# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.\

Open to Public

OMB No 1545-0047

		of the Treasury nue Service		security numbers on this for v/Form990 for instructions_a	-	1 1 1	Open to Public Inspection
				JUL 1, 2017 an	d ending		<del></del>
В	heck if	C Name o	organization			D Employer identif	ication number
	⊤Addre		HOCK COMMINITES COL	TECE ECIMIDATEC	NT		
$\vdash$	_ chang ∏Name		HOGA COMMUNITY COI	TEGE FOUNDALIO	IN	33-7	7320719
$\vdash$	_ chang   Initial		usiness as and street (or P.O. box if mail is not de	alwared to etreet address	Room/surte	E Telephone number	
<b> -</b>	_lreturn ∏Fiṇal	.   700	CARNEGIE AVENUE	silvered to street address)	noonvante		- 987 – <b>4</b> 868
_	return/ termin ated		own, state or province, country, and	G Gross receipts \$ 14,225,714.			
	Ament	ded CT EX	ELAND, OH 44115	22.1 of foreign poolar occo		H(a) Is this a group i	
Ē	Applic	a- F Name a	nd address of principal officer MEG	AN O'BRYAN	-/	for subordinate	
	pendir		AS C ABOVE		77	H(b) Are all subordinates	
		empt status		) ◀ (insert no.) 4947(a)(1	1) or527	If "No," attach a	a list (see instructions)
			TRI-C.EDU/FOUNDATI	ON \		H(c) Group exemption	on number 🕨
			X Corporation Trust A	ssociation Other	L Year	of formation: 1973	M State of legal domicile; OH
Pa	rt I	Summary					
ě			e the organization's mission or mos			ON OF THE TR	
Activities & Governance			ION IS TO PROVIDE				SUCCESS AT
/er			x In the organization disco	·	osed of more	1	ssets 65
Ĝ			ing members of the governing body	•	Λ.	3	65
∘ర ഗ			ependent voting members of the go of individuals employed in calendar	• • • •	")	5	0
iţie			of volunteers (estimate if necessary)	•		6	0
Ę			d business revenue from Part VIII, c		7a	<del></del>	
⋖	ľ		business taxable income from Form	• • •		7b	0.
					Ĺ	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			8,423,892.	6,251,269.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)			0.	
ě	10	investment ind	come (Part VIII, column (A), lines 3, 4	4, and 7d)	<u></u>	2,036,741.	2,135,660.
_			(Part VIII, column (A), lines 5, 6d, 8d		<u> </u>	505,953.	
			- add lines 8 through 11 (must equa			10,966,586.	
			nilar amounts paid (Part IX, col		<u> </u>	1,576,354.	2,144,806.
	14	Benefits paid	to or for members (Part IX, <del>column (</del>	(Part IX column (A) lines 5-10	" <del>                               </del>	0.	0.
Expenses	15	Drofossional f	compensation, employee benefits undraising fees (Part IX, column (A),		" ⊢	0.	
per			ng expenses (Part IX, column (D), lir	. 14/43	405. ⊢		<del>                                     </del>
ŭ			es (Part IX, column (A), lines 11a-17			5,309,242.	2,916,670.
	18	Total expense	s Add lines 13-17 (must equal Part	JX <del>, column (A); line 25)</del>		6,885,596.	5,061,476.
			expenses Subtract line 18 from line			4,080,990.	3,720,774.
Net Assets or Fund Balances			·		Ве	ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)			76,777,936.	
at A	21	Total liabilities	(Part X, line 26)			3,029,073.	1,446,772.
		· ·	fund balances Subtract line 21 fron	n line 20		73,748,863.	79,813,427.
	rt II	Signature	declare that I have examined this return	unaludina accompanyina cohedu	loc and statem	ante and to the best of m	w knowledge and helief it is
			Declaration of preparer (other than offic				ly knowledge and belief, it is
1100,	001160	L, and complete	Decidation of Prepared (Office that office	- Is based on an information of		1/3 3/5/	19
Sign Here		Signature	of officer			Date	<del></del>
		MEGA	N O'BRYAN, PRESIDE	ENT OF TRI-C FOU	UNDATIO	N	
Type or print name and title							
		Print/Type pre	parer's name	Preparer's signature		Date Check	PTIN
Paid		MICHAEL	B. KLEIN, CPA	<del></del>	CPA .	2 28.19   self-empto	
Prep		Firm's name	CIUNI & PANICHI,			Fırm's EIN ▶	34-1322309
Use	Only	Firm's address					
			CLEVELAND, OH 44			Phone no. (2	16)831-7171
May	the IF	RS discuss this	return with the preparer shown abo	ove? (see instructions)			X Yes No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

