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Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning July 1 , 2009, and ending June 30 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization **Canton College Foundation, Inc.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
34 Cornell Drive

City or town, state or country, and ZIP + 4
Canton, NY 13617

D Employer identification number **23 : 7392114**

E Telephone number **(315) 386-7127**

G Gross receipts $ **7,015,626**

F Name and address of principal officer: **David Gerlach, Executive Director**
34 Cornell Drive, Canton, NY 13617

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3)◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.canton.edu/foundation**

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1974**

M State of legal domicile: **NY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **Fundraise, except gifts and provide both monetary and non-monetary support to the students, faculty, staff, educational programs and campus-wide efforts of the State University of New York at Canton.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of employees (Part V, line 2a)	5	54
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	400
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,839,820	874,314
	9 Program service revenue (Part VIII, line 2g)	2,220	2,170
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(1,156,808)	486,367
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,137	9,031
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	692,369	1,371,882
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	731,611	658,452
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	313,112	290,957
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	246,920	252,700
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,291,642	1,202,109
	19 Revenue less expenses. Subtract line 18 from line 12	(599,273)	169,773

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	9,811,251	10,621,937
	21 Total liabilities (Part X, line 26)	681,921	768,944
	22 Net assets or fund balances. Subtract line 21 from line 20	9,129,330	9,852,993

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 11/5/10

David M. Gerlach, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2009)

SCANNED DEC 0 3 2010

6.17
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Part III Statement of Program Service Accomplishments

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 promotes 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? . . . . . ☐ Yes ☑ 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? . . . . . ☐ Yes ☑ No
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.

4a (Code: 611710) (Expenses $ 664,300 including grants of $ 658,452) (Revenue $ 802,653)
See attached Schedule O.

4b (Code: 525990) (Expenses $ 0 including grants of $ 0) (Revenue $ 2,170)
Canton College Foundation, Inc. provides emergency student loans of a maximum of $400 per loan to students of the State University of New York at Canton. The criteria for obtaining these loans is demonstrated need and available future funds receivable by the financial aid office at SUNY Canton. These loans are repaid to Canton College Foundation by SUNY Canton upon receipt by SUNY Canton of financial aid or other funds on behalf of the student. Canton College Foundation, Inc. charges the student a $10 processing fee per loan for this service.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 664,300

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
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 similar funds or 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		✓
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
•	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.*			
•	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.*			
•	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.*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
•	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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes ✓ / No)	12A	✓	
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 United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		✓
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	✓	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		✓
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
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, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	✓	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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	✓	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	✓	
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	✓	
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 4		
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	✓	
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 54		
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)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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).**			
a	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	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
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	✓	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	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:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 38		
b	Enter the number of voting members that are independent	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓	
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	✓	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
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 the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a	✓	

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	✓	
c	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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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		

Section 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(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 interest 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 records of the organization. ▶ Canton College Foundation, Inc., State University of New York at Canton, 34 Cornell Drive, Canton, NY 13617 - Phone: 315-386-7127

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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

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 compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Dr. D. Anthony Beane Director	0	✓						0	0	0
Barbara A. Burnham Director	0	✓						0	0	0
Joel W. Canino Director	0	✓						0	0	0
Thomas F. Coakley Director	0	✓						0	0	0
Lisa E. Colbert Director	0	✓						0	0	0
Mr. John F. Conklin Director	0	✓						0	0	0
Edward N. Coombs Director	0	✓						0	0	0
William D. Demo Director	0	✓						0	0	0
Daniel G. Fay Director / Chair - Finance & Inv. Committee	0	✓						0	0	0
Kevin Fear Director	0	✓						0	0	0
David Frary Director	0	✓						0	0	0
Kenneth P. Garwood Director / Chair - Audit Committee	0	✓						0	0	0
Charles F. Goolden Director	0	✓						0	0	0
Walter J. Haig Director	0	✓						0	0	0
John L. Halford Director	0	✓						0	0	0
Joan Hubbard Director	0	✓						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sylvia M. Kingston Director	0	✓						0	0	0
Marti K. MacArthur Director	0	✓						0	0	0
Richard W. Miller Director	0	✓						0	0	0
Michael A. Noble Director	0	✓						0	0	0
Chloe Ann O'Neil Director / Chair - Planning Committee	0	✓						0	0	0
Linda Pellett Director / SUNY Canton Provost	0	✓						0	0	0
Dr. William F. Peters Director	0	✓						0	0	0
Robert B. Raymo Director	0	✓						0	0	0
Jon A. Richardson Director	0	✓						0	0	0
Marilyn D. Scozzafava Director / Chair - Nominating Committee	0	✓						0	0	0
Carl W. Trainor Director	0	✓						0	0	0
Rosella T. Valentine Director	0	✓						0	0	0
Michael L. Varley Director	0	✓						0	0	0
1b Total ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ **0**

