Form.991

2949322611609 Return of Organization Exempt From Income Tax

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

Open to Public

(Rev January 2020) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020 Check if applicable C Name of organization D Employer identification number RUSSELL SAGE COLLEGE Address change (FORMERLY THE SAGE COLLEGES) X Name change 14-1338488 Initial return Room/suite Number and street (or P.O box if mail is not delivered to street address) E Telephone number Final return 65 1ST STREET (518) 244-2200 termin-ated 107,402,095. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 12180 TROY, NY H(a) Is this a group return Applica F Name and address of principal officer DR. CHRISTOPHER AMES Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? __|Yes L Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► N/A H(c) Group exemption number Form of organization: X Corporation Trust Association Other > L Year of formation: 1916 M State of legal domicile: NY Part I Summary COLLEGIATE EDUCATION OF Briefly describe the organization's mission or most significant activities Governance STUDENTS. Check this box I if the organization discontinued its operations or pispo et assets RECEIVED Number of voting members of the governing body (Part VI, line 1a) 3 25 4 Number of independent voting members of the governing body (Part VI, line 1) Activities & 1373 FEB 0 5 2021 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) SCANNED 198 6 Total number of volunteers (estimate if necessary) -37,893. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a OGDEN, UT -38,143. 7b b Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 5,823,065. 5,834,670. Contributions and grants (Part VIII, line 1h) 66,558,647. 62,174,295. 9 Program service revenue (Part VIII, line 2g) 2,064,794. 1,946,038. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 126,932. 197,070. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8 74,573,438. 70,152,073. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,950,099. 22,786,574. Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 25,782,124. 26,104,374. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 652,849. **b** Total fundraising expenses (Part IX, column (D), line 25) 19,417,073. 17,285,970. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68,149,296. 66,176,918. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,424,142. 3,975,155. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 95,364,348. 93,571,791. 20 Total assets (Part X, line 16) 31,292,086. 25,991,976. 21 Total liabilities (Part X, line 26) 64.072.262. 67,579,815. Net assets or fund balances Subtract line 21 from line 20

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

Here	FREDERICK BARTHELMAS, VP FINANCE/ADMINISTRATION Type or print name and title	1/21/2021
Paid	Print/Type preparer's name Preparer's signature Date	Check PTIN 11 Self-employed P00603621
Preparer	Firm's name UHY ADVISORS NY, INC.	Firm's EIN ▶ 14-1555429
Use Only	Firm's address 4 TOWER PLACE, EXECUTIVE PARK, 7TH FLOOR ALBANY, NY 12203	Phone no (518) 449-3166

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2019)

No

X Yes

Date

Part II | Signature Block

Signature of officer

AUG 1 8 2421 1924C

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RUSSELL SAGE COLLEGE (FORMERLY THE SAGE COLLEGES)

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	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	COLLEGIATE EDUCATION OF STUDENTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990·EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service reported	60 454 005
4a	(Code) (Expenses \$ 57,353,641. including grants of \$ 22,786,574.) (Reven	ues $62, 174, 295$.
	COLLEGIATE EDUCATION OF STUDENTS.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue)	Je \$)
		·
		
4c	/Out \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/	ue \$)
40	(Code) (Expenses \$) (Revenue)	,
4d	Other program services (Describe on Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 57,353,641.	
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Form 990 (2019) (FORMERLY TH Part IV Checklist of Required Schedules

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	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 donor-restricted endowments		-	
10	or in 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, VII, VIII, IX, or X			
••	as applicable			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	· · · ·		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
А	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			
u		11d		Х
•	Part X, line 16' If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25' If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's separate of consolidated financial statements for the tax year monado a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
h	Schedule D, Parts XI and XII 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		Х
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
16	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
		17	l	Х
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
17	column (A), lines 6 and 11e ² If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>х</u> х
17 18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		Х
17 18 19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		
17 18 19 20a	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	18 19 20a		x x
17 18 19 20a b	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18		x x
17 18 19 20a	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	18 19 20a		x x

Form 990 (2019) (FORMERLY THE SAGE COLLEGES)

Part IV | Checklist of Required Schedules (continued)

L ai	d IV Checklist Of Nequired Schedules (continued)	-		
	·		Yes	No
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		3,7	
	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			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	-,,	<u> </u>
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			v
	contributions? If "Yes," complete Schedule M	30		$\frac{x}{x}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 180			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 300 (2019)
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(FORMERLY THE SAGE COLLEGES)
Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		,					
	filed for the calendar year ending with or within the year covered by this return 2a 1373							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		_					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
ď	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter		٠					
а	Gross income from members or shareholders	; }						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)							
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans		ļ					
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>x</u> _				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77				
	excess parachute payment(s) during the year?	15		<u> </u>				
	If "Yes," see instructions and file Form 4720, Schedule N		{					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O		000					
	•	Form	990 (2019)				

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(FORMERLY THE SAGE COLLEGES)

Form 990 (2019) (FORMERLY THE SAGE COLLEGES)

[Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below. to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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			11
000	tion A. doverning body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year 26		103	110
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	İ		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	,		
L	Enter the number of voting members included on line 1a, above, who are independent 1b 25			-
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		l
2	officer, director, trustee, or key employee?	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
/a	more members of the governing body?	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
D		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>	,	 -
8		8a	х	
a	The governing body? Fight computes with authority to get an hebrif of the governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
9		9		Х
Sac	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40.	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	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	114	-	
b 120	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С		12c	х	
12	In Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by independent	-		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The state of the s	15a	Х	
a	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		1
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
В	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶NY			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	onlv	availal	ble
18	for public inspection. Indicate how you made these available. Check all that apply	· · · · · · · /	,	
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial	
19		iai k	riui	
200	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	FREDERICK BARTHELMAS - (518) 244-2200		_	
	65 1ST STREET, TROY, NY 12180	<u> </u>		
	V 151 5111111 11101 111 11100			

14-1338488

Page 7

Form 990 (2019) 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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above