# Form 990 (2017) CUYAHOGA COM 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ļ		
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		٠,
_	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,	_		x
_	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_
a	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		х
۰	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<del>-</del> -		
•	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		<u> </u>
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			v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢"⊢		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		Х
		Form	990 (	2017)

Form 990 (2017) CUYAHOGA COMMUNITY

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١.		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Ь	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			<b>.</b>
	Schedule L, Part I	25b	ļ	<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		х
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<del></del>
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization 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		<u> </u>
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	х	
	Note. All Form 990 filers are required to complete Schedule O	38		2017)
		rom	33U (	2017)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Check is defeated a contains a response of note to any line in this hart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b		o		
	District the second with bank at the latest the second sec			
	(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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		:	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_	J	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity	1		7.
	any contributions that were not tax deductible as charitable contributions?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
_	were not tax deductible?	6b		├──;
7	Organizations that may receive deductible contributions under section 170(c).	2V0r2 -	-X	-
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly exe," did the organization notify the donor of the value of the goods or services provided?	ayor <sup>7</sup> <b>7a 7b</b>	X	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	18		_
C	to file Form 8282?	7c		х
d	1-1	10		
		7e	1	x -
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			_
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		,	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		i	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	<b></b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40.	amounts due or received from them)  [11b]	—		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del> ,
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(a)(20) qualified perspectit health incurance issues:			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	138	$\dashv$	<del></del> ,
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			i
	organization is licensed to issue qualified health plans		ļ	ı
	Enter the amount of reserves on hand	_	- 1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2017)

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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			X					
Sec	tion 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 65	<u> </u>							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 65	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2		X					
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		X					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
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		X					
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	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	Х						
	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	χ̈						
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	x						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14	Х						
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?								
а	The organization's CEO, Executive Director, or top management official	15a		$\overline{\mathbf{X}}$					
b	Other officers or key employees of the organization	15b		X					
	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	_	X					
ь	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	<b>l</b> .							
	exempt status with respect to such arrangements?	16b	-						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶OH								
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)	avaılah	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website W 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, an	d finan	cıal						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	MICHAEL JOHNSON - 216-987-3170								
	700 CARNEGIE AVENUE, CLEVELAND, OH 44115-2878								

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

Check this box if neither the organia (A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	,,	Position					Donadable	Reportable	Estimated	
	hours per	pox	(do not check more than one box unless person is both an			than is bol	one h an	compensation	compensation	amount of other	
	week	offi	officer and a director/trustee)			or/trus	tee)	from	from related		
	(list any	çç					l	the	organizations	compensation	
	hours for	l e	l _		ĺ	20	l	organization	(W-2/1099-MISC)	from the	
	related	le e	nstee			en Sta	]	(W-2/1099-MISC)	İ	organization	
	organizations	喜	를		oyee	۱ <u>چ</u> ۳	1			and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	hest	Former	ļ		organizations	
	line)	를	E SE	듄	Şe,	Highest compensated employee	호				
(1) SEE EXHIBIT A	2.00										
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Form **990** (2017)

CUYAHOGA COMMUNITY COLLEGE FOUNDATION

23-7320719

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Form 990 (2017)

Form 990 (2017)

