Fees for services (non-employees):							
	Management	40,000		40,000				
	Legal	13,592 7.055		13,592				
	Accounting	7,055		7,055				
	Lobbying							
	Professional fundraising services. See Part IV, line 17 Investment management fees	20,082		20,082				
	Other	5,280		1,106	4,171			
12	Advertising and promotion			.,,,,,,				
13	Office expenses	3,051		52	2,999			
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	29,593		371	29,222			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	13,137		1,087	12,050			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization.	16,049						
23	Insurance	16,049		16,049	·			
24	Other expenses ltemize expenses not	`						
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed	* * *	,	, î, î, î	, ,			
	5% of total expenses shown on line 25 below.)		,		* .*			
а	Postage / Mailings	30,030	300	162	29,568			
b	Duplicating / Printing	32,600			32,600			
C	Special Events	19,547	2,556		16,991			
d	Gifts & Service Awards	5,827			5,827			
е	Telephone	6,966		3,349	3,618			
f	All other expenses Misc.	4,111		50	4,061			
25 26	Total functional expenses. Add lines 1 through 24f	1,291,642	734,467	416,067	141,107			
20	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet		***			
			(A) Beginning of year		End (B) of year	,
	1	Cash—non-interest-bearing	362,350	1		240	0,553
	2	Savings and temporary cash investments	1,579,958	2		2,930	0,847
	3	Pledges and grants receivable, net	413,670	3_		322	2,016
	4	Accounts receivable, net	86,150	4			2,567
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	: %	-			
		Part II of Schedule L		6			
ets	7	Notes and loans receivable, net	···· ···	7			
Assets	8	Inventories for sale or use		8			
٩	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost basis 10a 126,500			. %.	•	
	b	Less accumulated depreciation. Complete			·		·
		Part VI of Schedule D	126,500				6,500
	11	Investments—publicly traded securities	10,963,920	11		6,068	8,119
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11	······	13			
	14	Intangible assets	400.040	14	-		
	15 16	Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	120,649	15			0,649
			13,653,197 110,471	_			1,251
	17	Accounts payable and accrued expenses .	110,471	17		3.	3,741
	18	Grants payable		18			
	19	Deferred revenue		19 20			
Liabilities	20	Tax-exempt bond liabilities		21			
	21 22	Escrow account liability. Complete Part IV of Schedule D	× · · · · · · · · · · · · · · · · ·	1	# : ·	MA A	
Liab		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	<u> </u>	_š	
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	2,749,438	25		64	8,180
	26	Total liabilities. Add lines 17 through 25	2,859,909	26			1,921
alances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		7 . 25		**	~
an	27	Unrestricted net assets .	1,248,520	27		2.31:	3,408
Bal	28	Temporarily restricted net assets	3,980,008				7,775
	29	Permanently restricted net assets	5,564,760	29			8,147
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			, ,	}	•
S	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32			
et	33	Total net assets or fund balances	10,793,288	33		9.129	9,330
~	34	Total liabilities and net assets/fund balances	13,653,197	34			1,251
Pá	ırt XI	Financial Statements and Reporting			——		
						Yes	No
1	Acc	ounting method used to prepare the Form 990: Cash Accrual	☐ Other			×	
28		re the organization's financial statements compiled or reviewed by an ind		t?	. 2a	✓	
t		re the organization's financial statements audited by an independent according			2b	✓	
c		'es" to lines 2a or 2b, does the organization have a committee that assumes		sight o	of		
	the	audit, review, or compilation of its financial statements and selection of an in-	dependent accountant	۱۶,	. 2c	1	<u> </u>
38	As a	a result of a federal award, was the organization required to undergo an	audit or audits as set				
		Single Audit Act and OMB Circular A-133?			. 3a		1
t	o If "Y	es," did the organization undergo the required audit or audits?			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

Open to Public Inspection

No

Yes

11g(i) 11g(ii)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

q

Total

following persons?

nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number Canton College Foundation, Inc. 23 7392114 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 🗹 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a 🗍 Type I **b** ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III-Other e D v checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting

(iii) A 35% d	controlled entity	erson described in (i) a of a person described ation about the organ	d in (ı) or	(ii) above	?				11g(ii) 11g(iii)	
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(IV) is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amour support	
			Yes	No	Yes	No	Yes	No		
					.,					
Total		And the second				* 12.1				

