

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public

<u>π.σ.</u>	For	the 2	D13 calendar year, or tax year beginning SEP 1, 2013 and	lending J			014	mopeodon
_	•		- · - · · · · · · · · · · · · · · · · ·	restaining (
В	Check	k if cable	C Name of organization		ןט ∈mp	loyer la	entiti	cation number
_	Ac	dress	HUDSON VALLEY COMMUNITY COLLEGE					
느]ch	ange ime	FOUNDATION	<u> </u>	4	_		
ᆫ	ch	ange	Doing Business As			2	<u>2-2</u>	427015
L		tial um	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Tele	ohone n	umbe	r
	Te	rmin-	80 VANDENBURGH AVENUE			(!	<u>518</u>) 629-8012
	ПΑг	nended um	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts \$		1,418,517.
Г		plica-	TROY, NY 12180		H(a) is	this a gr	oup re	
_		nding	F Name and address of principal officer RACHEL M. KIMMELBL	ΑͲͲ	1	subord		
			SAME AS C ABOVE			all subord		
	Tav	ovom	pt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527				list. (see instructions)
			► WWW.HVCC.EDU/FOUNDATION	01 327	7			
			panization: X Corporation Trust Association Other	I Voor				n number
	art		ummary	L Teal	or iormanic	л. <u>1</u> Э	0 4 1	State of legal domicile: NY
	\neg			ODETNO	· min	MEG	O T O	NT
မွ	1		efly describe the organization's mission or most significant activities: SUPP					
ā			FUDENTS, AND THE ALUMNI OF THE HUDSON V	_				
Activities & Governance	2		eck this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	than 259	% of its	net as	
Š	3	Nu	mber of voting members of the governing body (Part VI, line 1a)		•		3	25
<u>ග</u> නේ	4	Nu	mber of independent voting members of the governing body (Part VI, line 1b)				4	25
es	5	Tot	tal number of individuals employed in calendar year 2013 (Part V, line 2a)				5	
Ž.	6	To	tal number of volunteers (estimate if necessary)	_			6	0
Ç	7	a Tot	tal unrelated business revenue from Part VIII, column (C), line 12				7a	0.
Aci		b Ne	t unrelated business taxable income from Form 990-T, line 34				7b	0.
·					Prior	Year	1	Current Year
j	. 8	Co	ntributions and grants (Part VIII, line 1h)			60,0	34.	932,116.
Revenue	9		ogram service revenue (Part VIII, line 2g)		,_	5 	0.	0.
	10		restment income (Part VIII, column (A), lines 3, 4, land 7d)		1.	47,4		141,589.
子ででする Revenue				• -		73,7		0.
Š	1		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		81,2		1,073,705.
D —	12		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					
	13		ants and similar amounts paid (Part IX, column (A), lines 1-3)	· · ·		86,7		217,410.
	14		nefits paid to or for members (Part IX, column (A), line 4).			10 0	0.	0.
es	15		lanes, other compensation, employee benefits (Part X, column (A), lines 5-10)	·	4	18,8		299,391.
Expenses	10		ofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>			0.	0.
Ž.	}	b To	tal fundraising expenses (Part IX, column (D), line 25) 156,7	04.				
ш	1	7 Otl	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			93 <u>,5</u>		856,181.
	18	3 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			99,0		1,372,982.
	19	Re	venue less expenses. Subtract line 18 from line 12		1	82,1	76.	<299,277.
Net Assets or	<u> </u>			Ве	ginning of			End of Year
Sets	E 20) To	tal assets (Part X, line 16)		5,9	39,6	09.	6,393,769.
Š	Š 2		tal liabilities (Part X, line 26)			04,7		528,934.
Set	Ē 2	2 Ne	t assets or fund balances. Subtract line 21 from line 20			34,8		5,864,835.
	art		Signature Block					
			s of perjury, Adeclare that I have examined this return, including accompanying schedul	es and statem	ents and	to the bes	et of m	v knowledge and belief, it is
			nd complete declaration of preparer (other than officer) is based on all information of w		-			, and monday and bollon, it is
40	c, cc	1000, 0	The compact postariation of property (out of that officer) is based on an information of the	mon propuro	T T	47	"	115
0:			Signature of officer		<u></u>	Date	<u>~ /</u>	
Sig		[•	10			- 1	
He	ere		RACHEL M. KIMMELBLATT, EXEC DIR & PRE Type or print name and title	<u>15</u>				
					Date	1		DTIM
_			rint/Type preparer's name Preparer's signature		Date	114	leck	PTIN
Pai			IAOQIANG ZHANG		4/21/	5 se	it-employ	
	epare		rm's name UHY ADVISORS NY, INC.			Firm's El	IN 🛌	<u> 14-1555429</u>
Us	e Onl	y Fu	rm's address $ ightharpoonup$ 66 SOUTH PEARL STREET, SUITE 40	0				
_			ALBANY, NY 12207			Phone n	o.51	8-449-3166 \
Ma	av th	e IRS	discuss this return with the preparer shown above? (see instructions)					X Yes No

Form 990 (2013)

