DLN: 93493195008112

2020

OMB No. 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

| | | enue Service | | | 1. 00 | 24 2024 | | | | |
|-----------------------------|-------------------|--|---|---|----------------|-------------------|---|-----------------|---|--|
| | | | C Name of organization | oeginning 09-01-2020 , and | ending 08- | 31-2021 | D Employe | : | ication number | |
| | | pplicable: change | VAUGHN CÖLLEGE OF AERONA | AUTICS | | | | | cation number | |
| | lame ch | _ | AND TECHNOLOGY | | | | 11-0461 | .385 | | |
| □ Ir | nitial re | turn | Doing business as | | | | | | | |
| | | n/terminated | | | | | E Telephon | e number | | |
| | | d return ion pending | 9601 22PD AVENUE | x if mail is not delivered to street ad | dress) Room/ | suite | (718) 42 | | | |
| | ррпсасі | on pending | | e, country, and ZIP or foreign postal o | code | | (718) 42 | 29-0000 | | |
| | | | EAST ELMHURST, NY 11369 | -,, , <u></u> - | | | G Gross red | eints \$ 43 | 3 396 146 | |
| | | | F Name and address of pri | incipal officer: | | H(a) | Is this a group ret | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | SHARON DEVIVO | | | | subordinates? | uiii ioi | □Yes ☑ No | |
| | | | 8601 23RD AVENUE EAST ELMHURST, NY 1136 | 9 | | H(b) | Are all subordinate | es | ☐ Yes ☐No | |
| I T | ax-exer | mpt status: | • | | П газ | | included? | at (aaa | | |
| 1 V | Vobeit | to 1 10/1/ | VW.VAUGHN.EDU |) ((insert no.) 4947(a)(1) | OI L 32/ | | If "No," attach a li Group exemption | • | • | |
| , v | vensii | te: P VVV | WW.VAOGHN.EDO | | | | croup exemperor | amber | • | |
| K Fo | rm of o | rganization | : 🗹 Corporation 🗌 Trust 🔲 | Association Other | | L Year o | f formation: 1932 | M State | of legal domicile: NY | |
| | 0. 0 | rgamzacion | . — corporation — must — | 7 August 2011 Carlet P | | | | | | |
| F | Part I | Sum | mary | | | | | | | |
| | | | | ion or most significant activities | | EDUCATIO | N THAT CREATES | ^ TEETTI | ME OE | |
| e) | | OPPORTU | | T AT A TIME WITH A TRANSFOR | MATIONAL E | EDUCATIO | VINAL CREATES / | 4 LILEIII | VIE OF | |
| anc | - | | | | | | | | | |
| Ë | : | | | | | | | | | |
| Governance | , | Check th | is box • if the organization | on discontinued its operations of | disposed of | more that | n 25% of its net as | ssets | | |
| জ জ | | | | verning body (Part VI, line 1a) | | | | 3 | 11 | |
| Sé | 4 | Number | of independent voting membe | ers of the governing body (Part | VI, line 1b) | | | 4 | 10 | |
| Activities & | 5 | Total nur | 5 | 488 | | | | | | |
| Ę. | 6 | Total nur | 6 | 10 | | | | | | |
| ⋖ | 7a | Total unr | related business revenue from | n Part VIII, column (C), line 12 | | | | 7a | 1,356 | |
| | b | Net unre | lated business taxable incom | e from Form 990-T, line 39 . | | | | 7b | 0 | |
| | | | | | | | Prior Year | | Current Year | |
| Q, | 8 | Contribut | tions and grants (Part VIII, lin | e 1h) | | | 8,273,5 | 22 | 8,227,293 | |
| Š | 9 | Program | service revenue (Part VIII, lin | e 2g) | | | 39,831,2 | 86 | 32,659,331 | |
| Rəvenue | 10 | Investme | ent income (Part VIII, column | (A), lines 3, 4, and 7d) | | | 2,538,0 | 28 | 737,647 | |
| _ | 11 | 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 264,588 | | | | | | | 194,502 | |
| | 12 | Total rev | enue—add lines 8 through 11 | . (must equal Part VIII, column (| A), line 12) | | 50,907,4 | 24 | 41,818,773 | |
| | 13 | Grants a | nd similar amounts paid (Par | IX, column (A), lines 1-3) . | | | 10,797,7 | 16 | 5,521,774 | |