Check this box if neither the organization		orga T	nıza			nper	sate		· · ·	
(A)	(B)			Pos	C) Ition	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe 1d a d	rson i irecto	s both or/trus	ı an tee)	compensation from	compensation from related	amount of other
•	week (list any	ē					Ĺ	the	organizations	compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	ee 0r	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	Linest	al tr	-	oyee	ad mo		,		and related
	below	Individual trustee or director	Institutional trustee	1 12	Key employee	Highest compensated employee	盲			organizations
	line)	물	틸	Officer	Key	훈등	횬			
(1) CHRISTOPHER AMES	40.00	X		X				301,079.	. 0.	80,555.
PRESIDENT	40.00	┝	_	Λ				301,079.	. 0.	80,333.
(2) FREDERICK BARTHELMAS	40.00	┨		х			ļ	185,883.	0.	0.
VP FINANCE/TREAS	40.00		-	^				103,003.	0.	
(3) THERESA HAND	40.00	┨		х				140 760	0.	2,928.
PROVOST	40.00	-		^				148,768.	U •	2,920.
(4) SUSAN L. REANTILLO INTERIM VP ENROLLMENT MNGM	40.00	$\{$		x				151,250.	0.	0.
(5) KATHRYN ADAMS	40.00	 		_		\vdash	_	131,230.	<u>0.</u>	
VP INSTITUTIONAL ADVANCEME	40.00	ł		x				150,450.	0.	0.
(6) JOHN J PELIZZA	40.00	-						20072000		
DEAN OF SCHOOL OF EDUCATIO		1				x		110,260.	0.	28,498.
(7) PATRICIA CELLEMME	40.00							•		
VP STUDENT LIFE		1		Х				92,501.	0.	40,840.
(8) KIM FREDERICKS	40.00									
DEAN SCHOOL OF MANAGEMENT				•		X		118,792.	0.	13,974.
(9) DEBORAH LAWRENCE	40.00									
DEAN OF RSC						X		128,119.	0.	500.
(10) DEIRDRE ZARRILLO	40.00									
VP ADMIN & PLANNING		<u> </u>		X				123,881.	0.	0.
(11) MARYJO VALENTINE	40.00									
ASSISTANT VP FINANCE/CONTROLLER		<u> </u>				X		107,619.	0.	2,850.
(12) THOMAS W. NESBITT	40.00								_	
VP ENROLLMENT MGMT				Х				6,241.	0.	105.
(13) MARY ALTPETER	1.00									
TRUSTEE		Х						0.	0.	0.
(14) JOHN BELLARDINI	1.00			,						•
TRUSTEE		Х						0.	0.	0.
(15) JOHN BENNETT	1.00							ا ۾ ا	_	•
TRUSTEE	1 00	X				Н		0.	0	0.
(16) THERESE BENTLEY	1.00	٠,,						ا ۾ ا	ا م	^
TRUSTEE	1 00	X	\vdash	\vdash				0.	0.	0.
(17) JUDY CAMPISI	1.00	v						0.	0.	0.
TRUSTEE		X	Ш					<u> </u>	<u>U.1</u>	Form 990 (2019)

Form 990 (2019)

(FORMERLY THE SAGE COLLEGES)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	iH b	ghe	st C	Compensated Employee	s (continued)				
· (A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average	/,,	not c	Pos			one	Reportable	Reportable		Estimated		
	hours per	box	, unle	ss pe	rson	ıs botl	h an	compensation	compensation		amount of		
	week	┢	cer ar	la a a	recio	or/uus	T	from	from related		other		
	(list any hours for	irecto				_		the organization	organizations (W-2/1099-MISC		compensation from the		
	related	e or d	age			sated		(W-2/1099-MISC)	(88-271099-181150	'	organization		
	organizations	truste	al frus	İ	ye ye	uad m	ĺ	(** 2 1000 111100)			and related		
	below	Individual trustee or director	institutional trustee	 =	Key employee	est co	<u></u>				organizations		
	line)	lig A	Instil	Officer	Key	Highest compensated employee	Former						
(18) JEANNE CIOPPA-MOSCA	1.00]	ĺ										
TRUSTEE		X			L	$oxed{oxed}$	L	0.	().	0.		
(19) CHRISTOPHER DAHL	1.00]			}]					
TRUSTEE		Х			<u> </u>		<u> </u>	0.).	0.		
(20) CAROLINE LEAVITT DECOTA	1.00						ł						
TRUSTEE		X				ļ	<u></u>	0.).	0.		
(21) KATHRYN M. DIAMOND	1.00												
TRUSTEE		X				ļ	<u> </u>	0.	().	0.		
(22) ANN DUFFIELD	1.00				ľ	l	ł						
TRUSTEE		X				<u> </u>	<u> </u>	0.).	0.		
(23) FRANCINE EBERSMAN	1.00						l						
TRUSTEE		X				L.	<u> </u>	0.).	0.		
(24) MARILYN MILLER FOWLER	1.00												
TRUSTEE		Х					<u> </u>	0.	().	0.		
(25) EILEEN WITZMAN GOLDBLATT	1.00						l						
TRUSTEE		Х					L_	0.			0.		
(26) JULIA L. GREENSTEIN-BLEICHER	1.00								_		_		
TRUSTEE		Х					<u> </u>	0.) •	0.		
1b Subtotal								1,624,843.					
c Total from continuation sheets to Part VII	, Section A							0.		1.			
d Total (add lines 1b and 1c)							<u> </u>	1,624,843.		. 1	L70,250.		
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable		0		
compensation from the organization											Yes No		
											Yes No		
3 Did the organization list any former officer,		ee, k	ey e	mpi	oyee	e, or	nıg	hest compensated empl	oyee on	-	3 X		
line 1a? If "Yes," complete Schedule J for su							1			-	3 X		
4 For any individual listed on line 1a, is the su									ne organization	\vdash	4 X		
and related organizations greater than \$150										\ <u></u>	4 A		
5 Did any person listed on line 1a receive or a							Hate	ed organization or individ	iuai for services	-	5 X		
rendered to the organization? If "Yes." com Section B. Independent Contractors	olete Schedule	2.110	or su	cn c	ers	on_			····		5 X		
	nnenceted and	000	ndor	+ 00	ntro	otor		and recovered more than \$	100 000 of compor	cotion	from		
 Complete this table for your five highest cor the organization Report compensation for t 	-									isaliui	1110111		
	ne calendar ye	are	nain	y wi	uii	77 7711	11111				(C)		
(A) Name and business	address							(B) Description of s	ervices	Com	npensation		
				-			٦,						
UNIVERSITY HEIGHTS ASSOCIATES SECURITY STAFF &							۶	316,034.					
	130 NEW SCOTLAND AVE, ALBANY, NY 12208 SHUTTLE DRIVES 816,03 UHY LLP, 4 TOWER PLACE, EXECUTIVE PARK,						710,7034.						
7TH FL, ALBANY, NY 12203	ALICULEV.		- ~1		,			ACCOUNTING		1	43,712.		
WHITEMAN OSTERMAN & HANNA	T.T.P	ON.	F.	<u> </u>			╌Ӻ				<u> </u>		
COMMERCE PLAZA, 99 WASHIN				LB2	NA	Υ.	h	LEGAL		1	10,555.		
	<u> </u>					<u>- 1</u>	┪						
							7						