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

and (III) below, the governing body of the supported organization?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

organization, check this box

Par	(Complete only if you check	ked the box	on line 5, 7, c	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,329,910	1,401,185	2,855,268	1,875,828	1,842,837	10,305,028
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						vv
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	2,329,910	1,401,185	2,855,268	1,875,828	1,842,837	10,305,028
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	** ·*	·	*	*	42	_
	on line 1 that exceeds 2% of the amount	`,****.	* * *	٠.			2,840,770
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4	* ,	. i k	* *.			7,464,258
	tion B. Total Support			***************************************	T-2		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ça	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	2,329,910	1,401,185	2,855,268	1,875,828	1,842,837	10,305,028
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,949	205,009	313,106	742,676	163,118	1,53,858
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	400	400	400	1,200
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	68,590	86,746	89,162	104,266	114,990	463,754
11	Total support. Add lines 7 through 10 .	ĝ.		, ^		25-7 ×	12,303,840
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	38,038
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
<u>3ec</u>	tion C. Computation of Public Su Public support percentage for 2008 (line			1 1 (5)		14	61 %
	-		•	i, column (i))		15	61 % 53 %
15 162	Public support percentage from 2007 Sci 33\% support test—2008. If the organization				 line 14 in 2214 (
IVa	and stop here . The organization qualifies	as a publicly s	supported organ	ni iirie 13, ario nization	ime 14 is 33/31	% or more, che	CK this dox ►
b	331/3 % support test — 2007. If the organization	zation did not o	check a box on	line 13 or 16a.	and line 15 is	33½ % or more	check this
	box and stop here. The organization qua						▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here	. Explain in Part	IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	acts-and-circum	nstances" test, c	check this box	and stop here.	Explain in Part	
18	Private foundation. If the organization did			-		-	tructions >

Sche	dule A (Form 990 or 990-EZ) 2008						Page 3
Pai	Support Schedule for Orga (Complete only if you checked				1)(2)		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	· a · #	* · · · · ·	· * //*	· · · · · · · · · · · · · · · · · · ·	* Îrş	20.
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	_					
С 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		. , , , , , , , , , , , , , , , , , , ,	å:- ÎM		2 3 ₀	4
14	and 12) First five years. If the Form 990 is for	the organization	1	1 %	l n, or fifth tax y	1	
Sec	organization, check this box and stop stion C. Computation of Public Su		ntage			•	▶□
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S				(f))	15	%
	tion D. Computation of Investmen			<u> </u>	•	_ : ¥ _	
17	Investment income percentage for 200		-	d by line 13. c	olumn (fl)	17	%
18	Investment income percentage from 20					18	%
19a	33% % support tests—2008. If the organism not more than 33% %, check this b	anızatıon dıd n ox and stop h e	ot check the be	ox on line 14, a ization qualifies	and line 15 is n s as a publicly s	nore than 337	%, and line
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and

								nation require al information		
Part II - Line 10 -	- Other	Income			••					
Other Income co	onsists	of fees c	ollected for							
1. Conference	s spor	sored by	Canton Co	llege Four	idation, Inc	<u>. </u>				
2. Usage of A	lumni l	House lea	sed to Cant	on Colleg	e Foundati	on, Inc.				
3. Processing	fees f	or emerge	ency loans t	o student:	s prior to r	eceiving th	eir financia	l aid from the	college.	
4. Administrat	tive fee	charged	to endowm	ent funds	annually f	or managir	ng of funds	and related so	cholarships.	
This income is b	oroken	down as	follows.							
		2004	2005	2006	2007	2008	Total			
Conferences		2,914	12,103	1,622	0	0	16,639			
Alumni House U	Jsage	0	0	0	1,325	3,720	5,045			
Loan Processing	g Fees	4,020	3,250	4,064	2,800	2,220	16,354			
Administrative F	Fee	61,656	71,393	83,476	100,141	109,050	425,716			
Total		68,590	86,746	89,162	104,266	114,990	463,754			

		·		· ···						
		· ·								

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization		Employer identification number
	ton College Foundation, Inc.		23 7392114
Pa	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, sub-	donor advisors in writing that the assets ject to the organization's exclusive legal of	held in donor advised ontrol? Yes No
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit?	onors, and donor advisors in writing that for the benefit of the donor or donor adv	grant funds may be isor or other . Yes No
Par	t II Conservation Easements. Com	plete if the organization answered "Yes	
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g.	d by the organization (check all that apply	
	☐ Protection of natural habitat		ion of certified historic structure
	☐ Preservation of open space		ion or commod motorio attactare
2	Complete lines 2a-2d if the organization hel on the last day of the tax year	d a qualified conservation contribution in th	e form of a conservation easement
			# Held at the End of the Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation e		
C	Number of conservation easements on a conservation	certified historic structure included in (a) .	
d	Number of conservation easements include	* * * * * * * * * * * * * * * * * * * *	2d
3	Number of conservation easements modified the taxable year ▶		
4	Number of states where property subject	to conservation easement is located >	
5	Does the organization have a written police enforcement of the conservation easemen	ts it holds?	Yes \square No
6	Staff or volunteer hours devoted to monitor		
7	Amount of expenses incurred in monitorin	g, inspecting, and enforcing easements di	uring the year► \$
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requireme	nts of section Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserva-	he text of the footnote to the organization	renue and expense statement, and 's financial statements that describes
Par	Organizations Maintaining Coll Complete if the organization answ	ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8	r Other Similar Assets.
1a	If the organization elected, as permitted un	nder SFAS 116, not to report in its revenu	e statement and balance sheet works of
	art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or te to its financial statements that describe	research in furtherance of public service, is these items
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to	held for public exhibition, education, or richese items.	esearch in furtherance of public service,
	(i) Revenues included in Form 990, Part V(ii) Assets included in Form 990, Part X	/III, line 1	▶ \$ <u>0</u>
	(ii) Assets included in Form 990, Part X		▶ \$ 120,649
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simil under SFAS 116 relating to these items:	ar assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X		▶ \$n/a