		 Chec	k if Schedule O con	tains a respons	e or note to any li	ne in this Part VIII			
ŀ						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 :	a Federated	d campaigns	1a					
e ä	1	Members	hip dues	1b					
Ę,č	Ι,	Fundraisir	ng events	1c	1,176,383.				
a ii	į.		rganizations	1d		1	Ì		1
S,E	ı		ent grants (contribu	<del> </del>		1			
P S	l		ntributions, gifts, grai	· —			ľ		
ž š			ounts not included abo	1 1	5,074,886.				
≣ౖδ	١.		tributions included in line		31,861.	1			
Contributions, Gifts, Grants and Other Similar Amounts	1 '	_	d lines 1a-1f			6,251,269.			
<u> </u>	<del>-</del>	1 Total. Act	J III CS TA TI		Business Code				
ø.	2 :				Dusiness Gode		-		-
Š									<del> </del>
Ser	,								<del></del>
E S		, —	<del></del> .				-		
Program Service Revenue	``	<u> </u>					_		1
P.	`	All other p	rogram service rev	enue —					1
		•	d lines 2a-2f	cride					
	3		it income (including	dividends inte					
			lar amounts)	, 0.7.00.700,	. oot, u	1,441,774.			1,441,774.
	4		om investment of ta	x-exempt hond	proceeds	, , ,			
	5	Royalties		oxompt bond	<b>P</b>	-			
		,		(ı) Real	(II) Personal				
	6 4	Gross ren	ts	(71104	1 (77 - 5.55.12.	1			
		Less rent			<del>                                     </del>	1			
			ome or (loss)		<u> </u>	İ			
			income or (loss)		<b>•</b>				·
			ount from sales of	(i) Securities	(ii) Other				
			er than inventory	5,898,371	<del></del>	1			
	t		or other basis		1	1			
		and sales	expenses	5,204,485					
		Gain or (lo	•	693,886					
		Net gain o	•		<b>•</b>	693,886.			693,886.
		-	ome from fundraisin	ig events (not					
Revenue		including 9							
ě		contribution	ons reported on line	1c) See					
		Part IV, lin	e 18		634,300.				
Other	t	Less dire	ct expenses	ı	238,979.				
١	c	Net incom	e or (loss) from fun-	draising events	<b></b>	395,321.			395,321.
	9 a	Gross inco	ome from gaming a	ctivities See					,
		Part IV, lin	e 19		a				1
	t	Less direc	ct expenses	t	,		_		
	c	: Net incom	e or (loss) from gan	ning activities					
	10 a	Gross sale	s of inventory, less	returns					
i		and allowa	inces	í	a				
	t	Less cost	of goods sold	Ł					
	c	Net incom	e or (loss) from sale	es of inventory	<b>•</b>				
		Mis	cellaneous Revenu	ie	Business Code				
	11 a								
	b								
ĺ	c								
	d	All other re	evenue						
	е		l lines 11a-11d		<b>•</b>				!
$\perp$	12	Total reven	ue. See instructions.			8,782,250.	0.	0.	2,530,981.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Do not include amounts reported on lines 6b, (A) (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. **expenses** generăl expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,144,806. 2,144,806 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management 115,077. 115,077. **b** Legal 21,506. 21,506. c Accounting 86,000. 86,000. d Lobbying e Professional fundraising services. See Part IV, line 17 33,232. 33,232 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 6,500. 6,500 Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 2,598. 2,333. 265. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,057. 21,429 6,628. 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 5,708. 5,708. 23 Insurance 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 0.) 2,536,238. 2,536,238 EDUCATIONAL DEVELOPMENT MISCELLANEOUS 44,804. 44,804. 36,950. 36,950. CONSULTING d e All other expenses 5,061,476. 4,681,044. 237,027. 143,405. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)

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Form 990 (2017)

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Pa	rt X	Balance Sheet	<u>"</u>		
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	4,836,423.	2	3,016,704. 3,626,305.
	3	Pledges and grants receivable, net	4,667,611.	3	3,626,305.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		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		l	
	1	employers and sponsoring organizations of section 501(c)(9) voluntary	'		
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	75,500.	9	56,000.
	10a	Land, buildings, and equipment cost or other			
	1	basis Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	58,303,768.	11	65,975,473.
	12	Investments - other securities See Part IV, line 11	8,108,932.	12	7,848,507.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	785,702.	15	737,210.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	76,777,936.	16	81,260,199.
	17	Accounts payable and accrued expenses	75,500.	17	30,276.
	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	
S	22	Loans and other payables to current and former officers, directors, trustees,			1
ij		key employees, highest compensated employees, and disqualified persons			, , , , , , , , , , , , , , , , , , ,
Liabilities		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	2,953,573.	25	1,416,496.
	26	Total liabilities. Add lines 17 through 25	3,029,073.	26	1,446,772.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			!
es		complete lines 27 through 29, and lines 33 and 34.		, ,	
auc	27	Unrestricted net assets	304,418.	27	428,117.
3at	28	Temporanly restricted net assets	58,907,285.	28	64,515,061.
Pd	29	Permanently restricted net assets	14,537,160.	29	14,870,249.
ī		Organizations that do not follow SFAS 117 (ASC 958), check here			,
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
~	33	Total net assets or fund balances	73,748,863.	33	79,813,427.
	34	Total liabilities and net assets/fund balances	76,777,936.	34	81,260,199. Form <b>990</b> (2017)