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (FORMERL	Y THE SA	\GE	: C	OL	LE	GE	<u>(S)</u>		14-133	8488
Part VII Section A. Officers, Directors, Tr		_		_				Compensated Employe	ees (continued)	·
· (A)	(B)		,		C)			(D)	(E)	(F)
Name and title	Average				-, ition	1		Reportable	Reportable	Estimated
Warne and thic	hours	(ci			that		lv)	compensation	compensation	amount of
	per	- (3.					,, 	from	from related	other
	week					a A		the	organizations	compensation
	(list any	ector				量	ŀ	organization	(W-2/1099-MISC)	from the
	hours for	i di	, a			age d		(W-2/1099-MISC)		organization
	related	ustee	trust		83	l Bal				and related
	organizations below	ual tr	tronal		yold	1001				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former			
(27) CATHERINE HILL	1.00									
TRUSTEE		X						0.	0.	0.
(28) BELINDA HILTON	1.00			ŀ						
TRUSTEE		Х						0.	0.	0.
(29) KEVIN O'BRYAN	1.00									
TRUSTEE		X						0.	0.	0.
(30) DEBORAH ONSLOW	1.00									
TRUSTEE		x						0.	0.	0.
(31) CHESTER J. OPALKA, JR.	1.00								" " " " " " " " " " " " " " " " " " " "	
TRUSTEE		X						0.	0.	0.
(32) TAMMY PARSONS	1.00									
TRUSTEE		X						0.	0.	.0.
(33) RONNYE BERG SHAMAM	1.00									
TRUSTEE		х						0.	0.	0.
(34) NELSON (TIP) SIMONS	1.00									
TRUSTEE		х				ŀ		0.	0.	0.
(35) PATRICIA TIMPANO SPARRELL	1.00						\vdash			
TRUSTEE		x						0.	0.	0.
(36) ROBIN LIVINGSTON TAUBIN	1.00									
TRUSTEE		x						0.	0.	0.
(37) NANCY VALLEY	1.00						-			
TRUSTEE		x						0.	0.	0.
							i			
	-	_								
					_		_			
		\vdash								
	1						L			
Total to Part VII, Section A, line 1c										

Form 990 (2019)
Part VIII State

(FORMERLY THE SAGE COLLEGES)

ــــــــــــــــــــــــــــــــــــــ	IŅŁ V		Check if Schedule O contains a	recoonce	or note to any lin	e in this Part VIII			
		_	Check it Scriedule O contains a	response	or note to any im	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
9 9	1	- <u>-</u>	Federated campaigns	1a		.			
ani			Membership dues	1b					
<u> </u>			Fundraising events	1c			}		
ifts ar A	1		Related organizations	1d					
S,E			Government grants (contributions)	1e	3,368,551.				
Ö		f	All other contributions, gifts, grants, and						
Đ			similar amounts not included above	1f	2,466,119.	,			
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f	1g \$	664,686.			<u>-</u> -	
<u>ပို ရ</u>	_	h	Total. Add lines 1a-1f		<u> </u>	5,834,670.			
					Business Code				
Se	2	а	TUITION & FEES		611710	56,489,810.	56,489,810.		
E G	ļ	b	AUXILIARY ENTERPRISES		611710	5,227,216.	5,227,216.		
Sel		С	OTHER SOURCES		900099	375,785.	375,785.		<u> </u>
Jrar Rev		d	TRANSCRIPTS		611710	45,607.	45,607.		·····
Program Service Revenue		e	PARKING		812930	35,877.	35,877.		
_		f ~	All other program service revenue			62,174,295.			·
	3	9	Total. Add lines 2a-2f Investment income (including divider	nde intere	et and	02,1,1,255.			
	ľ		other similar amounts)	ius, intere	st, and	375,452.		•	375,452.
	4		Income from investment of tax-exem	nt bond o	roceeds				
	5		Royalties	,p p.	•				
) Real	(II) Personal			-	
	6	а	Gross rents 6a 2	251,961.					
		b	Less rental expenses 6b	16,998.		u			
		C	Rental income or (loss) 6c 2	234,963.				-	-211
			Net rental income or (loss)			234,963.			234,963.
	7	а		ecurities	(II) Other			4	
			· · · · · · · · · · · · · · · · · · ·	93,629.	1,109,981.				'
a)		b	Less cost or other basis	17 005	015 120				
Revenue				17,885. 275,744.	815,139. 294,842.				
eve				113,144.	254,042.	1,570,586.			1,570,586.
er R	۵		Net gain or (loss) Gross income from fundraising events (n	ot [1,3,0,300.			1,3,0,300.
Othe		а	including \$	of					
•			contributions reported on line 1c) Se	•	•				
			Part IV, line 18	8a		1			
		b	Less direct expenses	8b		-ra 4#-	. ,	o	
			Net income or (loss) from fundraising	events					
	9	а	Gross income from gaming activities	See					
			Part IV, line 19	9a		1			
		b	Less direct expenses	9b			·	, le	
		C	Net income or (loss) from gaming act	tivities	>				
	10	а	Gross sales of inventory, less returns	•			ľ		•
			and allowances	10a		1			
			Less cost of goods sold	10b					
-		<u>c</u>	Net income or (loss) from sales of inv	entory	Business Code			.	
s l	44	_	PTES INCOME/(LOSSES)		Business Code 523000	-37,893.		-37,893.	
Miscellaneous Revenue	11	a b			525000	37,073.		,,,,,,,,,	
ella		C		··-		•			
Sce			All other revenue						
Σ			Total. Add lines 11a-11d	•	•	-37,893.			
	12		Total revenue See instructions			70,152,073.	62,174,295.	-37,893.	2,181,001.

(FORMERLY THE SAGE COLLEGES)