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest 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*		✓

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 but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(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	1a Federated campaigns	1a				
	b Membership dues	1b	72,015			
	c Fundraising events	1c	3,379			
	d Related organizations	1d	118,333			
	e Government grants (contributions)	1e	0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	680,587			
	g Noncash contributions included in lines 1a-1f: $ 8,108					
	h **Total.** Add lines 1a–1f ▶		874,314			
Program Service Revenue		**Business Code**				
	2a **Emergency Loan Processing**	525990	2,170	2,170		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		2,170			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		197,453	197,453		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5,919,180	0			
	b Less: cost or other basis and sales expenses	5,630,266	0			
	c Gain or (loss)	288,914	0			
	d Net gain or (loss) ▶		288,914	288,914		
	8a Gross income from fundraising events (not including $ 3,379 of contributions reported on line 1c). See Part IV, line 18 a	13,478				
	b Less: direct expenses b	13,478				
	c Net income or (loss) from fundraising events ▶		0	0		
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	**Business Code**				
	11a **Land Usage**	531190	400		400	
	b **Alumni House Usage**	531110	5,340	5,340		
	c **Affinity Income**	524298	3,291	3,291		
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		9,031			
	12 **Total revenue.** See instructions. ▶		1,371,882	497,168	400	

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).

Do not include amounts reported on lines 6b, 7b, 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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	658,452	658,452		
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	30,474		30,474	
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	172,659		172,659	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,126		27,126	
9 Other employee benefits	41,429		38,915	2,514
10 Payroll taxes	19,139		19,139	
11 Fees for services (non-employees):				
a Management	40,000		40,000	
b Legal	30,039		30,039	
c Accounting	10,900		10,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,143		26,143	
g Other	996			996
12 Advertising and promotion				
13 Office expenses	7,153		3,955	3,198
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	23,833		688	23,145
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,359		494	8,865
20 Interest	130		130	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,809		9,809	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a **Postage / Mailing**	25,020		170	24,850
b **Duplicating / Printing**	24,878		18	24,860
c **Special Events**	26,251	5,848		20,402
d **Gifts / Service Awards**	3,595			3,595
e **Bad Debt**	9,281		9,281	
f All other expenses **Misc.**	5,444		2,868	2,576
25 **Total functional expenses.** Add lines 1 through 24f	1,202,109	664,300	422,808	115,001
26 **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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	240,553	1	176,659
	2	Savings and temporary cash investments	2,930,847	2	500,442
	3	Pledges and grants receivable, net	322,016	3	185,748
	4	Accounts receivable, net	2,567	4	2,467
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 126,500			
	b	Less: accumulated depreciation — 10b: 0	126,500	10c	126,500
	11	Investments—publicly traded securities	6,068,119	11	9,509,472
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	120,649	15	120,649
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,811,251	16	10,621,937
Liabilities	17	Accounts payable and accrued expenses	33,741	17	56,766
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	648,180	25	712,178
	26	**Total liabilities.** Add lines 17 through 25	681,921	26	768,944
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,313,408	27	2,243,089
	28	Temporarily restricted net assets	867,775	28	1,519,693
	29	Permanently restricted net assets	5,948,147	29	6,090,211
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,129,330	33	9,852,993
	34	Total liabilities and net assets/fund balances	9,811,251	34	10,621,937

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Canton College Foundation, Inc.	23 : 7392114

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: ----------

5 ☑ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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).**

11 ☐ 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 ☐ By 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).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the supported organization(s).