Form	1 990 (2017) CUYAHOGA COMMUNITY COLLEGE FOUNDATION	23-7	320719	Pag	<sub>je</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9 9	8,782 5,063 3,720 73,748 2,343	L,4° 0,7° 3,86 3,79	76. 74. 63. 90.		
Pa	column (B)) rt XIII Financial Statements and Reporting	10	13,01.	, 4.	<u>. , .</u>		
Check if Schedule O contains a response or note to any line in this Part XII							
1 2a	Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		2a	Yes	No X		
b	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis  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 review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sch Act and OMB Circular A-133?	ngle Audit			x		
b 	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	iired audit	3b	200 #	2017		

#### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

**QUI**Open to Public
Inspection

Name of the organization

Employer identification number

CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 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 12, 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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's na city, and state 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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 ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 🔟 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in vour governing document? (described on lines 1 10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Total

Schedule A (Form 990 or 990 EZ) 2017 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23 – 7320'

[Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 23-7320719 Page 2

(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)

Se	ction A. Public Support		<u>.</u>				
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	4,254,867.	17,802,084.	8,975,072.	8,423,892.	6,251,269.	45,707,184.
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	4,254,867.	17,802,084.	8,975,072.	8,423,892.	6,251,269.	45,707,184.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						14,956,234.
6	Public support. Subtract line 5 from line 4						30,750,950.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,254,867.	17,802,084.	8,975,072.	8,423,892.	6,251,269.	45,707,184.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	725,068.	1,398,996.	1,006,599.	1,200,700.	1,441,774.	5,773,137.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2,254,702.	173,894.	307,342.	505,953.	395,321.	3,637,212.
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)			9,292.			9,292.
11	Total support. Add lines 7 through 10		•	,			55,126,825.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stor						▶□
	ction C. Computation of Publ						EE 70
	Public support percentage for 2017 (I			olumn (f))		14	55.78 <u>%</u> 52.18 %
	Public support percentage from 2016				``	15	
16a	33 1/3% support test - 2017. If the c	•			14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		•		L 45 - 00 4 /00/		<b>▶</b> X
D	33 1/3% support test - 2016. If the c	•		•	line 15 is 33 1/3%	or more, check th	IS DOX
	and stop here. The organization qual				10.1010!		▶
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac				•	t vi now the organi	zation
	meets the "facts-and-circumstances"	•	•		•	17a and k 45 - 4	▶
b	10% -facts-and-circumstances tes	•				•	U% Or
	more, and if the organization meets the		•		- "		<b>.</b> —
40	organization meets the "facts-and-circ		•	•			
18	Private foundation. If the organization	n ala not check a t	oox on line 13, 16a	a, 160, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total (b) 2014 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 yea 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) (**b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (a) 2013 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 VI) 13 Total support. (Add lines 9, 10c, 11 nd 12) 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 bere Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3%/support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18/is not more than 33 1/3%, 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

Schedule A (Form 990 or 990-EZ) 2017

732023 19-06-17

## Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Schedule A (Form

Part IV   Supporting Organizations (continued)   Ves   No	Sche	edule A (Form 990 or 990-EZ) 2017 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-73	2071	9 P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indexictly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  A 159% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above?!/ "Yes" (b. a, b, or c, provide defail in Part VI).  1 Did the directors, fusities, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization of defects or trustees at all times during the tax year?!! "No." describe in Part VI how the supported organizations of derectors or trustees at all times during the tax year?!! "No." describe in Part VI how the supported organizations of describe or trustees at all times during the tax year? in the organization set of the benefit of any supported organizations or described in the part videous powers and properly of the organization and what conditions or restrictions," Any, applied to such powers during the tax year  2 Did the organization operate for the benefit of any supported organization of the thront he supported organization (s) that operated, supervised, or controlled the supporting organization? "Yes", explain in Part V how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations and the condition of the organization of sets of the organizations and the condition of the organization of sets of the organization of sets of the organization of sets of the supporting organizations and the supporting organizations or trustees of sets of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization orga	Pa	rt IV   Supporting Organizations (continued)			
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activities but for the organization's involvement  2b  3 Parent of Supported Organizations Answer (a) and (b) below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI</b> .  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	•		∠0	-	<del>                                     </del>
trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					l
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		3a		
-	ь				
			3b		