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) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII *expenses* expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 22,786,574. 22,786,574. individuals See Part IV, line 22 3 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, 510,413. 781,879. 192,576. 1,484,868. 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) 267,224. 17,452,788. 2,677,114. 20,397,126. 7 Other salaries and wages Pension plan accruals and contributions (include 13,368. 8,867. 2,039. 2,462. section 401(k) and 403(b) employer contributions) 2,299,050. 343,919. 2,698,521. 55,552. Other employee benefits 9 242,627. 1,510,491. 1,238,598. 29,266. 10 Payroll taxes Fees for services (nonemployees) 11 Management 112,892. 112,892. Legal b 117,331. 117,331. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 2,096,465. 1,649,223. 388,657. 58,585. column (A) amount, list line 11g expenses on Sch O.) 234,501. 18,112. 216,389. 12 Advertising and promotion Office expenses 13 Information technology 14 Royalties 15 1,569,011. 1,188,617. 380,056. 338. Occupancy 16 16,071. 945. 263,293. 235,277. 11. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 147,780. 204. 680,340. 532,356. 20 Interest Payments to affiliates 21 2,358,711. 656,990. 9,074. 3,024,775. 22 Depreciation, depletion, and amortization 660,156. 418,069. 241,506. 581. 23 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule Q) NEW YORK ARTICLE 13 TAX 250. 250. STUDENT DINING SERVICES 2,295,713. 2,295,713. 1,429,602. 1,429,602. STUDENT HOUSING EXPENSE 3,238. 1,079,442. 234,458. 841,746. d SECURITY EXPENSE 21,804. 3,722,199. 2,089,925. 1,610,470. All other expenses 652,849. 66,176,918. 57,353,641. 8,170,428. 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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(FORMERLY THE SAGE COLLEGES)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,439,920. 5,056,470. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 3,523,183. 2,144,615. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 1,319,331. 1,022,833. 7 Notes and loans receivable, net 8 8 Inventories for sale or use 1,753,369. 1,613,324. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 95,916,915. basis Complete Part VI of Schedule D 10a 43,740,086. 42,859,247. 53,057,668. 10b 10c b Less accumulated depreciation 23,017,397. 23,889,808. 11 Investments - publicly traded securities 15,677,745. 15,592,507. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 2,118,600. 1,167,704. 15 15 Other assets See Part IV, line 11 93,571,791. 95,364,348. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 4,096,244. 4,344,851. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 3,154,745. 3,533,603. 19 Deferred revenue 19 9,280,050. 9,962,437. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 10,110,405. 5,156,594. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 3,968,255. 3,676,878. 25 of Schedule D 31,292,086. 25,991,976. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Assets or Fund Balances and complete lines 27, 28, 32, and 33. 32,377,366. 27,543,933. 27 27 Net assets without donor restrictions 36,528,329. 35,202,449. 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 64,072,262. 67,579,815. 32 32 Total net assets or fund balances 93,571,791.

95,364,348.

33

Total liabilities and net assets/fund balances

(FORMERLY THE SAGE COLLEGES) 14-1338488 Form 990 (2019) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 70,152,073. 1 Total revenue (must equal Part VIII, column (A), line 12) 66,176,918. 2 Total expenses (must equal Part IX, column (A), line 25) 3,975,155. 3 Revenue less expenses Subtract line 2 from line 1 3 64,072,262. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -467,602. 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 Investment expenses 8 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, 67,579,815. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990 Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis ' Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b 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 X Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? <u>3a</u>

Form 990 (2019)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

RUSSELL SAGE COLLEGE

OMB No 1545-0047 **2019**

Open to Public Inspection

Employer identification number

(FORMERLY THE 14-1338488 SAGE COLLEGES) 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 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document (described on lines 1-10 support (see instructions) organization support (see instructions) above (see instructions))

Total

14-1338488

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE SAGE COLLEGES)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (f) Total (d) 2018 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (e) 2019 1 Gifts, grants, contributions, and membership fees received (Do not 6093117. 5894050. 5823065. 5834671. 29515367. 5870464 include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 5823065. 5834671.29515367. 5870464 6093117. 5894050. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 5300201. column (f) 24215166. 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2017 (f)_Total Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (d) 2018 (e) 2019 6093117 5894050. 5823065. 5834671. 29515367. 5870464. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 578,544. 522,534 565,137 613,781. 2806402. 526,406. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 32321769. 11 Total support. Add lines 7 through 10 316,134,690. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 74.92 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 % 77.71 15 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. Jif the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization, qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE SAGE COLLEGES)

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

Se	qualify under the tests listed b	pelow, please comp	plete Part II)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(4) 20.0	10/2010	(9/2011	(4) 20.0	(0,20.0)	(1)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose,						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			/			
78	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 2 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		X				
	Add lines 7a and 7b		'				
	Public support. (Subtract line 7c from line 6.)	<u> </u>	7		·		
	ction B. Total Support		/			<u></u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c),2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income				_	′	
	(less section 511 taxes) from businesses]/					
	acquired after June 30, 1975				-\ -		
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						·
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)	L					
14	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth tax	x year as a section	n 501(c)(3) organizatio	on,
<u>C</u> -	check this box and stop here	a Constant D					
	ction C. Computation of Publi					L	
	Public support percentage for 2019 (I		-	column (f))		15	%
	Public support percentage from 2018 ction D. Computation of Investigation					16	%
	Investment income percentage for 20			ne 13. column (fl)		17	<u>%</u>
18	Investment income percentage from :			.5 75, 55,61111 (1))		18	\ %
	33 1/3% support tests - 2019. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box ar	=					>
b	33 1/3% support tests - 2018. If the	· ·	-				\
	line 18 is not more than 33 1/3%, che	ck this box and ste	op here. The orga	nization qualifies as	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check thi	s box and see inst	tructions	

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE SAGE COLLEGES)

Part IV. 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 Su	pporting Organizations
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- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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.)

	Yes	No
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10b		

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE SAGE COLLEGES) 14-1338488 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations No Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below b The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions, С No 2 Activities Test Answer (a) and (b) below. Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement 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. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE SAGE COLLEGES) 14-1338488 Page 6 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 (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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) 1a a Average monthly value of securities 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) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions)

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) 2019

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instructions)

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	t V Type III Non-Functionally Integrated 509			1330400 Fage /
		(u)(o) ouppor ung orga	(continued)	Current Year
1	ion D - Distributions Amounts paid to supported organizations to accomplish exe	mpt purposes		Ourrent real
2	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
2				
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	-		
4	Amounts paid to acquire exempt use assets	es or supported organizations	<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
0	(provide details in Part VI) See instructions	ie organization is responsive		
9	Distributable amount for 2019 from Section C, line 6		-	
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line o amount	(i)	(iı)	(ıii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		-	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019		0 ,	
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			-
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
ı	Carryover from 2014 not applied (see instructions)			-
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		4	0
4	Distributions for 2019 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4		'	
5	Remaining underdistributions for years prior to 2019, if	ı		•
	any Subtract lines 3g and 4a from line 2 For result greater			, ,
	than zero, explain in Part VI. See instructions			. 5
6	Remaining underdistributions for 2019 Subtract lines 3h	1		
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions		-	
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7		y	•
а	Excess from 2015			
b	Excess from 2016	1		

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017d Excess from 2018e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLI THE SAGE COLLEGES) 14-1336466 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
PARTS I AND II/PUBLIC CHARITY STATUS AND SUPPORT SCHEDULE:
RUSSELL SAGE COLLEGE QUALIFIES AS A PUBLIC CHARITY AS A SCHOOL
DESCRIBED IN INTERNAL REVENUE CODE SECTION 170(B)(1)(A)(II). SCHEDULE
A, PART II (SUPPORT SCHEDULE) HAS BEEN COMPLETED TO DEMOSTRATE
ELIGIBILITY TO REPORT CONTRIBUTIONS ON SCHEDULE B UNDER THE APPLICABLE
SPECIAL RULE.
DECIAL ROLL.
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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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