(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 organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,401,185	2,855,268	1,875,828	1,842,837	877,605	8,852,723
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	7,200	7,200	7,200	7,200	7,200	36,000
4 **Total.** Add lines 1 through 3	1,408,385	2,862,468	1,883,028	1,850,037	884,805	8,888,723
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)						4,517,676
6 **Public support.** Subtract line 5 from line 4.						4,371,047

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,408,385	2,852,468	1,883,028	1,850,037	884,805	8,888,723
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	205,009	313,106	742,676	163,118	197,453	1,621,362
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	400	400	400	400	1,600
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	86,746	89,162	104,266	114,990	73,371	468,535
11 **Total support.** Add lines 7 through 10						10,980,220
12 Gross receipts from related activities, etc (see instructions)					12	38,614

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	40 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	61 %

16a **33⅓% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II - Line 10 - Other Income

Other income consists of fee collected for:

1. **Conferences sponsored by Canton College Foundation, Inc.**
2. **Usage of Alumni House leased to Canton College Foundation, Inc. by SUNY Canton**
3. **Processing fees for emergency loans issued to students prior to their receiving financial aid from the college.**
4. **Administrative fee charged to endowment funds annually for managing of funds and related scholarships.**

This income is broken down as follows:

	2005	2006	2007	2008	2009	Total
Conferences	12,103	1,622	0	0	0	13,725
Alumni House Usage	0	0	1,325	3,720	5,340	10,385
Loan Processing Fees	3,250	4,064	2,800	2,220	2,170	14,504
Administrative Fee	71,393	83,476	100,141	109,050	65,861	429,921
Total	86,746	89,162	104,266	114,990	73,371	468,535

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Canton College Foundation, Inc.

Employer identification number
23 : 7392114

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 120,649

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ n/a

b Assets included in Form 990, Part X ▶ $ n/a

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☑ Public exhibition
- b ☐ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,268,866	7,270,089			
b Contributions	142,064	383,388			
c Net investment earnings, gains, and losses	882,698	(2,009,645)			
d Grants or scholarships	(41,066)	(265,916)			
e Other expenditures for facilities and programs	0	0			
f Administrative expenses	(84,887)	(109,050)			
g End of year balance	6,167,675	5,268,866			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ .....0 %
- b Permanent endowment ▶ .....100 %
- c Term endowment ▶ .....0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		✓
(ii) related organizations 3a(ii)		✓
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	126,500	126,500		126,500
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				126,500

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 valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Other assets consist of artwork disclosed in Part III of this Schedule D.	**120,649**
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Unitrust Agreement Liability	**712,178**
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	**712,178**

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,371,882
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,202,109
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	169,773
4	Net unrealized gains (losses) on investments	4	553,890
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 through 8	9	553,890
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	723,663

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,991,633
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	553,890		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV.)	2d	65,861		
e	Add lines **2a** through **2d**			2e	619,751
3	Subtract line **2e** from line **1**			3	1,371,882
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	4a	0		
b	Other (Describe in Part XIV.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,371,882

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,267,970
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	65,861		
e	Add lines **2a** through **2d**			2e	65,861
3	Subtract line **2e** from line **1**			3	1,202,109
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,202,109

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III - Line 5

Artwork consisting of paintings and pictures of the local community, the college over its 100 year history, and other miscellaneous paintings, pictures and sculptures have been donated in past years to preserve this history of the college, as well as to beautify the campus buildings.

Part V - Line 4

The endowment funds are held to fund scholarships for students of the college, in accordance with donor stipulations

Part XIV Supplemental Information *(continued)*

related to educational programs, individual student need, or other requirements. Two endowment funds are held to provide equipment to particular educational departments on the campus. All annual earnings distributions from endowed funds are determined by the governing body.

Part XII - Line 2d and Part XIII - Line 2d

In accordance with the board approved endowment spending policy, an administrative fee was charged to the endowment funds in the amount of $65,861 and applied to the unrestricted fund balance to offset the costs involved in growing and managing the 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 from restriction to be reflected as part of the unrestricted fund balance. As this transaction is merely a reclassification of recorded earnings, it is not considered a revenue to unrestricted funds, nor an expense to endowment funds.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
Canton College Foundation, Inc.