Sched	dule D (Form 990) 2008					Page (
Par	t III Organizations Maintain	ing Collections	of Art, Historic	al Treasures, or	Other Similar As	
3	Using the organization's accession items (check all that apply).					
а	✓ Public exhibition		a \square ı	oan or exchange	programs	
b	Scholarly research		- = '	Other		_
¢	Preservation for future general	tions	_			
4	Provide a description of the organiz Part XIV	zation's collection	s and explain ho	w they further the	organization's exe	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint	ained as part of the	ne organization's co	llection?	☐ Yes 🗸 No
Pa	Trust, Escrow and Cust Part IV, line 9, or reported	odial Arrangemed an amount on	ents. Complete Form 990, Part	if organization an X, line 21.	swered "Yes" to I	Form 990,
	Is the organization an agent, truster included on Form 990, Part X?				or other assets not	Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	mplete the follow	ing table [.]		nount
С	Beginning balance			10		
	Additions during the year			10	d	
	Distributions during the year			1	e	
	Ending balance			1	f	
2a b	Did the organization include an amilf "Yes," explain the arrangement in	ount on Form 990 n Part XIV.), Part X, line 21?			Yes No
Pai	t V Endowment Funds. Co	mplete if organi	zation answere	d "Yes" to Form	990, Part IV, line	e 10.
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	
1a	Beginning of year balance	7,270,089	Α,	* *		
b	Contributions	383,388				řů.
	Investment earnings or losses .	(2,009,645)			Y***	. 'A'X €
d	Grants or scholarships	265,916	* * * * * * * * * * * * * * * * * * * *		\$. W.	, , , , , ,
	Other expenditures for facilities and programs	0				
f	Administrative expenses	109,050		1		
g	End of year balance	5,268,866	,			
2	Provide the estimated percentage of	of the year end ba	lance held as:			
а	Board designated or quasi-endown					
	Permanent endowment ► 100					
С	Term endowment ▶0 %	6				
За	Are there endowment funds not in th	e possession of th	ne organization th	at are held and add	ministered for the	_
	organization by:	,				Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(iı) ✓
b	If "Yes" to 3a(ii), are the related org	anizations listed a	as required on So	hedule R?		3b

4 Describe in Part XIV the intended uses of	of the organization's er	ndowment funds.		<u> </u>
Part VI Investments—Land, Buildir	ngs, and Equipment	. See Form 990, I	Part X, line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	126,500	126,500	3 . 35	126,500
b Buildings				,
c Leasehold improvements		т		
d Equipment				
Total. Add lines 1a-1e (Column (d) should equal	Form 990, Part X, colun	nn (B), line 10(c),)	>	126 500

00/10/11/15/30/ 2000			Page 3
Part VII Investments—Other Securities	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	-		
Part VIII Investments—Program Relate	d. See Form 990. Part X.	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	<u></u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		,
	(a) Description		(b) Book value
Other assets consist of artwork disclosed in P	art III of this Schedule D.		120,649
Total. (Column (b) should equal Form 990, Part X, col		·	120,649
Part X Other Liabilities. See Form 990,		1	
(a) Description of liability Federal Income taxes	(b) Amount	-	4.
Unitrust Agreement Liability	648,180		or magnitudation
		_	erne.
			A PARTIE AND A PAR
		-	a de la companya de l
		_	**************************************
	-	1	. 1
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	648,180		* \$

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Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	692,369
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,291,642
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3_	(599,273)
4	Net unrealized gains (losses) on investments	4	(1,064,685)
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8_	0
9	Total adjustments (net). Add lines 4–8	9	(1,064,685)
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	10	(1,663,958)
			(222 222
1	Total revenue, gains, and other support per audited financial statements	1	(203,200)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains on investments		
a	Net unrealized gains on investments	4	
b	boliated services and use of facilities	┥・	
c d	Recoveries of prior year grants	1	
	Add lines 2a through 2d	20	e (955,635)
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	7	
С	Add lines 4a and 4b	40	0
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	692,369
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es	per Return
1	Total expenses and losses per audited financial statements	1	1,400,692
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities	4	
b	Prior year adjustments	_	
C	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1 ,	3	1,291,642
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	, , , , , , , , , , , , , , , , , , , ,	\dashv	
b	Other (Bodding in Factory)	-	
- C	Add lines 4a and 4b	40	
Par	t XIV Supplemental Information	1 -	1,291,042
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar 2b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	nd 4;	Part IV, lines 1b
Pa	t III - Line 5		
	work consisting of paintings and pictures of the local community, the college over its 100 yea		-
mi	scellaneous paintings and pictures have been donated in past years to preserve the history o		-
to	peautify the campus buildings.		
		••	