RUSSELL SAGE COLLEGE

(FORMERLY THE SAGE COLLEGES)

Employer identification number 14-1338488

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accoun	ts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6						
		(a) Donor advised funds	(b) Fund	ds 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 v	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's			Yes No			
6	Did the organization inform all grantees, donors, and donor a		used only				
	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?			Yes No			
Pa		ganization answered "Yes" on Form 990, F	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically i	mportant land area			
	Protection of natural habitat	Preservation of	a certified hist	toric structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservati	on easement on the last			
	day of the tax year			Held at the End of the Tax Year			
а	Total number of conservation easements		2a	<u> </u>			
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	<u> </u>			
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization d	luring the tax			
	year ▶			•			
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easen	nents during the year			
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements	during the year			
	\$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	n)(4)(B)(ı)	——————————————————————————————————————			
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that descr	ibes the			
Da	organization's accounting for conservation easements † III Organizations Maintaining Collections of	Art Historical Treasures or Otl	her Similar	Δεςρές			
Га	Complete if the organization answered "Yes" on Form		iici Oiiiiilai	AGGC CO.			
	If the organization elected, as permitted under FASB ASC 95		ad balance she	eet works			
ıa	of art, historical treasures, or other similar assets held for pub						
	service, provide in Part XIII the text of the footnote to its finan			Jolic			
_	If the organization elected, as permitted under FASB ASC 95			works of			
D	art, historical treasures, or other similar assets held for public						
		exhibition, education, or research in future	erance or publ	ic service,			
	provide the following amounts relating to these items		▶ ¢				
	(i) Revenue included on Form 990, Part VIII, line 1		₽ ₽				
^	(ii) Assets included in Form 990, Part X	seurae, or other similar assets for financial	nain provide				
2	If the organization received or held works of art, historical treat the following amounts required to be reported under FASB A		gairi, provide				
		50 300 relating to these items.	▶ ¢				
a	Revenue included on Form 990, Part VIII, line 1		• •				

Sche	edule D (Form 990) 2019 (FORMER	LY THE SAGI	E COL	LEGES)			14-1	338488	Page 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	r Simila	r Asse	ts _{(continu}	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following tha	t make si	gnıficant	use of its	i	
	collection items (check all that apply)									
а	Public exhibition	d	י עו	Loan or exc	hange progr	am				
b	Scholarly research	е	(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ie organizati	on's exen	npt purpo	se in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or oth	er sımılar	assets	_		
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV	, line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontributions	s or other as	sets not i	ncluded	Г	٦,,	г
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able				I	A	
							4-		Amount	
	Beginning balance						1c			
	• •						1e	-		
e	Distributions during the year						1f			
f on	Ending balance Did the organization include an amount on Fo	orm 990 Part X line	21 for e	serow or cu	istodial acco	unt liabili			Yes	No
	If "Yes," explain the arrangement in Part XIII		•				ity ·	_		
Par							0		" " " " " " " " " " " " " " " " "	
		(a) Current year		rior year	(c) Two year			years back	(e) Four	ears back
1a	Beginning of year balance	38,937,281.		976,981.		8,560.		264,345		26,246.
	Contributions	251,614.	1,	998,330.	1,38	6,849.	2,7	728,185	. 2,9	16,045.
c	Net investment earnings, gains, and losses	804,143.	1,	462,157.	1,93	6,916.	3,3	187,052	2581,469.	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	803,241.	1,	500,187.	1,44	5,344.	3,0	081,022	. 6	96,477.
f	Administrative expenses									
g	End of year balance	39,189,797.	38,	937,281.	36,97	6,981.	35,0	098,560	. 32,2	264,345.
2	Provide the estimated percentage of the curr	•	e (line 1g,	, column (a)) held as					
а	Board designated or quasi-endowment	23.66	%							
b	Permanent endowment ► 61.39	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held an	id administe	red for the	e organız	ation	Ĺ,	<u> </u>
	by									res No X
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations	A		الأمارياء الأمار					3a(iı) 3b	<u>A</u> _
	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the								_ 3b	
Par	t VI Land, Buildings, and Equipm		willentiu	inus			-			
<u> </u>	Complete if the organization answered) Part IV	line 11a S	ee Form 990	Part X. I	line 10			
	Description of property	(a) Cost or o	$\overline{}$	(b) Cost			ccumulat	ed	(d) Book	value
	bescription of property	basis (investr		basis (1 ''	oreciation	I	(4) 200	
12	Land	(0,293.				6,810	,293.
	Buildings				$\frac{4,432.}{4}$	48,1	168,4	83.	34,485	
	Leasehold improvements	-				,				
	Equipment			5,97	9,945.	4,8	389,1	85.	1,090	,760.
	Other				2,245.					,245.
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. columi					> 4	12,859	,247.

Schedule D (Form 990) 2019

(FORMERLY THE SAGE COLLEGES)

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) WEATHERLOW OFFSHORE I	538,503.	END-OF-YEAR MARKET	
(B) DRAKE OFFSHORE LP	92,451.	END-OF-YEAR MARKET	VALUE
(C) STEPSTONE PE PTNRS			
(D) OFFSHORE II	944,555.	END-OF-YEAR MARKET	
(E) AUDA SECONDARY III FEEDER	450,234.	END-OF-YEAR MARKET	VALUE
(F) S&Z FUND SERVICES LLC	1 505 060		
(G) (ACK)	1,535,063.	END-OF-YEAR MARKET	
(H) SEG PARTNERS OFFSHORE LTD	1,690,259.	END-OF-YEAR MARKET	VALUE
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)	15,677,745.		
Part VIII Investments - Program Related.			•
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	or-year market value
(2)			
(3)			
(5)			
(6)		 	
(7)			
			
(9)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	<u></u>		
	on Form 000 Bort IV line 1	1d Con Form 000 Bort V line 15	
Complete if the organization answered "Yes" (a)	Description	To See Form 990, Part X, line 13	(b) Book value
(1)			(4) 2001 14.00
(1)			
(3)	<u>.</u>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		
Part X Other Liabilities.	10.7		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ASSET RETIREMENT OBLIGATION	N		2,574,879.
(3) U.S. GOVERNMENT ADVANCES			1,101,999.
(4)		_	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		3,676,878.
2. Liability for uncertain tax positions. In Part XIII, provide		he organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019