	990 (2013)	FOUNDATION		22-242	7015 Page 2
Pa	rt III Statement of I	Program Service Accomplish	ments	-	
	. Check if Schedule	O contains a response or note to any	line in this Part III .		
1	Briefly describe the organ				
		<u>ND MAINTAIN FUNDS T</u>			
		PURPOSES AND PROGR	AMS OF HUDSON V	ALLEY COMMUNITY	COLLEGE,
	ITS STUDENTS	AND ALUMNI.			
2	Did the organization und	ertake any significant program service	e during the year which were	not listed on	·
2	the prior Form 990 or 990	· · · · · · · · · · · · · · · · · · ·	s during the year which were	not listed on	Yes X No
	· · · · · · · · · · · · · · · · · · ·	new services on Schedule O.	••• • • • •		L les La lite
3	•	e conducting, or make significant cha	anges in how it conducts, any	program services?	Yes X No
	If "Yes," describe these of	hanges on Schedule O.			
4	Describe the organization	i's program service accomplishments	for each of its three largest pr	rogram services, as measured by	y expenses
	Section 501(c)(3) and 50	(c)(4) organizations are required to re	port the amount of grants and	d allocations to others, the total e	expenses, and
	revenue, if any, for each	program service reported.			
4a	(Code) (Expense	s\$ 956,846. inclu	ding grants of \$ 217	, 410 .) (Revenue \$)
	SUPPORT FOR (COLLEGE INITIATIVES	<u>, SCHOLARSHIPS,</u>	AND RELATED COS	STS.
			····		
					
					· · · · · · · · · · · · · · · · · · ·
					
46	/- \/-			· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expense	s \$ include	ding grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·		
			· -		
			· · · · · · · · · · · · · · · · · · ·		
					
			<u> </u>		
			· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expense	s \$ include	ting grants of \$) (Revenue \$	
				, (13131300	· · · · · · · · · · · · · · · · · · ·
					
					· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)			
	Expenses \$	including grants of \$) (Rev	enue \$	
<u>4e</u>	Total program service ex	penses ▶ 956,8			
					Form 990 (2013)

332002 10-29-13

22-2427015 Page 3

5			1111011	
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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(0040)

Form 990 (2013) FOUNDATION
Part IV Checklist of Required Schedules (continued) 22-2427015 Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		100	-110
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
_	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
С	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	The second secon	270		
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
00	Schedule L, Part I	230		- 21
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filling thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_x_
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_x_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		-	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		i	
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
	- Control of the Cont			(2013)
				,

Form 990 (2013)

FOUNDATION

22-2427015 Page 5

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	. Chick in Contraction of Companies of Note to day into in American		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	1.0
ь	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	1		Ì
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	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 Consolved an Form 900, Rep VIII, line 10, for public uses of slub feedbase.			
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:	İ		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	amounts due or received from them.)	40-		
		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	138	$\vdash \vdash \vdash$	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
Ü	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		- 23
	Total Transport	1-40	000	10010

HUDSON VALLEY COMMUNITY COLLEGE Form 990 (2013) FOUNDATION 22-2427015 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. Check if Schedule O contains a response or note to any line in this Part VI $\overline{\mathbf{x}}$ Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 25 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 25 b Enter the number of voting members included in line 1a, above, who are independent 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? Х 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 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? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶NY 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ RACHEL M. KIMMELBLATT - 518-629-7736

80 VANDENBURGH AVE, TROY, NY 12180

Form 990 (2013) FOUNDATION 22-2427015

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See 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.

(A)	(B)							(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	compensation	compensation	amount of
	week (list any					1	.00,	from the	from related	other
	hours for	direct				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	stee			Sate		(W-2/1099-MISC)	(** = *********************************	organization
	organizations	l trus	nal tru		oyee	E E				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	르	<u>=</u>	통	ē.	물등	귤			
(1) GORDON N. ZUCKERMAN	0.50			l						,
CHAIRPERSON	0.00	X		X				0.	0.	0
(2) FRANK C. SARRATORI	0.50									
VICE CHAIRPERSON	0.00	X		X		-		0.	0.	0
(3) WYNN KINTZ	0.50			٠,,						_
VICE CHAIRPERSON	0.00	X		X	-	-		0.	0.	0
(4) JERILEE BEAUDOIN	0.50	v		₹.				١	0	_
TREASURER COOK	0.00	Λ		X				0.	0.	0
(5) THOMAS P. COOK SECRETARY	0.00	v		x				0.	0.	_
(6) RICHARD M. AMADON JR.	0.50	Δ.		^		-		<u>.</u>	0.	0
DIRECTOR	0.00	v						0.	0.	0
(7) DAN AUNKST	0.50	1		_	-	 		- 0.		<u> </u>
DIRECTOR	0.00	x						0.	0.	0
(8) DOUGLAS G. BALDREY	0.50									<u>_</u>
DIRECTOR	0.00	x						0.	0.	0
(9) PAUL E. BULMER	0.50									
DIRECTOR	0.00	X		1				0.	0.	0
(10) DANIEL F. CASALE	0.50									, .
DIRECTOR	0.00	Х						0.	0.	0
(11) WILLIAM F. FAGAN	0.50									
DIRECTOR	0.00	X						0.	0.	0
(12) KENNETH W. GREY	0.50			l						
DIRECTOR	0.00	X						0.	0.	0
(13) SHAWN HAMLIN	0.50		ļ							
DIRECTOR	0.00	X	_					0.	0.	0
(14) ANDREA HANLEY	0.50									
DIRECTOR	0.00	X						0.	0.	0
(15) SUE HANSEN	0.50							_	_	-
DIRECTOR	0.00	X	<u> </u>	<u> </u>	-	\vdash		0.	0.	0
(16) LESLIE KING	0.50	,_								_
DIRECTOR	0.00	_	ļ		-	<u> </u>		0.	0.	0
(17) KELLY KLOPFER	0.50							_	_	_
DIRECTOR	0.00	X				Ц		0.	0.	Form 990 (201