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI ) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Pnor Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3

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

Schedule A (Form 990 or 990-EZ) 2017

Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

5

Schedule A (Form 990 or 990-EZ) 2017 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 a l **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E	Z) 2017	CUYAHOG.	A COMMUNITY	COLLEGE	FOUNDATION	23-7320719 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Inforr lines 1, tion D. li	<b>nation.</b> Provided 2, 3b, 3c, 4b, 4d, 1e, 2 and 3. Pa	de the explanations re c, 5a, 6, 9a, 9b, 9c, 1 art IV. Section E. lines	equired by Part II, 1a, 11b, and 11c; 1c, 2a, 2b, 3a, ar	line 10, Part II, line 17a o Part IV, Section B, lines	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V. Section B. line 1e, Part V.
	(See instructions)	o, and c	s, and Part V, S	ection E, lines 2, 5, an	a 6 Also comple	te this part for any additi	onai information ————————————————————————————————————
							· · · · · · · · · · · · · · · · · · ·
-		-					<del></del>
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	-						
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		•					
				<u>.</u>			

## SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, ,	parate instructions), then	hone Complete Port III			
Name of orga	501(c)(4), (5), or (6) organiza anization	tions Complete Part III			Employer identification number
J		A COMMUNITY COLL	EGE FOUNDAT	ION	23-7320719
Part I-A	Complete if the org	janization is exempt und	er section 501(c	) or is a section 5	27 organization.
2 Political	a description of the organiz campaign activity expendit er hours for political campa		cal campaign activities	s in Part IV	<b>&gt;</b> \$
Part I-B	Complete if the ord	anization is exempt und	ler section 501(c	)(3).	
1 Enter th		incurred by the organization und		,,	<b>▶</b> \$
2 Enter th	e amount of any excise tax	incurred by organization manag	ers under section 495	5	<b>▶</b> \$
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a c	orrection made?				└─ Yes └─ No
	describe in Part IV.			· · · · · · · · · · · · · · · · · · ·	F04/-\/0\
Part I-C		janization is exempt und		-	501(c)(3). ▶ \$
<ul> <li>exempt</li> <li>Total ex line 17b</li> <li>Did the</li> <li>Enter th made pacentributes</li> </ul>	function activities empt function expenditures filing organization file Form e names, addresses and er ayments For each organiza itions received that were pr	ization's funds contributed to of Add lines 1 and 2. Enter here a 1120-POL for this year? Inployer identification number (El tion listed, enter the amount pai comptly and directly delivered to additional space is needed, provided.	and on Form 1120-POI N) of all section 527 p d from the filing organ a separate political org	L, iolitical organizations to iization's funds Also e ganization, such as a s	nter the amount of political
· ·	(a) Name	(b) Address	(c) EIN	(d) Amount paid if filing organization funds. If none, ent	n's contributions received and