X

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Pa	t XI Reconciliation of Revenue per Audited Financial Staten		turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	_	
1	Total revenue, gains, and other support per audited financial statements		1	46,914,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a -467,602.	1	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	4	
d	Other (Describe in Part XIII)	2d 16,998.	<u> </u>	450 504
е	Add lines 2a through 2d		<u>2e</u>	-450,604. 47,365,499.
3	Subtract line 2e from line 1		3_	47,365,499.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIII)	4b 22,786,574.	<u> </u>	22 706 574
С	Add lines 4a and 4b		4c	22,786,574.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	monte With Expenses per E	5	70,152,073.
Pai			retui	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	Τ.	43,407,342.
1	Total expenses and losses per audited financial statements		1	43,407,342.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	┨	
b	Prior year adjustments	2b	┨	
С.	Other losses	2c 16,998.	┨	
d	Other (Describe in Part XIII)	2d 16,998.	2e	16 998
_	Add lines 2a through 2d		3	16,998. 43,390,344.
3	Subtract line 2e from line 1		-	43,330,3110
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	Other (Describe in Part XIII)	4b 22,786,574.	1 .	
D	Add lines 4a and 4b	45 227.0070.20	4c	22,786,574.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5	66,176,918.
	t XIII Supplemental Information.			<u> </u>
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV. lines 1b and 2b. Part V. line 4	. Part	X. line 2. Part XI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a		,	-,,,
PAF	RT V, LINE 4:			
•				
INI	ENDED USES OF ENDOWMENT FUNDS: ENDOWMENT	FUNDS ARE INTENDE	D T	O SUPPORT
THE	E EDUCATIONAL AND RESEARCH ACTIVITIES OF	THE COLLEGE.		
	·			
PAF	RT X, LINE 2:			
	•			
FAS	BB ASC 740 TEXT OF FINANCIAL STATEMENTS FO	OOTNOTE RELATED TO	UN	CERTAIN
TAX	Y POSITIONS: THE COLLEGE HAS DETERMINED PROCESSION OF THE PROPERTY OF THE PROP	RIOR TO RECORDING	ANY	BENEFIT
IN	THE FINANCIAL STATEMENTS THAT IT IS MORE	LIKELY THAN NOT T	HAT	THE TAX
POS	SITION WILL BE SUSTAINED UPON EXAMINATION	BY THE APPROPRIAT	E T	AXING
ľUA	CHORITIES, AS REQUIRED BY THE ACCOUNTING	FOR UNCERTAINTY IN	IN	COME TAXES
				D G T G T
TOE	PIC OF THE FASB ASC. 740. A TAX POSITION	IS MEASURED AT THE	LA	RGEST
				
AMO	OUNT OF BENEFIT THAT IS GREATER THAN FIFT	Y PERCENT LIKELY O	F B	EING

Schedule D (Form 990) 2019 (FORMERLY THE SAGE COLLEGES)	14-1338488 Page 5
Part XIII Supplemental Information (continued)	
REALIZED UPON SETTLEMENT.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	16,998.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIP EXPENSES	22,786,574.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	16,998.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIP EXPENSES	22,786,574.
	
•	•

(FORMERLY THE SAGE COLLEGES)

14-1338488 Page 5

Part XIII | Supplemental Information (continued)

e 12	
(b) Book value	(c) Method of valuation Cost or end-of-year market value
1,763,382.	FMV
3,068,208.	FMV
1,735,006.	FMV
1,574,912.	FMV
1,971,255.	FMV
313,917.	FMV
	(b) Book value 1,763,382. 3,068,208. 1,735,006. 1,574,912. 1,971,255.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

RUSSELL SAGE COLLEGE (FORMERLY THE SAGE COLLEGES)

Employer identification number 14-1338488

Pa	rt'l,			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	<u> </u>
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	<u> </u>		<u> </u>
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	<u> </u>
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the		1	
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	<u> </u>		
	If you need more space, use Part II	3	Х	
	RUSSELL SAGE COLLEGE'S RACIAL NONDISCRIMINATION POLICY IS			
	INCLUDED ON THE FIRST PAGE OF THE ANNUAL PUBLICATION OF THE	.		
	COLLEGE'S CATALOG AND IS RUN ANNUALLY IN THE LOCAL NEWSPAPER.			
		1		
4	Does the organization maintain the following?	 	X	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		x	
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	<u> </u>	
				,
		.		
				l
_	Does the organization discriminate by race in any way with respect to		٠	
5	Students' rights or privileges?	5a		х
a	Admissions policies?	5b		x
0	Employment of faculty or administrative staff?	5c		X
4	Scholarships or other financial assistance?	5d		Х
u	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
o.	Athletic programs?	5g		Х
_	Other extracurricular activities?	5h		Х
•	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			p
				ĺ
		<u> </u>		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	-	-	
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
	Rev_Proc_75-50, 1975-2 C B_587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990 or 990-EZ) 2019

Schedule E (Form 990 or 990-EZ) 2019 (FORMERLY THE SAGE COLLEGES)	14-1338488 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, a	s applicable
Also provide any other additional information	<u> </u>
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
THE COLLEGE AND ITS STUDENTS RECEIVE FINANCIAL AID FROM FEDER	AL AND STATE
GOVERNMENTAL AGENCIES UNDER VARIOUS PROGRAMS.	
_	
•	

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2019
Open to Public Inspection.

Name of the organization

RUSSELL SAGE COLLEGE

(FORMERLY THE SAGE COLLEGES)

Employer identification number

14-1338488

Part I General Infor	mation on A	ctivities Out	side the United States. Complet	te if the organization answered "	res" on				
Form 990, Part IV	/, line 14b		<u> </u>						
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,									
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the g	grants or assistance?	Yes No				
	1								
2 For grantmakers. Desc	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and other assistance outs	ide the				
United States	United States								
			an be duplicated if additional space is ne		(0.T.:				
(a) Region	(b) Number of offices	`employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures				
	in the region	l agents and	gram services, investments, grants to	describe specific type	for and				
		contractors	recipients located in the region)	of service(s) in the region	investments in the region				
CENTREAL AMPRICA AND		in the region	- '-	-					
CENTRAL AMERICA AND THE CARIBBEAN -									
ANTIGUA & BARBUDA,									
ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	o	0	INVESTMENTS	¥	10,532,238.				
EUROPE (INCLUDING	-				,				
ICELAND & GREENLAND)									
- ALBANIA, ANDORRA,									
AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,763,382.				
· · · · · · · · · · · · · · · · · · ·									
,									
					+				
3 a Subtotal	0	0			12,295,620.				
b Total from continuation									
sheets to Part I	0	0	1 a		0.				
c Totals (add lines 3a				Ŧ					
and 3b)	0	0	Million Brown and The Company	a	12,295,620.				