Page 7

FOUNDATION

Part VII Section A. Officers, Directors, Trus	tees, Key Em	yolq	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
. (A)	(B) (C)						_	(D)	(E)			
Name and title	Average	(do	not c		rtion more		one	Reportable	Reportable	E	d	
	hours per week	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	aı	nount o	of
	(list any				Ī		Ţ	from the	from related organizations	COL	other pensat	tion
	hours for	Individual trustee or director				- E		organization	(W-2/1099-MISC)		rom the	
	related	te or	ustee	İ		ensate		(W-2/1099-MISC)	,	org	janızatı	on
	organizations	ş	la tr		oyee	ğ,					d relate	
	below line)	Mdu	institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anızatio	วทร
	<u> </u>	Ē	≌	통	<u>ş</u>	돌통	윤			+		_
(18) CORY A. MARTIN	0.50	-										^
DIRECTOR	0.00	X		_	╁	├	├	0.	0.	' 		0.
(19) MICHAEL MISENHIMER	0.50	٠,							,	İ		Λ
DIRECTOR	0.00	X	-		├	-	-	0.	0.	'		0.
(20) MARK MITCHELL	0.50				l				0.			Λ
DIRECTOR	0.00	X		_	├	\vdash	\vdash	0.	- 0	\		0.
(21) JEN ROBBINS	0.50	ل ا						0.	0.			Ο.
DIRECTOR	0.00	X			\vdash	-		ļ	U .	'		<u> </u>
(22) CHARLES "CHAT" ROBINSON	0.50	₩.	1					0.	0.			ο.
DIRECTOR	0.50	1	├	├	-	╁		<u> </u>		+		
(23) PETER D. SEMENZA	0.00	- T						0.	0.			Ο.
DIRECTOR	0.50	_	┼─	_	┢	┼─	-	1 0.		`	_	
(24) JOHN M. SHARTRAND	0.00	x						0.	0.			0.
DIRECTOR	0.50	<u> </u>	\vdash		<u> </u>	╁╴				'		<u> </u>
(25) JAMES A. WALSH	0.00	x						0.	0.			0.
DIRECTOR (26) RACHEL M. KIMMELBLATT	37.50	1		╁╴	 	1	-	<u> </u>	<u> </u>	1		
EXECUTIVE DIR & PRESIDENT	0.00	1		x				90,469.	0	. 4	0,7	11.
1b Sub-total	1 0100	<u> </u>	٠	,	1		┢	90,469.	0		0,7	
c Total from continuation sheets to Part V	II. Section A					•••	•	0.	0			0.
d Total (add lines 1b and 1c)	.,	•			•	•	•	90,469.	0	. 4	0,7	11.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable			
compensation from the organization												(
											Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey eı	mple	oyee	, or	highest compensated e	mployee on	1		
line 1a? If "Yes," complete Schedule J for								•••••	•	3		X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atioi	n an	d ot	ther compensation from	the organization	ļ	1	
and related organizations greater than \$15										4	ļ	X
5 Did any person listed on line 1a receive or							rela	ted organization or indiv	ridual for services			
rendered to the organization? If "Yes," cor	nplete Schedu	le J	for s	<u>uch</u>	per	son	<u></u>	· · · · · · · · · · · · · · · · · · ·		5	<u> </u>	X
Section B. Independent Contractors				_				<u> </u>				
1 Complete this table for your five highest c										sation	from	
the organization. Report compensation for	the calendar y	/ear	end	ing v	with	or v	vithi	_	year I		<u> </u>	
(A) Name and busines	e address	37		-				(B) Description of	services	Comp	C) ensatio	n
Traine and business	3 4441033	14.	<u>ON</u>	<u> </u>				Dodding.orr or	00111000			
				-								
								 	···			
2 Total number of independent contractors	(including but i	not I	ımıte	ed to	the	ose l	ste	d above) who received i	more than			
\$100,000 of compensation from the organ						0						
											OOD /	2012

Form 990 (2013) FOUNDATION
Part VIII Statement of Revenue

22-2427015 Page 9

Form **990** (2013)