Employer identification number
23 ¦ 7392114

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☑ Mail solicitations
- b ☑ Internet and email solicitations
- c ☑ Phone solicitations
- d ☑ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

New York

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Tournament (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,267			16,267
	2 Less: Charitable contributions	7,687			7,687
	3 Gross income (line 1 minus line 2)	8,580			8,580
Direct Expenses	4 Cash prizes	679			679
	5 Noncash prizes	718			718
	6 Rent/facility costs	4,330			4,330
	7 Food and beverages	2,441			2,441
	8 Entertainment	0			0
	9 Other direct expenses	425			425
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(8,593)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				(13)

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities:		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If "Yes," explain:		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Canton College Foundation, Inc.

Employer identification number

23 : 7392114

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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 Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or 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 non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

(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	161	397,587			
Faculty / Staff Grants	34	23,348			
Tuition Assistance for faculty / staff	7	5,401			
Athletic Booster	34	53,504			
Campus Projects / Programs	78	165,745			
Small Business Development Center	1	4,759			
In-Kind Gifts	14	0	8,108	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.

Part 1 - Line 2

Canton College Foundation issues scholarship checks to benefit students of SUNY Canton directly to the financial aid office of the college. The financial aid office applies the scholarship award to the students outstanding balance with SUNY Canton. Other individual scholarships are 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. Students complete a scholarship application with the Canton College Foundation to request assistance. The financial aid office of SUNY Canton verifies eligibility for students for any need based scholarships. A scholarship committee meets to review the criteria for each scholarship award along with each application to determine the award of each scholarship.

Part III (f)

In-kind gifts this year consisted of trees and shrubs to beautify the campus, books and movies for the library collection, Chilton auto repair manuals for the automotive technology program, dental hygiene equipment, veterinary equipment, and airline vouchers for a regional airline.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Canton College Foundation, Inc.

Employer identification number

23 7392114

Part I Questions Regarding Compensation

		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 ☐ Travel for companions ☐ Payments for business use of personal residence ☐ 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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	✓	
2	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?	✓	
3	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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement?		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		✓
b	Any related organization?		✓
	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?		✓
b	Any related organization?		✓
	If "Yes" to line 6a or 6b, describe in Part III.		
7	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		✓
8	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		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
David Gerlach	(i)	30,474	0	0	3,928	0	34,402	29,307
Executive Director	(ii)	119,966	0	0	1,476	12,896	134,338	142,647
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Part 1, Line 1a - Travel costs are paid by the organization for the Executive Director and the College President when they are required to travel to meet current or potential donors, or to otherwise represent SUNY Canton or College Foundation, Inc. at events or functions. The Executive Director and College President both have a credit card in the name of the Foundation that they are authorized to use for Foundation related expenses.

Part 1, Line 1b & Line 2- Canton College Foundation, Inc. has a written policy regarding expenditures incurred on behalf of the Foundation. Said policy requires all employees or others expending funds on behalf of the Foundation to have prior purchase approval by the Executive Director via a signed purchase order whenever practical. In the case of miscellaneous travel expenses or other expenditures where prior approval is not feasible, documentation of the reason, location, time, date and amount of the expense is required to substantiate any reimbursement of said expenses.

Part 1, Line 3 - Changes in compensation for the Executive Director are based upon a compensation survey of comparable positions within the SUNY system as well as within the local area. All changes in compensation are reviewed and recommended to the Board Chairman by the President of SUNY Canton. The Board Chairman approves all changes on behalf of the full board.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization

Canton College Foundation, Inc.

Employer identification number

23 : 7392114

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas V. Walsh Director / Chair - Bylaws Committee	0	✓						0	0	0
Guilford D. White Director	0	✓						0	0	0
Barbara R. Wilder Director	0	✓						0	0	0
Dr. Joseph L. Kennedy Director / SUNY Canton President	0	✓						0	0	0
David M. Gerlach Director / Executive Director	40	✓		✓				30,474	119,966	18,300
Michael J. Perry Director / Treasurer	1	✓		✓				0	0	0
Bernard C. Regan Director / Vice Chairman	1	✓		✓				0	0	0
Karen Spellacy Director / Secretary	1	✓		✓				0	0	0
Ronald L. Woodcock Director / Chairman	1	✓		✓				0	0	0

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization 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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
Canton College Foundation, Inc.