(FORMERLY THE SAGE COLLEGES)

Schedule F (Form 990) 2019 (FORM

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed Part II

14-1338488

ı	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		,							
	,								
- <u>-</u>			,						
	o	,				•	l		
	,	,							
	-	,							
		f recipient organization Ich the grantee or coul	ns listed above that are r nsel has provided a sect	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r	recognized as tax-exe	empt		
1	Enter total number of	Enter total number of other organizations or entities	or entities				A		

Schedule F (Form 990) 2019

(FORMERLY THE SAGE COLLEGES)

|Part III. | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Schedule F (Form 990) 2019

Page 3

14-1338488

Part III can be duplicated if additional space is needed

1,	1	1	l	1	ı	I	1	1	ļ I
(h) Method of valuation (book, FMV, appraisal, other)									
(g) Description of noncash assistance									
(f) Amount of noncash assistance			,						
(e) Manner of cash disbursement		•	,						
(d) Amount of cash grant									
(c) Number of recipients									
(b) Region									d
(a) Type of grant or assistance							•		

Schedule F (Form 990) 2019

			· _		
RMERLY	THE	SAGE	COLLEGES)	14-1338488	Page 4

Sched	ule F (Form 990) 2019 (FORMERLY THE SAGE COLLEGES)	14-1338488	Page 4
	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	X No

Schedule F (Form 990) 2019

Schedule F	(Form 990) 2019 (FORMERLY THE SAGE COLLEGES)	14-1338488	Page 5
Part V	Supplemental Information	•	
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, Ii	ne 3, column (f) (accounting method, amounts of	
•	investments vs expenditures per region), Part II, line 1 (accounting method), F		
	(estimated number of recipients), as applicable. Also complete this part to pro-		
	(estimated number of recipients), as applicable 7 lies complete this part to pre-	tion any account in the interior control of the interior	
	 		
-			
			-
			-
•			
	•		
		<u> </u>	
	·		
			_
	•		
32075 10-12-	19	Schedule F (Form 9	90) 201

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

2019Open to Public

Inspection

OMB No 1545-0047

► Attach to Form 990.

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

Nam	Name of the organization KUSSELL SAGE CULLEGE (FORMERLY THE SAGE C	AGE COLLER THE SAGE	GE COLLEGES)					Employer identification number 14-1338488
Part	General Information on Grants an	nd Assistance						
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	o substantiate the stance?	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectic	no X Yes No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	funds in the United	States			
Part II	_	Domestic Organi	zations and Domestic	Governments.	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated	55,000 Part II can	be duplicated if addition	I if additional space is needed	pa	(f) Mothod of		
•	1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Memod of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
١,								
								-
		_						
8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				
က	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
Ŧ	For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

14-1338488

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 (FORMERLY THE SAGE COLLEGES) Schedule | (Form 990) (2019)

Part III

(f) Description of noncash assistance (book, FMV, appraisal, other) ENSURE FUNDS ARE USED IN ACCORDANCE WITH GRANTOR POLICIES AND REGULATIONS. GRANT IS ASSIGNED A GRANTS ADMINISTRATOR WHO MONITORS ALL EXPENDITURES TO . Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, columi (b), and any other additional information PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE UNITED STATES: EACH Ø AN ACCOUNTANT IS ASSIGNED TO RECORD AND REPORT ALL. GRANT NO REVENUES AND EXPENDITURES TO THE GRANT ADMINISTRATOR AND GRANTOR (d) Amount of non-cash assistance ٠. 22,786,574. (c) Amount of cash grant 1591 (b) Number of recipients (a) Type of grant or assistance ς REGULAR BASIS. STUDENT SCHOLARSHIPS LINE IN ADDITION, H, PART

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

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

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

RUSSELL SAGE COLLEGE (FORMERLY THE SAGE COLLEGES)

Questions Regarding Compensation

Employer identification number

14-1338488

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	•		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			(
	First-class or charter travel X Housing allowance or residence for personal use		,	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	1		
	,			'
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	'		•
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	,		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	ь.		
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a⋅c, list the persons and provide the applicable amounts for each item in Part III			
		1		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		,	
	contingent on the revenues of			
	The organization?	5a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	<u> </u>		
	The organization?	6a		X
b	Any related organization?	- 6b		
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	0		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53 4958-6(c)?	3	1	ì

14-1338488

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(a) Broaddood (a)	(a) Breakdown of W.9 and/or 1000 MISC councilian	acito aco o o	bac tacomortion (0)		Total of any Total	
		(b) Dicardowii oi	אייב מוושיטו וטשיואווג	SC collipelisation	other deferred	bonofite	(E) Total Of Columns	(r) compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(ב) (נולם)	reported as deferred on prior Form 990
				•				
(1) CHRISTOPHER AMES	Ξ	301,079.	0.	0	0	80,555.	381,634.	0
PRESIDENT	(ii)		• 0	0	0	0	0	0
(2) FREDERICK BARTHELMAS	(3)	182,88	0	0.		0	185,883.	0
VP FINANCE/TREAS	(ii)		0	0		0	0	0
(3) THERESA HAND	(i)	148,76	0	0	0	2,928.	151,696.	0.
PROVOST	(ii)		0.	0		0	0	0
(4) SUSAN L. REANTILLO	Ξ	151,25	0.	0		0	151,250.	0
INTERIM VP ENROLLMENT MNGM	(ii)		0.	• 0	• 0	0	0	0
	(i)	150,450.	0	• 0	0	0	150,450.	0
VP INSTITUTIONAL ADVANCEME	(ii)	0.	0.	• 0	0	0	0	0
	Ξ							
	(E)							
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Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019 (FO

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Part III | Supplemental Information

Schedule J (Form 990) 2019 PRESIDENT TO LIVE IN A HOUSE ON THE CAMPUS AS A CONDITION OF EMPLOYMENT FOR HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: THE COLLEGE REQUIRES THE THE CONVENIENCE OF THE COLLEGE. THE HOUSE IS FURNISHED AND MAINTAINED AT THE COLLEGE'S EXPENSE. THE TOTAL ESTIMATED ANNUAL PERSONAL USE VALUE OF THE RESIDENCE IS \$50,000 AND IS INCLUDED IN THE NONTAXABLE BENEFITS REPORTED IN PART VII AND SCHEDULE J PART I, LINE 1A:

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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 instructions and the latest information.