Schedule D (For	n 990) 2008 Page
Part XIV	Supplemental Information (continued)
Part V - Lin	÷4
The purpos	e of endowment funds is to provide scholarships for students attending the State University of New York at
Canton.	
Part XII - Li	ne 2d, Part XIII - Line 2d
In accordar	ce with the board approved endowment spending policy, an administrative fee was charged to the endowmen
funds in the	amount of \$109,050 and applied to the unrestricted fund balance to offset the costs involved in growing and
managing t	he endowment, as well as awarding the related scholarships to students of the State University of New York
at Canton.	This fee is taken from the interest, dividends and investment earnings of the invested endowment funds and
released fro	m restriction and reflected as part of the unrestricted fund balance. As this transaction is merely a
reclassifica	tion of recorded earnings, it is not considered a revenue to unrestricted funds, nor an expense to endowment
funds.	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Organizations	in the U.S.
Assistance to	and Individuals
Grants and Other	Governments,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

1545-0047	00
OMB No	96

Open to Public Inspection

ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 7392114 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 23 (f) Method of valuation (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . (d) Amount of cash grant . Part IV and Schedule I-1 (Form 990) if additional space is needed . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance (b) EIN Enter total number of other organizations Canton College Foundation, Inc. 1 (a) Name and address of organization or government Name of the organization Part II

Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

occ conceans (com cos) " accinian space is necessi	יייי שליי שלייי	cood:			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships to students	249	431,254			
Faculty / Staff Grants	83	49,704			
Turtion Assistance for faculty / staff	9	5,773			
Athletic Booster	21	28,236			
Campus Projects / Programs	75	199,895			
Small Business Development Center	-	5,007			
In-kind gifts	17	0	11,742 FMV	FMV	See Below
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pre	ovide the informatio	n required in Part I	, line 2, and any other	additional information.

Part I - Line 2

Issue scholarship checks to benefit students of SUNY Canton directly to the financial aid office to apply scholarship award to the students outstanding balance with

the college. Other individual scholarships are paid directly to the recipient in the form of a check. Grants are either paid directly to the recipient in the form of a check

as a properly documented reimbursement, or paid directly to a merchant to purchase related equipment to directly benefit a department, program or the campus.

Part III (f)

In-kind gifts this year consisted of books for the library collection, used autoparts for the auto technology program, small engine parts for the motorsports program

office equipment, and kitchen equipment and supplies for the Alumni House.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations

OMB No 1545-0047 2008

Open to Public Inspection

7392114

Canton College Foundation, Inc.

Questions Regarding Compensation

that answered "Yes" to Form 990, Part IV, line 23. Employer identification number

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or 1b provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 4 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. €, 5 ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan?.... 4b c Participate in, or receive payment from, an equity-based compensation arrangement?. . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 11/1 Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII. Section A, line 1a, did the organization pay or accrue any λg compensation contingent on the revenues of a The organization? . . . 5a **b** Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?....... 6a **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown oi	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benefits	(a)-(j)(a)	reported in prior Form 990 or Form 990-EZ
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	€	0	0	0	0	0	0	0
Office President	Ξ	224,44	0	61,692	15,594	0	301,731	247,173
David Gorlach	€			5,200	1801	0	29,307	25,000
Executive Director	<u> </u>	117,163	0	12,956	12,529	0	142,647	127,843
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							Schec	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Part I

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

Employer Identification number

Canton College Foundation, Inc. 23 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

3	1	7	'3	9	2	1	1	

Employees (A) (B) (C) (F) Name and Title Average hours Position (check all that apply) Reportable Reportable Estimated per week Individual trustee or director compensation compensation amount of Officer Institutional trustee Highest compensated employee Key employee from from related other compensation the organizations (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations Lisa Colbert Director / Planning Committee Member 0 0 55,029 11,029 John Conklin **Director / Planning Committee Member** 0 0 71,346 11,029 Dr. William Trumble College Provost / Director / Nominating 0 0 124,612 21,158 Guilford White Director / Nominating Comm. Member 0 0 0 0 Barbara Wilder Director 0 0 0 0 Walter Armstrong **Honorary Director** 0 0 0 0 Edgar Cloce **Honorary Director** 0 0 0 0 Solomon Cook **Honorary Director** 0 0 0 0 Dr. Earl MacArthur Honorary Director 0 0 0 0 Robert Noble Honorary Director 0 0 0 0 Jay Stone **Honorary Director** 0 0 0 0 Theo Howe Honorary Director 0 0 0 0 Jean Parker 0 **Honorary Director** 0 0 0 Ronald Woodcock **Board Chairman** 10 0 0 0 Bernard Regan **Board Vice Chairman** 10 0 0 0 David Gerlach Director / Executive Director 40 27.506 119,090 25,358 Michael Perry Director / Interim Treasurer 10 0 130,605 18,049 Karen Spellacy Director / Secretary 10 0 89,700 5,186 Dr. Joseph Kennedy College President / Ex-Officio Director 10 0 275,109 26,623