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Sche	dule C (Form 990 or 990-EZ) 2017 (	CUYAH	OGA CO	MMUNITY COL	LEGE FOUNDA	TION 23-7	320719 Page 2
Pa	rt II-A Complete if the orga	anizatio	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	ection under
	section 501(h)).				Dod IV oo b office		a address FIN
A C	heck I if the filing organizat expenses, and share		-	liated group (and list in	n Part IV each amiliated	group member's nam	ie, address, Ein,
B C				nd "limited control" pro	ovisions apply		
<u> </u>			-		ovisions upply	(a) Filing	(b) Affiliated group
			bying Expei neans amou	nditures ints paid or incurred.	)	organization's totals	totals
1a	Total lobbying expenditures to influ	ence put	olic opinion (	grass roots lobbying)		0.	
b	Total lobbying expenditures to influ	ence a le	gislative boo	dy (direct lobbying)		86,000.	
С	Total lobbying expenditures (add lin	nes 1a an	d 1b)			86,000.	
đ	Other exempt purpose expenditure	s				4,942,244.	
е	Total exempt purpose expenditures	(add line	es 1c and 1c	d)		5,028,244.	
f	Lobbying nontaxable amount Enter	r the amo	unt from the	e following table in bot	h columns	401,412.	
	If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		]
	Not over \$500,000		20% of	the amount on line 1e			
	Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		,
	Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		[
	Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000		ĺ
	Over \$17,000,000		\$1,000,0	000			
-	Grassroots nontaxable amount (ent					100,353.	
h	Subtract line 1g from line 1a If zero	or less,	enter -0-			0.	
i	Subtract line 1f from line 1c If zero					0.	
j	If there is an amount other than zero	o on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720	Г	
	reporting section 4911 tax for this y	rear?					Yes         No
	(Some organizations th		a section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all	of the five columns b	elow.
		Lob	oying Exper	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) Total
2a	Lobbying nontaxable amount			408,986.	492,787.	401,412.	1,303,185.
b	Lobbying ceiling amount (150% of line 2a, column(e))						1,954,778.
c	Total lobbying expenditures			200,000.	305,000.	86,000.	591,000.
d	Grassroots nontaxable amount			102,247.	123,197.	100,353.	325,797.
	Grassroots ceiling amount (150% of line 2d, column (e))						488,696.
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(t	)
	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of.				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
, i	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?				
9	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?			_	
	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-			
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4)	on 501(c)	(5), or se	ction	
	501(c)(6).	. ,	` ''		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	he prior yea	r? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	i "No," Ol	R (b) Par	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part II	l-A, lines 1 a	and 2 (see	
	actions), and Part II-B, line 1 Also, complete this part for any additional information  RT II-B, LINE 1, LOBBYING ACTIVITIES:				
CI	TIZENS FOR TRI-C				
700	CARNEGIE AVENUE				
CLI	EVELAND, OH 44115				
TR:	I-C FOUNDATION SUPPORTS THE COLLEGE AND ITS EFFORTS	TO SE	ERVE A	S THE	

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Part IV Supplemental Information (continued)
COMMUNITY'S COLLEGE AND THE PLACE "WHERE FUTURES BEGIN." TRI-C
FOUNDATION PROVIDES SUPPORT ONLY TO CUYAHOGA COMMUNITY COLLEGE BALLOT
ISSUES. LOBBYING EXPENSES WERE TO PROVIDE SUPPORT FOR MARKETING AND
ADVERTISING FOR FUTURE BALLOT INITIATIVES.

Schedule C (Form 990 or 990-EZ) 2017

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CHYAHOGA COMMINITY COLLEGE FOUNDATION

**Employer identification number** 23-7320719

Pa		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 fu	nds
	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 a	_	only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	-
	Preservation of land for public use (e.g., recreation or e		ly important land area
	Protection of natural habitat	Preservation of a certified it	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the orga	<del>'</del>
_	year <b>&gt;</b>	, <b>3</b> ,, <b>3</b>	<b>3</b>
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	<del></del>	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		tion easements during the year
	<b>&gt;</b>	· ·	0 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year
	<b>&gt;</b> \$		- '
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	rganization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financial dain	
-	the following amounts required to be reported under SFAS 1		•
а	Revenue included on Form 990, Part VIII, line 1	,,	<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$
		<del></del>	

Schedule D (Form 990) 2017

(2) GRANTS DUE TO RELATED PARTY

(3) ANNUITIES PAYABLE

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1,416,496.

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.

Schedule D (Form 990) 2017

TAXES" TOPIC OF THE FASB ASC. UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION FILES ITS FORM 990 IN THE U.S. FEDERAL JURISDICTION AND THE OFFICE OF THE STATE'S ATTORNEY GENERAL FOR THE STATE OF OHIO.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

238,980.