Open to Public Inspection

RUSSELL SAGE COLLEGE

(FORMERLY THE SAGE COLLEGES)

Employer identification number 14-1338488

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 de noncash contribu	etermının		S
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	X	18	664,686.	DAY'S HIGH/	LOW 2	AVO	3
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or	·						
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -				İ			
	Historic structures							
14	Qualified conservation contribution - Other				L			
15	Real estate - Residential							
16	Real estate - Commercial				<u> </u>			
17	Real estate - Other				<u> </u>			
18	Collectibles				ļ			
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 (Al A		-			
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	is, Part IV, L	onee Acknowledg	ement 29			es	No
20-	During the year, did the organization receive by	. oontribuitio	n any proporty ron	arted in Part Llines 1 through	h 28 that it		es	140
Sua	must hold for at least three years from the date						Ì	
	exempt purposes for the entire holding period?		Contribution, and	which isn't required to be us	eu ioi	30a	\dashv	X
h	If "Yes," describe the arrangement in Part II					304	一十	
31	Does the organization have a gift acceptance p	olicy that re	aures the review o	of any nonstandard contribute	ons?	31		<u></u>
	Does the organization have a girt acceptance p						\neg	
	contributions?		J	,		32a		Х
h								
		olumň (c) for	a type of property	for which column (a) is chec	ked,			
		(-)	21 EEast.)		<i>,</i>			
ь 33	If "Yes," describe in Part II If the organization didn't report an amount in co describe in Part II	olumň (c) for	a type of property	for which column (a) is chec	ked,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

RUSSELL SAGE COLLEGE

Schedule M	l (Form 990) 2019 (FORMERLY T	HE SAGE	COPPECES	<u>) </u>	<u> </u>	1338488	Page 2
Part II	Supplemental In is reporting in Part I, of this part for any additional in the supplemental II is reported in the part for any additional in the supplemental in the s	formation. Proveolumn (b), the num lonal information	ide the informat ber of contributi	ion required by F ons, the number	Part I, lines 30b, 32 r of items received	2b, and 33, and wh , or a combination o	ether the organization of both Also comp	tion blete
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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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

RUSSELL SAGE COLLEGE (FORMERLY THE SAGE COLLEGES) Employer identification number 14-1338488

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 REVIEW PROCEDURE: THE DRAFT FORM 990 IS PRESENTED TO THE BOARD
FINANCE COMMITTEE, AUDIT SUB-COMMITTEE AND EXECUTIVE COMMITTEE FOR
APPROVAL. IT IS THEN PRESENTED TO THE FULL BOARD FOR FINAL APPROVAL BEFORE
BEING SUBMITTED TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY PROCEDURES: A CONFLICT OF INTEREST DISCLOSURE
IS REQUIRED TO BE COMPLETED ANNUALLY BY EACH TRUSTEE AND EXECUTIVE OFFICER.
INDIVIDUALS SUBJECT TO ANY KNOWN, POSSIBLE OR PERCEIVED CONFLICT RECUSE
THEMSELVES FROM THE DELIBERATIVE AND DECISION-MAKING PROCESSES IN RESPECT
OF MATTERS AFFECTED.
OI IMITIMO MITUELLO.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION PROCEDURES: COMPENSATION FOR THE PRESIDENT IS REVIEWED AND
APPROVED BY THE BOARD EXECUTIVE COMMITTEE AND TRUSTEES. COMPENSATION FOR
CABINET MEMBERS IS REVIEWED AND APPROVED BY THE PRESIDENT.
,
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABILITY TO PUBLIC OF ANNUAL INFORMATION RETURNS, GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS: THESE ARE PROVIDED
UPON REQUEST.
OTON KILGOLDI.
FORM 990, PART IX, LINE 2
GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS: INCLUDED IN THE
GRANTO AND CHIER ADDIDITANCE TO DOMEDITO INDIVIDUADS. INCHORED IN THE

\$22,786,574 REPORTED AS GRANTS AND OTHER ASSISTANCE TO DOMESTIC

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

Open to Public 2019

OMB No 1545-0047

Employer identification number 14-1338488

► Go to www.irs.gov/Form990 for instructions and the latest information. RUSSELL SAGE COLLEGE (FORMERLY THE SAGE COLLEGES)

Paril Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

	•						
(a) Nome address and EIN (if annivable)	(d)	(2)				(J)	
name, address, and the quadress of disregarded entity	רוווומו אַ מכוועונאַ	foreign country)		ie cilo-or-year assets		Direct controlling entity	
							1
Part III Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year	ations. Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, b	ecause it had one o	ır more related tax-exer	npt	
(a)	(q)	(၁)	(p)	(e)	(4)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(13)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	활누	
UNIVERSITY HEIGHTS ASSOCIATION INC -				<i>"-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V</i>		Yes	9
14-1781912, 130 NEW SCOTLAND AVE, ALBANY, NY	SHARED SERVICES (SECURITY,						
12208	TRANSPORTATION, ETC.)	NEW YORK	501(C)(3)	LINE 12A, I		×	L
						-	
						-	

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

Schedule R (Form 990) 2019

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14-1338488

Page 2

RUSSELL SAGE COLLEGE

(FORMERLY THE SAGE COLLEGES) Schedule R (Form 990) 2019

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

(j) (k) . General or Percentage managing ownership partner?		
General or managing partner?	 	
Gen Gen Yes		
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		·
(h) Disproportionate allocations?		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

and the second of the second o	and and and								
(a)	(q)	(၁)	(p)	(a)	(J)	(6)	(£)	Θ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	- gig-
		country)		OI HIGH				Yes	2
								-	
								-	
CHARITABLE REMAINDER TRUST (1)	INVESTMENT	NY							×
								_	
POOLED LIFE INCOME FUND (1)	INVESTMENT	NY							×
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GIFT ANNUITY FUND (1)	INVESTMENT	NY							×
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Schedule R (Form 990) 2019

RUSSELL SAGE COLLEGE

(FORMERLY THE SAGE COLLEGES) Schedule R (Form 990) 2019

Page 3

14-1338488

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Yes

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ns With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	
Complete if the organization answered	, or IV of this schedule
Transactions With Related Organizations.	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule
Part V	Note: Col

nore related organizations listed in Parts II-IV?	
g transactions with one or m	
the followin	
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During	•

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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	If the answer to any	
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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(c) (d) (determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			

14-1338488

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RUSSELL SAGE COLLEGE (FORMERLY THE SAGE COLLEGES)

Schedule R (Form 990) 2019

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

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

) rtage ship						
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No		,				
(J) General or managing partner? Yes NO						
X 20 X 20 Y E 3 6						
(i) le V-UB t in box nedule I m 1065						
Coc amoun of Sch (For						
(h) Disproportionate allocations? Yes No				- · · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·						
(g) Share of end-of-year assets					:	
S end						
(f) Share of total income						
i l			•		i	
(e) Are all partners sec 501(c)(3) ler Yes No						
e parin						
r incom related, tax un 2-514)						
(d) ominant tted, un ed from ions 51						
(d) Predominant income proceed (related, unrelated, excluded from tax undersections 512-514)						
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(c) gal domic tte or fore country)						
Leg (stat	 				 	
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(b) Primary activity						
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(a) Name, address, and EIN of entity						
(a) iddress of entir						
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Schedule	、 R (Form 990) 2019	RUSSELL SA				14-1338488	B Page £
Part VI	Supplemental Info	rmation					
	Provide additional inform		questions on Sche	edule R See instru	ictions		
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