Employer identification number
23 : 7392114

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
Northeastern Sign / Mike's Trophies	Spouse of Former Dir	724	Purch. of engraved signs		✓
Michael J. Perry, College Association	CCF Treasurer	62,615	See Schedule O		✓

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Canton College Foundation, Inc.	23 7392114

Form 990, Part III - Line 4a - Statement of Program Service Accomplishments

The purposes for which the Canton College Foundation, Inc. was formed are:

a. To encourage, accept and hold gifts made to the State University of New York (SUNY) at Canton 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 disburse 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 opportunities 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 Canton.

e. To make such Grants and Awards of financial assistance to said College and to any other organization duly authorized by the College to carry on charitable or educational activities, providing said organization qualifies as an exempt organization under section 501(c)3 of the Internal Revenue Service Code and its regulations as they now exist, or as they may hereafter be amended.

To accomplish these purposes, Canton College Foundation, Inc. carried on the following activities during the 2009-2010 fiscal year.

1. Accepted In-Kind Gifts of equipment and supplies in the amount of $8,108 and turned them over to SUNY Canton for its educational programs, including Automotive Technology, Dental Hygience, Veterinary Science, Library collections, and others.

2. Funded activities and made grants in furtherance of the promotion of the institution and program development within the curriculum in the amount of $260,865.

3. Awarded financial grants and work assistantships to students in need or based on stipulated selection criteria in the amount of $397,587.

Name of the organization	Employer identification number
Canton College Foundation, Inc.	23 : 7392114

Form 990 - Part VI - Governance, Management and Disclosure

Line 4 - Change to Organizational Documents

Foundation By-laws were amended to add an Audit Committee as a sub-committee of the Finance and Investment Committee. The purpose of this committee is to work with the Foundation Accountant, select and meet with the independent auditor, and review this Form 990 filing on-behalf of the Board of Directors.

Line 9 - Address listing for Officers, Directors, or Key Employees - See attached supplement.

Line 11a - Review of Form 990

Form 990 is completed by the Foundation Accountant, in consultation with various members of the organization. Upon completion of Form 990 and related schedules, the package is presented to the Audit Committee as well as the Treasurer and Executive Director for review and comment. The Audit Committee review is completed on behalf of the entire Board of Directors. Once approved by the Audit Committee, Form 990 is signed by the Executive Director or Treasurer. All board members are encouraged to review the completed Form 990 via inspection in person at this office or via multiple web accessible locations.

Line 12c - Conflict of Interest Monitoring

Each director annually completes and signs a disclosure statement outlining any conflicts of interest. These statements are gathered and review by the Foundation staff and all conflicts summarized and presented to the Executive Director.

Line 15a and 15b - Compensation Determination for CEO and Other Employees

The Executive Director / CEO's 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. A formal review of stated goals and achievements is included in this review process. The same process is applied to all Foundation employees with wage approval by the Executive Director.

Name of the Organization: **Canton College Foundation, Inc.**

Employer identification number: **23-7392114**

Form 990, Part VI – Governance, Management and Disclosure

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 posts 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 former 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 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 $62,615 in fiscal year 2009. 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 $118,333 in fiscal year 2009.

Form 990, Schedule R, Part I – Identification of Disregarded Entities

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. Hemlock Acres has a liability to Canton College Foundation in the amount of $2,724.

Name of the Organization: **Canton College Foundation, Inc.**

Employer identification number: **23-7392114**

Form 990, Schedule R, Part I – Identification of Disregarded Entities – con't

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, 2010, this organization has expenditures of $31,431 for legal, postage and other miscellaneous fees related to a future dormitory construction project on the campus of SUNY Canton. These expenditures appear as an account payable by Grasse River LLC and as an account receivable in the same amount by Canton College Foundation, Inc. on the consolidated financial statements.

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 $262,429.

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 $62,615 to College Association, Inc. for these services in fiscal year 2009. College Association, Inc. provided support in the form of cash contributions to Canton College Foundation, Inc. in the amount of $118,333 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 2010 for fiscal year 2009 ended June 30, 2010.