SCHEDULE L (Form 990 or 990-EZ)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Name of the organization						Employer identification number									
Canton College Foundation, Inc.							23		73	9211	14				
Part I Excess Benefit Transactions To be completed by organizations	(section that ans	501(c)(wered "Y	3) and sec 'es" on Forr	tion 501(n 990, Par	c)(4) organ t IV, line 25	zations a or 25b	only) , or For	m 990	-EZ, F	art V,	line 4	0b			
1 (a) Name of disqualified person				/b\ r	Janes et es et	t					(c) Con	rected?			
(a) Name of disquaimed person				(6) 1	Description of	wansaction	on				Yes	No			
	<u>-</u> -														
				•											
2 Enter the amount of tax imposed on t under section 4958						sons du	ring the	e year	· \$						
3 Enter the amount of tax, if any, on line	e 2, abo	ve, rein	nbursed by	the orga	ınization	•		•	▶ \$	-					
Part II Loans to and/or From Interes To be completed by organizations			es" on Forr	n 990, Par	t IV, line 26	, or Forn	n 990- E	Z, Par	t V, lin	ie 38a					
(a) Name of interested person and purpose		to or from Inization?	(c) On principal		(d) Balan	ce due	(e) In	default?	by bo	proved pard or nittee?		ritten ment?			
	То	From					Yes	No	Yes	No	Yes	No			
	-					·									
							 								
Total				▶ \$			i		la de la companya de	Like ob	to ex-	-*J - Newall			
Part III Grants or Assistance Benefit To be completed by organizati	-				990 Part I	V line :			E Delle	20000042	A 202	(111 m mg/)			
(a) Name of interested person			between inte	rested pers		T	Amount	of gran	t or typ	oe of as	ssistano	 :е			
			organizat	ion											
	-			•											
	 														
Part IV Business Transactions Involv To be completed by organizati				on Form	990. Part I	V. line 2	28a. 28	Sb. or	28c						
(a) Name of interested person	(b) R	elationshi	p between on and the	(c) Ar	mount of saction		Description			ion		aring of zation's nues?			
Northeastern Sign / Mike's Trophies	Sparr	e of a	director		768.00	Buzak	of a=	95011	d ala		Yes	No			
Michael J. Perry, College Association, Inc.					73,538				u sig	115	<u> </u>	∀			
		-	·												
	1			_							 				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection Employer identification number

Canton College Foundation, Inc.	23	7392114
Filing of late return		
This Form 990 has been filed late due to the time required to properly review and underst	and the	new form and schedule
requirements. Additional information needed to be gathered from related organizations t	o prope	erly complete Form 990,
Part VII, Section A, related Section J, and Schedule R, Part II. Finally, filer required suffic	ient tim	e upon completion of
Form 990 and related schedules for a proper review with the Executive Director and Inter-	im Trea	surer prior to mailing.
	 -	
Form 990, Part III - Line 4a - Statement of Program Service Accomplishments		
The purpose for which the Canton College Foundation, Inc. is formed are:		
a. To encourage, accept and hold gifts made to the State University of New York (SUNY)	at Can	ton in the form of any and
all types of real or personal property.		
b. To manage such property received in (a) above and collect income there from and dis	burse a	any of the same only for
the purpose of advancing the welfare and development of SUNY Canton.		
c. To aid SUNY Canton in carrying out its commitment to provide educational opportunit	lies for	all qualified individuals.
d. To make such Grants and Awards of financial assistance to the students, faculty and	staff of	said College as shall be
consistent with the purposes and policies of the State University of New York at Canto	on.	
e. To make such Grants and Awards of financial assistance to said College and to any o	ther or	ganization duly authorized
by the College to carry on charitable, or educational activities, providing said organization	ation gı	ualifies as an exempt
organization under section 501(c)(3) of the Internal Revenue Code and its regulations	as they	now exist, or as they may
may hereafter be amended.		
To accomplish these purposes, the Canton College Foundation, Inc. carried on the fol	lowing	activities during the 2008-
2009 fiscal year.		
1. Accepted In-Kind Gifts of equipment and supplies in the amount of \$11,742 and do	nated 1	them to SUNY Canton for
its educational programs, including Automotive Technology, Powersports Techno	logy, A	lumni House, Library
collections, and others.		
2. Funded activities and made grants in furtherance of the promotion of the institution	n and p	rogram development
within the curriculum in the amount of \$288,615.		