	٠.	Check if Schedule O contain	ns a response	or note to any lir	ne in this Part VIII			🗆
			•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts rts	1 a	Federated campaigns	1a					
ran Our		Membership dues	1b					
۾ آھي		Fundraising events	1c					
ifts ar A	d		1d]		
2,5		Government grants (contribution	<u> </u>					
Sic		All other contributions, gifts, grants,		•••				
ig Et	•			022 116				
문항		similar amounts not included above		<u>932,116.</u>				
Contributions, Gifts, Grants and Other Similar Amounts	g		ı-1f \$		932,116.			
0 10	n	Total. Add lines 1a-1f		Business Code				
0	2 a			Dusiness Code				
ş	b							
Ser	c							
E S								
Program Service Revenue	d							
P	e f	All other program service revenu	ie.					
		Total. Add lines 2a-2f						
	3	Investment income (including di	vidends, intere	est, and				
		other similar amounts)		•	79,815.			79,815.
	4	Income from investment of tax-e	exempt bond o	roceeds				
	5	Royalties .		•				
	•	Γ	(i) Real	(ii) Personal		-		
	6 a	Gross rents		(1) 1 0 1 0 0 1 1 1 1				
	b							
		Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
			(i) Secunties	(ii) Other				
	ı a		06,586.	(ii) Other				
		Less cost or other basis	.00,500.					
	D		44,812.					
	_		61,774.					
		· · · · · · ·	01,//4.		61,774.			61 771
		Net gain or (loss) . Gross income from fundraising e	ovente (net	<u> </u>	01,774.			61,774.
ng	оа	including \$	-					
Other Reven		contributions reported on line 10						
8			•					
Je.		Part IV, line 18						
ᅙ		Less direct expenses		L			1	
		Net income or (loss) from fundra	-	<u> </u>				
	9 a	Gross income from gaming activ					ļ	
	_	Part IV, line 19	a					
		Less: direct expenses	b	L				
		Net income or (loss) from gamin	=	<u></u>				
	10 a	Gross sales of inventory, less re						
		and allowances						
		Less: cost of goods sold		L				
}	C	Net income or (loss) from sales of		Pusinas Carl				-
ŀ	11 ^	Miscellaneous Revenue		Business Code			ļ	
	ıı a b							
	C							
	_							_
				▶				
		Total revenue. See instructions.	• •• •••		1.073.705.	0.	0.	141.589.

22-2427015 Page 10

Form 990 (2013) FOUNDATION
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	217,410.	217,410.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	115,851.		63,718.	52,133.
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	126,579.	39,909.	53,562.	33,108.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			_	
9	Other employee benefits	56,961.	17,959.	24,103.	14,899.
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting			<u></u>	· · · · · · · · · · · · · · · · · · ·
d	Lobbying .			<u>. </u>	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy	50,420.	10,084.	25,210.	<u> 15,126.</u>
17	Travel	1,964.			<u> 1,964.</u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				··
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	SUPPORT FOR COLLEGE INI	669,838.	669,838.		
	ADMINISTRATIVE EXPENSES	132,234.	1,646.	91,114.	39, <u>474</u> .
C	MEMBERSHIPS	1,725.		1,725.	
d					
е	All other expenses				
25		1,372,982.	956,846.	259,432.	<u> 156,704.</u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

FOUNDATION

22-2427015 Page 11

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	1,025,708.	1	500,104.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	289,880.	3	220,156.
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		l	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		1	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
န္	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
⋖ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
	basis Complete Part VI of Schedule D 10a 10a			
	b Less accumulated depreciation	<u> </u>	10c	
11	Investments - publicly traded securities	4 000 050	11	5 0 44 0 0 5
12	Investments - other securities See Part IV, line 11	4,289,260.	12	5,341,907.
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets	224 551	14	221 600
15	Other assets. See Part IV, line 11	334,761.	15	331,602.
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,939,609.	16	6,393,769.
17	Accounts payable and accrued expenses	304,720.	17	458,634.
18	Grants payable		18	70,300.
19	Deferred revenue	0.	19	70,300.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
22	• •			
	key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>۾</u> ا ڌ	Secured mortgages and notes payable to unrelated third parties		23	
- 23 24	, , , , , , , , , , , , , , , , , , , ,		24	
25			-24	
23	parties, and other liabilities not included on lines 17:24). Complete Part X of			
i	Sahadula D		25	
26		304,720.	26	528,934.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
တ္	complete lines 27 through 29, and lines 33 and 34.			
일 27	Unrestricted net assets	136,737.	27	<41,263.
Net Assets or Fund Balances	Temporarily restricted net assets	1,916,534.	28	2,248,933.
n 29	· · · · · · · · · · · · · · · · · · ·	3,581,618.		3,657,165.
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
<u></u>	and complete lines 30 through 34.			
ဋ 30			30	
g 31			31	
32			32	
ž 33		5,634,889.	33	5,864,835.
34		5,939,609.	34	6,393,769.
				Form 990 (2013)

Form	990 (2013) FOUNDATION	<u> 22-24</u>	<u> 127015</u>	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,07		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,37		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>77.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,63		_
5	Net unrealized gains (losses) on investments	5	529	9,2	<u>23.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,86	4,8	<u>35.</u>
Pa	t XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	••		<u> </u>	Щ,
				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	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		1