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Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 5  [Part XIII] Supplemental Information (continued)
Supplemental information (continued)
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSE 238,980.
PART V, LINE 4 - INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:
CUYAHOGA COMMUNITY COLLEGE FOUNDATION RAISES FUNDS TO SUPPORT COLLEGE
PROGRAMS AND SCHOLARSHIPS. ENDOWMENTS PROVIDE LONG-TERM SUPPORT TO THE
COLLEGE'S PRIORITY INITIATIVES. MAJOR FOUNDATION ENDOWMENTS INCLUDE THE
JACK, JOSEPH AND MORTON MANDEL ENDOWMENT FUND, WHICH CREATED A HUMANITIES
CENTER FOCUSED ON CREATING CIVICALLY RESPONSIBLE CITIZENS WHO WILL LEAD
NORTHEAST OHIO TOWARD A STRONGER ECONOMIC AND SOCIAL FUTURE. TO SUPPORT
STUDENT SUCCESS AND COMPLETION, THE FOUNDATION MAINTAINS NUMEROUS
ENDOWMENT FUNDS FOR SCHOLARSHIPS BENEFITING STUDENTS FROM DIVERSE
BACKGROUNDS IN A VARIETY OF AREAS OF STUDY. THE ACCESS SCHOLARSHIP FUND,
THE FOUNDATION'S LARGEST SCHOLARSHIP FUND, HELPS ENSURE THAT QUALIFIED
STUDENTS RECEIVE THE FINANCIAL ASSISTANCE NEEDED TO PURSUE THEIR PROGRAMS
OF STUDY. THE COLLEGE'S CENTERS OF EXCELLENCE ALSO HAVE DEDICATED
SCHOLARSHIP ENDOWMENT FUNDS TO HELP PREPARE STUDENTS FOR JOBS TODAY AND
INTO THE FUTURE.

# SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service		► Go to www.lrs.gov/Form990	for the	e late:	st instructions.			Inspection
Name of the organizatio		A COMMUNITY COLLEG					Employer ide 23 – 732 (	entification number
		Complete if the organization answe				line 1		
1 Indicate whether the a Mail solicitate Mail solicitate Department and Complement Phone solicitate Mail In-person solicitate Mail In-person solicitate Mail In-person solicitate Mail In-person solicitate Mail In-person solicitate Mail In-person solicitate Mail In-person solicitate Mail In-person solicitate Mail In-person solicitate Mail Indicate whether the Indicate whether the Indicate whether the Indicate whether the Indicate Mail Indicate Whether the Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indicate Mail Indica	ne organization rais tions I email solicitations itations olicitations on have a written of ted in Form 990, P	sed funds through any of the following and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicitate and Solicita	tion of tion of fundra (includerofess	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees,	Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iti) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
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. <u>-</u>								
	-							
Total			<u> </u>					
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	s or has been notified	at is	exempt from r	registration

Schedule G (Form 990 or 990-EZ) 2017

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

Schedule G (Form 990 or 990-EZ) 2017 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events PRESIDENTIALSUMMER (add col (a) through SCHOLARSHIP SPECIAL EVEN col (c)) (event type) (total number) (event type) 1,181,213. 76,250. 553,220. 1,810,683. 1 Gross receipts 1,152,533 23,850 1,176,383. 2 Less Contributions 28,680. 52,400. 553,220 634,300. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 35,489 35,489. 7 Food and beverages 8 Entertainment 167,117. 29,461. 6,912 203,490. 9 Other direct expenses 238,979. 10 Direct expense summary Add lines 4 through 9 in column (d) 395,321 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 」Yes 」Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 」Yes Schedule G (Form 990 or 990-EZ) 2017 732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 3
11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
14 Enter the hand address of the person who propares 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? Yes No
<b>b</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
<del></del>
Director/officer Employee Independent contractor
47. Mandaton diotributions
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?  Yes No
retain the state gaming license?  Lul Yes  Lul No  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 > \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions
100, 10, and 170, as applicable 1100 profite any additional minormation occinistrations
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Schedule G	(Form 990 or 990-EZ) Supplemental Info	CUYAHOGA	COMMUNITY	COLLEGE	FOUNDATION	23-7320719 P	age 4
Part IV	Supplemental Info	rmation (continue	ed)	<del></del>			
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States

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

► Attach to Form 990.

OMB No 1545-0047

Employer identification number

Go to www.irs.gov/Form990 for the latest information.