Schedule O (Form 990) 2008			_	Page 2
Name of the organization		yer identıfı	cation numbe	er
Canton College Foundation, Inc.	23	i	7392114	
Form 990, Part III - Line 4a - Statement of Program Service Accomplishments - con't				
3. Awarded financial grants and work assistantships to students in need or based on	stipula	ted selec	tion criter	ia in the
amount of \$431,254.				
Form 990, Part VI - Governance, Management and Disclosure				
Line 1a - Voting Members				
The Board of Directors consists of eight honorary directors who do not have any voting	rights	and are c	lirectors fo	or
informational and historical knowledge purposes only.				
Line 2 - Relationships				
Honorary Director Dr. Earl MacArthur is the father-in-law of Director Marti K. MacArthur.				
Former Director and active investment advisor John Vose also served as personal finance	cial adv	isor for s	several Dire	ectors.
Line 4 - Change to Organizational Documents				
At the September 28, 2008 Board of Directors Meeting, the Foundation by-laws were ame	ended to	o remove	the colleg	je
President as the President of Canton College Foundation, Inc. and replaced with position	n with a	n Execut	tive Directo	or / CEO.
Line 10 - Review of Form 990	<i>-</i>			
Form 990 is completed by the Foundation Accountant, in consultation with various mem	bers of	the orga	nization. l	Upon
completion of Form 990 and related schedules, the package is presented to the Executiv	e Direc	tor for re	view and s	ignature
as well as to the Interim Treasurer for review and comment. All board members are enco	ouraged	to revie	w the com	pleted
Form 990 via inspection in person at this office or via multiple web accessible locations.			•••••	
Line 11 - Address listing for Officers, Directors, or Key Employees - See attached supple	ment.			
Line 12c - Conflict of Interest Monitoring				
Each director annually completes and signs a disclosure statement outlining any conflic	ts of in	terest. T	hese state	ments
are gathered and reviewed by the Foundation staff and all conflicts summarized and pre-	sented	to the Ex	ecutive Di	rector.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▼ See separate instructions.

OMB No 1545-0047

Employer identification number

7392114 23

Part I Identification of Disregarded Entities

Canton College Foundation, Inc.

Fair I denumeation of Disregarded Entitles					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
- Hemlock-Acres, LLG	Real Property Holder	New York	(257.95)	126,242.05	CC Foundation
-Grasse-River, LLC 34 Cornell Drive Canton NY 13617, EIN 26,3432695	Property Leaseholder	New York	0	0	CC Foundation
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
-State University of New-York at Ganton	NYS University	New York	501(c)(3)	2	N/A
-Gollege Association; Inc. at SUNY. Canton	Auxilary Services	New York	501(c)(3)	11-Type 1	N/A

Schedule R (Form 990) 2008

Cat No 50135Y

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

(J)
General or
managing
partner?

Yes No

Identification of Related Organizations Taxable as a Partnership	(B) (C) (D) (E) (F) (F) (G) (G) (H) (II) (G) (G) (H) (II) (II) (G) (G) (H) (III) (III) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Yes No Yes				
iizations Taxable						
of Related Orgar	(B) Primary activity					
Part III Identification of	(A) Name, address, and EIN of related organization		N/A-			

Trust
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust	s Taxable as a (Corporation or	r Trust				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entry (C corp., S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SUNY Canton Alumni Association, Inc34 Cornell Drive. Canton. NY 13617 - FIN 26-3417470	Leaseholder	New York	Foundation	C-corp	100	0	100
						,	

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Organizations
With Related
Transactions \
Part V

		No.
Note. Complete line 1 if any entity is listed in Parts II, iiI, of IV. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?	d in Parts II–IV?	
		1a
		16 7
		> 0
		100
e Loans or loan guarantees by otner organization(s)		2
f Sale of assets to other organization(s)		11 /
g Purchase of assets from other organization(s)		, 1g ·
		1h ~
i Lease of facilities, equipment, or other assets to other organization(s)		\
		41
J. Lease of racilities, equipment, of other assets from other organization(s)		\ +
		1
m Sharing of facilities, equipment, mailing lists, or other assets		1m /
n Sharing of paid employees		1n <
		Sterile Steril
o Reimbursement paid to other organization for expenses		10
p Reimbursement paid by other organization for expenses	•	1p <
q Other transfer of cash or property to other organization(s)		> >
1	d relationships and tran	saction thresholds.
IAI	(8)	9
Name of other organization(s)	Transaction type (a-r)	Amount involved
College Association, Inc. , SUNY Canton	d'o	226,943
State University of New York at Canton (2)	j,m,n	293,468
(3)		
(4)		
(5)		
(9)		

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exc	lusion for certain in	estment (partnerships.			
(Y)	(B)	(0)	<u>e</u>	<u>(e)</u>	Ē		£
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partr		Disproportionate		General or
			501(c)(3) organizations?	assets		of Schedule K-1 (Form 1065)	partner?
			Yes No	T _o	Yes No		Yes No
WA							
					-		
					-		
			-				_

Schedule R (Form 990) 2008

Name of the Organization

Canton College Foundation, Inc.