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

OMB No 1545-0047

Open to Public Inspection

Namè of	the organizat	ion HUDSON	VALLEY COMMU	NITY	COLLE	GE		E	mployer	identificat	on nu	mber
		FOUNDAT							2	2-2427	015	ı
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t.) See ins	ructions.				
The organ	•	-	because it is: (For lines									_
1 🗂			s, or association of chur	_		-	•	L				
2			70(b)(1)(A)(ii). (Attach Sc				\-\(\frac{1}{2}\)	,-				
3 🗔			ital service organization			170/b)(1)	ΔViii					
4			operated in conjunction					/b)/1\/Δ\/ii	ii) Enter	the hospital	l'e nan	ne .
· —	city, and stat		-portation in conjunction		, p u u . u . u			(=)(,),-,,		the nespital	JIIIII	ιο,
5 X	•		benefit of a college or u	niversity o	wned or or	perated by	a doverni	mental uni	t describ	od in	_	
تعدا ب		(b)(1)(A)(iv). (Compl	-	involuty o		Joratoa D	a govern	nortal uni	it describ	Jeu III		
6 🗆			ent or governmental uni	t describe	d in coatic	n 170/h\/:	()/A)/)					
7 =			eives a substantial part					u fransklaa		ماطيية		_
′ 🗀				or its supp	on nom a	governme	mai unit c	or trom the	generai	public desc	npear	n
• 🗀		(b)(1)(A)(vi). (Comple		/C====l=t=	Deed II \							
8 🖳			section 170(b)(1)(A)(vi).							•		
9			eives (1) more than 33									
			nctions - subject to certa			•				_		
			axable income (less sect	tion 511 ta	ix) from bu	sinesses a	acquirea b	y tne orga	inization	after June 3	50, 19 <i>1</i>	' 5.
—		509(a)(2). (Complete	· ·									
10 ⊣			perated exclusively to te					-				
11 📖			perated exclusively for the									or
			ations described in secti				2). See se d	tion 509(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl		-							
	a ∐ Type i		•	ype III - Fu		-		• •		n-functional		
е 📖			it the organization is not			-	-		-	-		n
			han one or more publicly						9(a)(1) or	section 509	(a)(2)	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
		rganızation, check tl										
g			organization accepted ar			-						
			irectly controls, either al	one or tog	ether with	persons o	lescribed	n (ii) and (iii) below	,	Yes	No
	_	- ·	upported organization?	•				•		. 11g(i)		
	• •	·	n described in (i) above?	•	•					11g(ii)		
			person described in (i) o			•				11g(iii)	L	L
h	Provide the f	ollowing information	about the supported or	ganızation	(s).							
				T								
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	the	(vii) Amount	t of mo	netary
org	anization			in col. (i) li	stea in your document?			l (i) organiz	ed in the	sup	port	
			above or IRC section (see instructions))		1			Ü.S				
				Yes	No	Yes	No	Yes	No			
-									ļ	_		
				<u> </u>								
									<u> </u>			
					1							
<u> Fotal</u>										_		

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION

Schedule A (Form 990 or 990 EZ) 2013 FOUNDATION 22-2427015 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	2,001,317.	1,308,217.	1,643,839.	1,360,034.	932,116.	7,245,523.
2	Tax revenues levied for the organ-	· · ·					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	·					
	furnished by a governmental unit to						
	the organization without charge						!
4	Total. Add lines 1 through 3	2,001,317.	1,308,217.	1,643,839.	1,360,034.	932,116.	7,245,523.
5	The portion of total contributions				2,000,001.	501,1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·	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)						
6	Public support. Subtract line 5 from line 4						7 245 523
	ction B. Total Support						7,245,525,
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	2,001,317.	1 308 217.	1,643,839.	1,360,034.	932,116.	7,245,523,
8	Gross income from interest,	2,001,517.	1,300,217.	1,043,032,	1,300,034.	332/1100	7,243,323.
Ů	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	108,383.	101,768.	78,839.	107,253.	79,815.	476,058.
۵	Net income from unrelated business	100/303.	101/1001	70,033.	101/233.	73,013.	110,0501
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		-				
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	91,027.	80,330.	64,449.	73,736.		309,542.
11	Total support. Add lines 7 through 10	31,027.	00,330.	04/445.	73,730.		8,031,123,
	Gross receipts from related activities,	etc. (see instruction	ons)			12	0,031,123,
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	 Ix vear as a section		
	organization, check this box and stor	•		a, 100/11, 01 11111110		00 . (0)(0)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage	•	••		
	Public support percentage for 2013 (olumn (f))		14	90.22 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	89.64 %
	33 1/3% support test - 2013. If the		•	i line 13, and line [:]	 14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies					,	$\triangleright x$
b	33 1/3% support test - 2012. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					· ·
	meets the "facts-and-circumstances"			· ·			▶□
ь	10% -facts-and-circumstances tes	_			-	17a, and line 15 is	10% or
_	more, and if the organization meets the	-				-	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization					• •	s ▶□
							or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Totai
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5				1		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	<u> </u>					
t	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						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				L		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	activities not included in line 10b, whether or not the business is						
12	regularly carned on 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)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here				<u></u>	.	
<u>Se</u>	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage	- -			
15	Public support percentage for 2013 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2012					16	%
_	ction D. Computation of Inves					 	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the	_					17 is not
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the		-				►
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualifies	as a publicly supp	oorted organization	▶□
~	Brigate foundation If the organization	n did not abook a	hay an line 14 10	a ar 10h ahaali	hia bay and aas	ota iotiono	