Schedule I (Form 990) (2017) °N X 23-7320719 (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SCHOLARSHIPS 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 2,144,806 CUYAHOGA COMMUNITY COLLEGE FOUNDATION Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. STATE OF OHIO Enter total number of other organizations listed in the line 1 table 34-0896630 General Information on Grants and Assistance (p) EIN critera used to award the grants or assistance? 1 (a) Name and address of organization CUYAHOGA COMMUNITY COLLEGE or government 700 CARNEGIE AVENUE CLEVELAND, OH 44115 Parti Part

CUYAHOGA COMMUNITY COLLEGE FOUNDATION Schedule I (Form 990) (2017)

Part III | Grants and Other

Page 2

23-7320719

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	jured in Part I, lin	e 2, Part III, column	(b), and any other ac	dditional information	
732102 11-01-17	i	39			Schedule I (Form 990) (2017)

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection

Name of the organization

Employer identification number

	CUYAROGA COM	MONTTY	COPPEGE	FOUNDATION	23-1	320	1/19	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermı	-	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	-						
9	Securities - Publicly traded	Х	292	31,861.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			-				
25	Other ()							
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation dunn	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be u	sed for		İ	l:
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II						I	,
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	ıtıons?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?			•		32a		Х
b	If "Yes," describe in Part II							,
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column (a) is che	cked,	1		
	describe in Part II							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	/ (Fori	m 990	2017

Schedule M	(Form 990) 2017				FOUNDATION		Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. t I, column (b), the dditional information	Provide the inform number of contribion	ation required by utions, the numb	Part I, lines 30b, 32b er of items received,	o, and 33, and whether the organiza or a combination of both Also com	ation iplete
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00-01-1	-					Conscion in it of the	JUJ, 20 1

### **SCHEDULE 0**

(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.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Name of the organization

CUYAHOGA COMMUNITY COLLEGE FOUNDATION

Employer identification number 23 – 7320719

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CUYAHOGA COMMUNITY COLLEGE AND TO TRANSFORM THE LIVES OF THOSE TRI-C

SERVES. THIS MISSION SUPPORTS OUR VISION TO ENSURE TRI-C HAS THE

RESOURCES NEEDED TO HELP EVERY STUDENT LEARN, THRIVE AND SUCCEED AND TO

CREATE A PROSPEROUS COMMUNITY FOR ALL.

FORM 990, PART III, LINE 1

TO HELP EVERY STUDENT LEARN, THRIVE AND SUCCEED AND TO CREATE A PROSPEROUS COMMUNITY FOR ALL.

CONTRIBUTIONS TO THE TRI-C FOUNDATION DIRECTLY IMPROVE EDUCATIONAL

OUTCOMES. STUDENT SUCCESS IS ON THE RISE AT CUYAHOGA COMMUNITY

COLLEGE. SUPPORT FOR SCHOLARSHIPS AND LIFE-CHANGING STUDENT PROGRAMS IS

KEY TO THAT GROWTH. WITH 50,000 STUDENTS A YEAR, HIGH-QUALITY ASSOCIATE

DEGREE AND WORKFORCE PROGRAMS AND THE LOWEST TUITION IN OHIO, TRI-C IS

DRIVING THE ECONOMIC PROSPERITY AND FUTURE OF OUR REGION. DONOR SUPPORT

FOR STUDENT SUCCESS THROUGH THE TRI-C FOUNDATION IS AN INVESTMENT

TOWARD A THRIVING NORTHEAST OHIO NOW AND FOR YEARS TO COME.

THE TRI-C FOUNDATION CONDUCTS ITS ACTIVITIES IN PARTNERSHIP WITH THE

COLLEGE'S OFFICE OF RESOURCE DEVELOPMENT. THE TRI-C FOUNDATION AND

THE OFFICE OF RESOURCE DEVELOPMENT TOGETHER ARE RESPONSIBLE FOR

FUNDRAISING AND "FRIEND RAISING" OPPORTUNITIES AND ACTIVITIES

COLLEGE-WIDE WORKING WITH PARTNERS FROM FOUNDATIONS/ORGANIZATIONS,

CORPORATIONS/ BUSINESSES, INDIVIDUALS, AND GOVERNMENT AGENCIES.

SOLICITATIONS ARE PRESENTED ON BEHALF OF THE COLLEGE OR THE FOUNDATION

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

Schedule O (Form 990 or 990-EZ) (2017)

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