Employer identification number 23-7392114

Form 990, Part VI - Governance, Management and Disclosure

Line 15a - Compensation Determination for CEO

The Executive Director / CEOs compensation is set by the Chairman of the Board of Directors and the SUNY Canton College President. A review is completed to compare the salary of the same position at other State University of New York colleges, as well as other local private colleges. Additionally, a formal review of stated goals and achievement is included in this review process.

Line 15b - Compensation Determination for other Officers or Key Employees

No other officers of Canton College Foundation, Inc. are compensated by the organization. Those compensated by a related organization go through a similar review and determination process disclosed above. All Foundation employees also go through this process for wage determination.

Line 19 – Disclosure of governing documents, policies and financial statements

All by-laws and related governing documents are provided to active board members at the time of election. Additionally, these documents are available for public inspection at the Foundation Office, 34 Cornell Drive, Canton, NY 13617. Internal financial statements are available for public inspection throughout the year at the Foundation Office at the above stated address. Audited financial statements are available for inspection at the Foundation Office as well as being provided to SUNY Central Administration, SUNY Controller's Office, and New York State Bureau of Charities. Each of these organizations post the financial statements and completed Form 990 on their respective website.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

Northeastern Signs / Mike's Trophies is a business owned by the spouse of Director Anne Clarkson. Canton College Foundation, Inc. does business with this firm as it is the local engraver. Organization purchases items such as employee name tags, desk plaques, engraved gift items, memorial signs for campus buildings / locations, etc.

Michael J. Perry serves as the Interim Treasurer of Canton College Foundation, Inc. Mr. Perry is also the Executive Director of College Association, Inc. which provides auxiliary services to the campus of SUNY Canton. These services include managing all food service on campus, the bookstore on campus, as well as providing accounting services to Canton College Foundation, Inc. The value of the services provided by College Association, Inc. to Canton College Foundation, Inc. was \$73,538 in fiscal year 2008 Mr. Perry is a benefactor of Canton College Foundation, Inc. in the amount of approximately \$8,000 per year, as is College Association, Inc. in the amount of \$226,943 in fiscal year 2008.

Form 990, Schedule R, Part II – Identification of Related Tax-Exempt Organizations Form 990, Schedule R, Part V – Transactions with Related Organizations

Canton College Foundation, Inc. operates to support the educational efforts of the State University of New York at Canton. As such, SUNY Canton provides office space, staffing and shared office equipment with Canton College Foundation, Inc. The value of this support for the fiscal year was \$293,468.

College Association, Inc. at SUNY Canton provides auxiliary service operations such as food service, book store, vending machines, and laundry equipment for SUNY Canton. As part of the food service and book store operations, College Association, Inc. provides food and merchandise for Foundation gatherings and events, as well as accounting services to the Foundation. Canton College Foundation, Inc. disbursed \$73,538 to College Association, Inc. for these services in fiscal year 2008. College Association, Inc. provided support in the form of cash contributions to Canton College Foundation, Inc. in the amount of \$226,943 during the fiscal year.

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation

SUNY Canton Alumni Association, Inc. is a wholly owned subsidiary of Canton College Foundation, Inc. The primary purpose of this organization is to conduct activities to foster, support, and develop relations for SUNY Canton. SUNY Canton Alumni Association, Inc. is in the process of applying for exempt status as a 501(c)(3) organization. Form 1120 was filed for this organization in September 2009 for fiscal year 2008 ended June 30, 2009.

Amended Return - Filed August 2010

Form 990, Part IV, Line 33 was amended from No to Yes

Form 990, Schedule R, Part 1 – Identification of Disregarded Entities has now been completed.

Form 990, Schedule R, Part 2 – Identification of Related Tax-Exempt Organizations has been modified to remove the information for Hemlock Acres, LLC and Grasse River, LLC. that are now included in Part 1.

Canton College Foundation, Inc. has a 100% ownership of two disregarded entities:

Hemlock Acres, LLC is a wholly owned affiliate of Canton College Foundation, Inc. whose operations are consolidated into this Form 990 and all related financial statements. The primary purpose of the organization is to acquire, maintain and manage real property for the benefit of SUNY Canton. In fiscal year 2007, land valued at \$126,500 was deeded from Canton College Foundation, Inc. to Hemlock Acres, LLC. This land is the sole asset of Hemlock Acres, LLC.

Name of the Organization

Employer identification number

Canton College Foundation, Inc.