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION	22-2427015 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
7450 complete this part for any additional morniagion, 1966 mortagioney.	
SCHEDULE A	
THE ORGANIZATION'S FISCAL YEAR-END CHANGED FROM AUGUST 31 TO	0
JUNE 30. A SHORT YEAR RETURN IS BEING FILED FOR THE PERIOD	SEPTEMBER 1
TOME 50. A BROWL THAN REPORT TO BEING THE TOWN THE TENTON	
2012 20 2011	
2013 TO JUNE 30, 2014.	
	······
	·····
	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HUDSON VALLEY COMMUNITY COLLEGE

Employer identification number 22-2427015

FOUNDATION 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 Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 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, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 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 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	dule D (Form 990) 2013 FOUNDA'T.					12/015 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	<u>easures, or Oth</u>	<u>er Similar Asse</u>	≥ts (continued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant use of its	collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's exe	empt purpose in Pa	rt XIII
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other simila	ar assets	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		Yes No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" to	Form 990, Part IV,	line 9, or
	reported an amount on Form 990, Par	t X, line 21.				
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII					
	-	•	•			Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			Yes No
b	If "Yes," explain the arrangement in Part XIII		-	provided in Part XIII		
Par						
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	3,745,380,	3,681,904.	3,209,199.	3,074,478	
b	Contributions	90,966.	1,290.	361,822.	73,450	
c	Net investment earnings, gains, and losses	607,319.	306,577.	229,820.	129,276	T
d	Grants or scholarships					
e	Other expenditures for facilities					
Ŭ	and programs	42.954.	244,391.	118,937.	68,005	52,656.
f	Administrative expenses	12,551.		220,337,	00,003	32,030.
g g	End of year balance	4,400,711.	3,745,380.	3,681,904.	3,209,199	3,074,478,
2	Provide the estimated percentage of the curr					. 3,073,3704
a	Board designated or quasi-endowment	om your one sulane	%	-,,		
b	Permanent endowment ► 76.90	%				
_		3.1 0 %				
Ŭ	The percentages in lines 2a, 2b, and 2c shou					
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organization	
-	pà.				o organization	Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations			•		3a(ii) X
h	If "Yes" to 3a(ii), are the related organizations		n Schedule R?			3b
4	Describe in Part XIII the intended uses of the	•		• • • •		
	t VI Land, Buildings, and Equipm			·		
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990. Part X	, line 10.	
	Description of property	(a) Cost or o			Accumulated	(d) Book value
	Description of property	basis (investr	1 , ,	1-7	epreciation	(a) Book value
19	Land	(,	· /		
b	Duddiese		_			
C	1					
d	= 1	•				
-	Other					
	Add lines 12 through 1e (Column (d) must e	avel Corre 000. Port	V salvena (B) lena 1	10(a))		

HUDSON VALI	EY COMMUNITY	COLLEGE	
Schedule D (Form 990) 2013 FOUNDATION		22	2-2427015 Page 3
Part VII Investments - Other Securities.		<u>-</u>	
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b 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 er	nd-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			<u> </u>
3) Other			
(A) MONEY MARKET FUNDS	382,969	END-OF-YEAR MARKET	r value
(B) EQUITY MUTUAL FUNDS	3,819,246	END-OF-YEAR MARKE	r VALUE
(C) FIXED INCOME MUTUAL FUNDS			r value
(D)			
(E)			
(F)			_
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,341,907		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) OTHER ASSETS			63,962
(2) PRATT LIFE INSURANCE	<u> </u>		267,640
(3)			
(4)			
(5)			<u> </u>
(6)			_
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		331,602
Part X Other Liabilities.			
Complete if the organization answered "Yes	to Form 990, Part IV, line		5
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

(7) (8)

22-2427015 Page 4 FOUNDATION Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,602,928. Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 529,223 a Net unrealized gains on investments 2a 2b b Donated services and use of facilities 2¢ Recoveries of pnor year grants d Other (Describe in Part XIII) 2d 529,223. Add lines 2a through 2d 2e 1,073,705. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1,372,982. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c c Other losses 2ч d Other (Describe in Part XIII) e Add lines 2a through 2d 2e .372 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART V, LINE 4: INTENDED USES OF THE FOUNDATION'S ENDOWMENT FUNDS INCLUDE SUPPORT FOR THE MISSION AND ACTIVITIES OF THE HUDSON VALLEY COMMUNITY COLLEGE, ITS STUDENTS AND FACULTY. PART X, LINE 2: FINANCIAL STATEMENTS FOOTNOTE PERTAINING TO LIABILITY FOR UNCERTAIN TAX POSITIONS: THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER REQUIRED TO FILE AN INFORMATIONAL RETURN (FEDERAL FORM 990). FOUNDATION BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. INFORMATION RETURNS FOR FISCAL YEAR 332054 09-25-13 Schedule D (Form 990) 2013

HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION

Schedule D (Form 990) 2013 FOUNDATION Part XIII Supplemental Information (continued)	22-2427015 Page 5
Part XIII Supplemental Information (continued)	
2011 AND LATER ARE SUBJECT TO EXAMINATION BY THE IRS.	
	·
	
	Schedule D (Form 990) 2013

332055 09-25-13

Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

Name of the organization

Part

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

ฆ่	
5	
2	
<u>=</u>	
≥`	
äŢ	
o,	
8	
or a	
2	Ì
S.	
ڇ	1
<u>ē</u>	
šě	
aü	•
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	
zat	
gan	
ğ	
₹	
<u></u>	
ë	
Ē	
Ŏ	

OMB No 1545-0047	2013	Open to Public Inspection	

Employer identification number

22-2427015

Complete if the organization answered "res" to Form 990, Part IV, line 21 of 22.	the Treasury ► Attach to Form 990.	Nue Service ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.	ne organization HUDSON VALLEY COMMUNITY COLLEGE	FOUNDATION	General Information on Grants and Assistance	the Treasury The Service The organization General Info	HUDSON VALLE FOUNDATION
--	------------------------------------	---	---	------------	--	--	----------------------------

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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance?	 toring the use of grapt	funds in the United	States			. X Yes
[m	Governments an	Organizations in the	e United States. C	omplete if the orga	inization answered "	Yes" to Form 990, Part I	/, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addit	ional space is need	led.			
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 l	ind government or	ganizations listed in th	isted in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					★
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2013)

332 101 10-29-13

FOUNDATION

Page 2

22-2427015

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. Schedule I (Form 990) (2013)

					•
(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	103	217,410,	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, line	2, Part III, column	(b), and any other ac	ditional information.	
PART I, LINE 2:					

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED

STATES: USE OF GRANT FUNDS IS MONITORED BY THE ADMINISTRATION OF HUDSON

VALLEY COMMUNITY COLLEGE FOR COMPLIANCE WITH GRANT TERMS AND APPLICABLE

FEDERAL REGULATIONS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION

Employer identification number 22-2427015

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OR STOCKHOLDERS: THE HUDSON VALLEY COMMUNITY COLLEGE IS THE SOLE MEMBER OF THE FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7A: POWER TO ELECT OR APPOINT MEMBERS OF THE GOVERNING BODY: THE HUDSON VALLLEY COMMUNITY COLLEGE, AS SOLE MEMBER, HAS THE POWER TO APPOINT OR REMOVE ALL DIRECTORS OF THE FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7B: GOVERNANCE DECISION RESERVED TO OR SUBJECT TO APPROVAL OF MEMBER: THE HUDSON VALLEY COMMUNITY COLLEGE, AS SOLE MEMBER, HAS OVERRIDING POWERS ENCOMPASSING ALL ASPECTS OF THE FOUNDATION'S GOVERNANCE AND OPERATIONS. FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATIONAL PROCESS FOR REVIEW OF THE FORM 990: THE AUDIT COMMITTEE OF THE FOUNDATION'S BOARD OF DIRECTORS REVIEWS THE DOCUMENT AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS TO APPROVE THE DOCUMENT PRIOR TO FILING. THE FINAL FORM 990 IS REVIEWED AND APPROVED BY THE HUDSON VALLEY COMMUNITY COLLEGE BOARD OF TRUSTEES PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY:

ACKNOWLEDGMENT_OF ACCEPTANCE OF CONFLICT OF INTEREST POLICY AND CONTINUING

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

Name of the organization HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION COMPLIANCE THEREWITH IS REQUIRED OF DIRECTORS AND OFFICERS AND AT LEAST ANNUALLY THEREAFTER. INDIVIDUALS SUBJECT TO POSSIBLE PERCEPTION OF CONFLICT ARE REQUIRED TO DECLARE THE	ANY CONFLICT OR
AND AT LEAST ANNUALLY THEREAFTER. INDIVIDUALS SUBJECT TO POSSIBLE PERCEPTION OF CONFLICT ARE REQUIRED TO DECLARE THE	ANY CONFLICT OR
POSSIBLE PERCEPTION OF CONFLICT ARE REQUIRED TO DECLARE TH	HE SAME AND TO
	NO DECCESSES ON
RECUSE THEMSELVES FROM THE DELIBERATIVE AND DECISION-MAKIN	NG PROCESSES ON _
MATTERS SUBJECT TO SUCH CONSIDERATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY TO THE PUBLIC OF GOVERNING DOCUMENTS, CONFLIC	CT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS: PUBLIC ACCESS	IS PROVIDED
THROUGH THE FOUNDATION'S WEBSITE, WWW.HVCC.EDU/FOUNDATION	•

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

► See separate instructions.