Name of Organization: **Canton College Foundation, Inc.**

Employer Identification Number: **23-7392114**

Form 990, Part VI, Section A, Line 9

Director Name	Street	City, State, Zip
Dr. D. Anthony Beane	Ike Noble Drive, Apt. 5D	Canton, NY 13617
Ms. Barbara A. Burnham '46	17607 Calico Drive	Sun City, AZ 85373
Mr. Joel W. Canino '87	PO Box 346	Milldale, CT 06467
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. Conklin '82	384 Eddy Pyrites Road	Canton, NY 13617
Mr. Edward N Coombs '86	186 Hungry Lane	Central Square, NY 13036
Mr. William D. Demo '57	Box 91	Brasher Falls, NY 13613
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. Haig '89	14 Heron Place	Rexford, NY 12148
Mr. John L. Halford, Sr. '49	241 Rowley Street	Gouverneur, NY 13642
Ms. Joan Hubbard '76	8437 Timberlake Lane	Terrell, NC 28682
Dr Joseph L. Kennedy	5707 County Route 27	Canton, NY 13617
Ms. Sylvia M. Kingston '78	29 Main Street	Canton, NY 13617
Ms. Marti K. MacArthur `74 & `78	117 State Highway 310	Canton, NY 13617
Mr. Richard W. Miller	15 West Main Street	Canton, NY 13617
Mr. Michael A. Noble '85	12610 Riata Trace Parkway #711	Austin, TX 78727
Ms. Chloe Ann O'Neil	21 South Forest Beach Drive, Apt 134	Hilton Head Island, SC 29228-7439
Ms Linda Pellett '97	1916 Ford Street	Ogdensburg, NY 13669
Mr. Michael Perry	448 East DeKalb Road	DeKalb Junction, NY 13630
Dr. William F. Peters '59	7448 Sister Islands Road	Harrisville, NY 13648
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

Canton College Foundation, Inc. **23-7392114**

Form 990, Part VI, Section A, Line 9

Director Name	Street	City, State, Zip
Ms. Marilyn Scozzafava	251 Rowley Street	Gouverneur, NY 13642
Ms. Karen M. Spellacy	72 Riverside Drive	Colton, NY 13625
Mr. Carl W. Trainor '77	143 Schuyler Street	Boonville, NY 13309
Ms. Rosella Valentine	33336 Pennbrooke Pkwy, Pennebrooke Fairways	Leesburg, FL 34748
Mr. Michael L. Varley '85	3965 State Highway 37	Ogdensburg, NY 13669
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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Canton College Foundation, Inc.

Employer identification number

23 7392114

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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 LLC 34 Cornell Drive, Canton, NY 13617 - EIN 26-1597825	Real Property Holder	New York	(2,724)	123,776	CC Foundation
Grasse River LLC 34 Cornell Drive, Canton, NY 13617 - EIN 26-3432695	Property Leaseholder	New York	(31,431)	(31,431)	CC Foundation

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
State University of New York at Canton 34 Cornell Drive, Canton, NY 13617 - EIN 14-6013200	NYS University	New York	501(c)3	2	N/A
College Association, Inc. at SUNY Canton 34 Cornell Drive, Canton, NY 13617 - EIN 15-0554874	Auxiliary Services	New York	501(c)3	11-Type 1	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SUNY Canton Alumni Association, Inc. 34 Cornell Drive, Canton, NY 13617 - EIN 26-3417470	**Leaseholder**	**New York**	**CC Foundatio**	**C-Corp**	**100**	**100**	**100**

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

		Yes	No
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?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to other organization(s)	1b	✓	
c	Gift, grant, or capital contribution from other organization(s)	1c	✓	
d	Loans or loan guarantees to or for other organization(s)	1d		✓
e	Loans or loan guarantees by other organization(s)	1e		✓
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		✓
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	✓	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		✓
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	✓	
n	Sharing of paid employees	1n	✓	
o	Reimbursement paid to other organization for expenses	1o	✓	
p	Reimbursement paid by other organization for expenses	1p	✓	
q	Other transfer of cash or property to other organization(s)	1q		✓
r	Other transfer of cash or property from other organization(s)	1r		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	**College Association, Inc., SUNY Canton**	**c,n,p**	**55,768**
(2)	**State University of New York at Canton**	**b,j,m,n**	**81,999**
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No