23-7392114

Grasse River, LLC. is a wholly owned affiliate of Canton College Foundation, Inc. whose operations are consolidated into this Form 990 and all related financial statements. The primary purpose of the organization is to maintain and manage real property for the benefit of SUNY Canton. As of June 30, 2009, there has been no activity within this organization

Name of Organization		Employer Identification Number
Canton College Foundation, In	nc.	23-7392114
Form 990, Part VI, Section A, Li	ine 11	
Director Name	Street	City, State, Zip
Mr. Walter M. Armstrong, Jr.'56	4980 Elgın Drıve	Syracuse, NY 13215
Ms Connie G. Augsbury	PO Box 408	Ogdensburg, NY 13669
Dr. D. Anthony Beane	Ike Noble Drive, Apt. 5D	Canton, NY 13617
Ms. Barbara A. Burnham '46	17607 Calico Drive	Sun City, AZ 85373
Ms Anne M. Clarkson '75	PO Box 326	South Colton, NY 13687
Mr. D Edgar Cloce '59	PO Box 5208	Potsdam, NY 13676
Mr. Thomas F. Coakley	SLU, Vilas Hall, G-1	Canton, NY 13617
Ms. Lisa E. Colbert '97	94 Flow Drive	Potsdam, NY 13676
Mr. John F. Conklın '82	384 Eddy Pyntes Road	Canton, NY 13617
Dr. Solomon Cook	303 State Route 37	Hogansburg, NY 13655
Mr. Edward N. Coombs '86	186 Hungry Lane	Central Square, NY 13036
Mr. William D Demo '57	Box 91	Brasher Falls, NY 13613
Mr. Jeffrey T. Deragon '81	3202 Church Street	Caledonia, NY 14423
Mr. Daniel G. Fay	30 Clark Street	Canton, NY 13617
Mr. Kevin Fear '87	5326 Guy Young Road	Brewerton, NY 13029
Mr. David A. Frary '70	100 Panther Point	Massena, NY 13662
Mr. Kenneth P. Garwood, Jr. '70	48 Farmer Street	Canton, NY 13617
Mr David M. Gerlach '83	45 Farmer Street	Canton, NY 13617
Mr. Charles F. Goolden	141 West Higley Flow Road	Colton, NY 13625
Mr. Walter J. Hang '89	14 Heron Place	Rexford, NY 12148
Mr. John L. Halford, Sr. '49	241 Rowley Street	Gouverneur, NY 13642
Ms Theo O. Howe	PO Box 1369	Quechee, VT 05059
Dr. Joseph L. Kennedy	5707 County Route 27	Canton, NY 13617
Ms. Sylvia M. Kingston '78	29 Mam Street	Canton, NY 13617
Ms. Claure F. LaGarry '72	72 Burtwood Park Drive	Potsdam, NY 13676
Dr Earl W. MacArthur	11118 Gulf Shore Dr Unit 101A	Naples, FL 34108
Ms. Martı K. MacArthur '74 & '78	117 State Highway 310	Canton, NY 13617
Mr. S. Scott Mason '81	37 Clinton Street	Westfield, NY 14787
Mr Richard W Miller	15 West Mam Street	Canton, NY 13617

23-7392114

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Form 990, Part VI, Section A, Line 11.

Director Name	Street	City, State, Zip
Mr. Michael A. Noble '85	12610 Riata Trace Parkway #711	Austin, TX 78727
Mr. Robert A. Noble, Jr.	43 Chipmunk Crossing Drive	Tinmouth, VT 05773
Ms. Chloe Ann O'Neil	21 South Forest Beach Drive, Apt. 134	Hilton Head Island, SC 29228-7439
Ms. Jean M Parker	7 Merion Avenue	Clifton Park, NY 12065
Mr. Michael Perry	448 East DeKalb Road	DeKalb Junction, NY 13630
Mr. Robert B. Raymo '58	PO Box 733	Cranberry Lake, NY 12927
Mr. Bernard C. Regan '65	4802 Cherry Laurel Circle	Sarasota, FL 34241
Mr. Jon A. Richardson '67	PO Box 773	Litchfield Park, AZ 85340
Ms. Marilyn Scozzafava	251 Rowley Street	Gouverneur, NY 13642
Ms. Karen M. Spellacy	72 Riverside Drive	Colton, NY 13625
Mr. Jay F. Stone '62	17072 County Route 155	Watertown, NY 13601
Mr. Carl W. Tramor '77	143 Schuyler Street	Boonville, NY 13309
Dr. William R. Trumble	972 State Highway 68	Canton, NY 13617
Ms. Rosella Valentine	33336 Pennbrooke Pkwy, Pennebrooke Fairways	Leesburg, FL 34748
Mr. Michael L. Varley '85	3965 State Highway 37	Ogdensburg, NY 13669
Ms Grace Vesper	481 Jones Road	Lisbon, NY 13658
Mr. Thomas V. Walsh '96	1775 Decatur Road	Mohegan Lake, NY 10547
Mr Guilford D White '68	PO Box 548, 377 Racquette Point Road	Hogansburg, NY 13655
Mrs. Barbara R. Wilder '53	12603 West Paintbrush Drive	Sun City West, AZ 85375
Mr. Ronald L. Woodcock '59	8300 Partridgeberry Drive	Baldwinsville, NY 13027