•	V.	

Open to Public Inspection 2013

(g) Section 512(b)(13) controlled Š Employer identification number 22-2427015× entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section **©** Public charity 501(c)(3)) ► Pinformation about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. HUDSON VALLEY COMMUNITY COLLEGE Total income Exempt Code ூ section ਉ Legal domicile (state or Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) NEW YORK Primary activity Primary activity HIGHER EDUCATION HUDSON VALLEY COMMUNITY COLLEGE - 14-6009464 FOUNDATION Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 80 VANDENBURGH AVENUE Name of the organization Department of the Treasury Internal Revenue Service TROY NY 12180 Part Part II

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

Schedule R (Form 990) 2013

FOUNDATION Schedule R (Form 990) 2013

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

Page 2

22-2427015

(j) (k) General or Percentage managing ownership											1	
(j) eneral or nanaging	Yes No									 		
(i) Code V-UBI	20 of Schedule K-1 (Form 1065)	_	•		•							
(h) Disproportionate atlocations?												
(g) Share of end-of-year	assets											
(f) Share of total income												
(e) Predominant income (related, unrelated,	excluded from tax under sections 512-514)			_								
(d) Direct controlling entity												
(C) Legal domicile	foreign country)										;	
(b) Primary activity												
(a) Name, address, and EIN of related organization											}	

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

	, ed (3)	9								
E	Section 512(b)(13) controlled entity?	Yes No			 			 		
(H)	Percentage ownership									
	Share of end-of-year	233613								
(t)	Share of total income		•							
(e)	Type of entity (C corp, S corp,	O Hash								
(p)	Direct controlling Type of entity (C corp, S corp, Corp, S cor									
(0)	Legal domicile (state or foreign	country)		•						
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

22-2427015

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

				,	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	او
1 During the tax year, did the organization engage in any of the following transactions	is with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta X	اب
b Gift, grant, or capital contribution to related organization(s)				1b X	ابر
6 Gift grant or capital contribution from related organization(s)				ك	ų
			<u>l</u>	1d X	
				×	
		•	<u> </u>	╁╌	
• Dividends from related organization(s)				×	ų
					ا.
g Sale of assets to felated organization(s)		•			
h Furchase of assets from related organization(s)				-	۔ اِی
i Exchange of assets with related organization(s)	•	:			، ایر
j Lease of facilities, equipment, or other assets to related organization(s)		:		il X	اپ
L Lease of facilities equipment or other assets from related organization(s)				× ×	M
	 anization(e)				ا.
	anization(s)				۔ ا
_	יייייייייייייייייייייייייייייייייייייי			×	ا
	(6)1101		<u>1</u>	+-	l
 Sharing of paid employees with related organization(s) 				┿	
Bermburgsment paid to related organization(s) for expenses				- t	
	•			╁	,_
ן הפוווטעוספוופווג אמוט בא ופומנסט טוקמוווגמווטגונסן ויט פאסטוספט			1		
r Other transfer of cash or property to related organization(s)				+ ×	54
					ابر
If the answer to any of the above is "Yes," see the instructions for infor	who must complete the	nis line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds		
	(1)	3	7		1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(u) Method of determining amount involved	ved	
(1) HUDSON VALLEY COMMUNITY COLLEGE	ជ	237,886.	,886.TEC-SMART CONTRIBUTION OWED	ED	1
(2) HUDSON VALLEY COMMUNITY COLLEGE	E	220,000	220,000, GREENHOUSE CONTRIBUTION OWED	WED	
[3]					1
(4)					-
(5)					
(9)			Schedule B (F)	Schedule R (Form 990) 2013	5

Page 4 22-2427015

HUDSON VALLEY COMMUNITY COLLEGE

FOUNDATION

Schedule R (Form 990) 2013

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

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

Φ.		1	1	1	I	ı	1	1
(h) (i) (ii) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k	-							
Perc								
General or managing partner?								
× 20								
e V-UE t in bo edule n 106								
Cod of Sch (For								
(h) Disproportionale allocations?					-			
Olst Per Per Per Per Per Per Per Per Per Per								
e of year sts								
(g) Share of end-of-year assets								
,	:							
(f) Share of total income								
თ =								
Are all partners sec 501(6)(3) orgs?								
partin 501 7 Yes								
(d) Predominant income particular (related, unrelated, excluded from lax under section 512-514) y								
(d) unant i d, unre ted froi ction 5								
redorr (relate excluc der se								
e F m								
(c) Legal domicile (state or foreign country)								
(c) egal domic ate or fore country)	:							
Le (st								
ııty								
(b) Primary activity								
) rımarı								
Œ.								
Z								
and El								
(a) address, a of entity								
add of								
(a) Name, address, and EiN of entity								
								$ \ \ \ $

Schedule R (Form 990) 2013

HUDSON VALLEY COMMUNITY COLLEGE Schedule R (Form 990) 2013 FOUN Part VII Supplemental Information FOUNDATION 22-2427015 Page 5 Provide additional information for responses to questions on Schedule R (see instructions).