| | 14 | Benefits | paid to or for members (Part | IX, column (A), line 4) | | | | 0 | 0 | |
| 83 | 15 | Salaries, | other compensation, employ | ee benefits (Part IX, column (A) | , lines 5–10) | | 18,902,2 | 79 | 16,335,194 | |
| Expenses | 16a | Profession | onal fundraising fees (Part IX, | column (A), line 11e) | | | | 0 | 0 | |
| Kp e | b | Total fund | raising expenses (Part IX, columr | ı (D), line 25) ▶ <u>350,475</u> | | | | | | |
| ŭ | 17 | Other ex | penses (Part IX, column (A), | lines 11a–11d, 11f–24e) | | | 21,242,7 | 27 | 22,904,911 | |
| | 18 | Total exp | penses. Add lines 13–17 (mus | st equal Part IX, column (A), line | 25) | | 50,942,7 | '22 | 44,761,879 | |
| | | Revenue | less expenses. Subtract line | 18 from line 12 | | | -35,2 | 98 | -2,943,106 | |
| Net Assets or Fund Balances | | | | | | Begi | nning of Current Ye | ear | End of Year | |
| dan | 120 | T-4-1 | (D+ V - !: + C) | | | | 105 250 2 | -50 | 105 761 771 | |
| Ass I Ba | 20 | | sets (Part X, line 16) | | | | 105,350,2 | | 105,761,771 | |
| ž,š | 21 | | | | | | 64,896,8 | _ | 63,058,440 | |
| | | | ts or fund balances. Subtract | line 21 from line 20 | • • | | 40,453,4 | .04 | 42,703,331 | |
| | Part II er pen | | ature Block periury. I declare that I have a | examined this return, including | accompanyir | na scheduli | es and statements | and to | the best of my | |
| knov | vledge | and belie | | plete. Declaration of preparer (| | - | | | , | |
| any | knowle | edge. | | | | | | | | |
| | | **** | * | | | | 2022-07-15 | | | |
| Sig | n | Signat | ure of officer | | | | Date | | | |
| Her | | ROBER | RT G WALDMANN VP FINANCE & B | USINESS SERVICES | | | | | | |
| | | Туре | or print name and title | | | | | | | |
| | | F | Print/Type preparer's name | Preparer's signature | | Date 2022-07-1 | | TIN 00535099 | <u> </u> | |
| Pai | id | L | | <u> </u> | | 2022-07-1. | self-employed | | | |
| | pare | ei | Firm's name F CBIZ MARKS PAN | NETH LLC | | | Firm's EIN > 87-3 | 3707167 | | |
| Us | e On | ıly | Firm's address ► 685 THIRD AVEN | UE | | | Phone no. (212) 5 | 503-8800 | | |
| | | | NEW YORK, NY | 10017 | | | | | | |
| May | the ID | S discuss | | shown above? (see instruction: | =) | | | √ ∨ | es □ No | |
| | | | duction Act Notice, see the | <u> </u> | -, • • • | Cat | No. 11282Y | <u> </u> | Form 990 (2020) | |
| | | | | | | -ui. | | | | |

| Form | 990 (2 | 020) | | | | | Page 2 |
|------|---------|--------------------|-----------------------|-------------------|--|---|------------------------|
| Pa | rt III | Statement of | Program Service | e Accomplis | hments | | |
| | | Check if Schedule | e O contains a respo | onse or note to a | any line in this Part III . | | 🗆 |
| 1 | Briefly | describe the orga | nization's mission: | | | | |
| | | | | | R AERONAUTICAL HERI N THE INDUSTRIES WE | TAGE THAT INSPIRES A DIVERSE SERVE. | E AND COMMITTED |
| | | | | | | | |
| 2 | Did th | e organization und | dertake any significa | int program ser | vices during the year wh | hich were not listed on | |
| | the pr | ior Form 990 or 99 | 90-EZ? | | | | 🗌 Yes 🗹 No |
| | If "Yes | s," describe these | | | | | |
| 3 | Did th | e organization cea | ise conducting, or m | nake significant | changes in how it condu | ıcts, any program | |
| | servic | es? | | | | | 🗌 Yes 🗹 No |
| | If "Yes | ," describe these | changes on Schedul | e O. | | | |
| 4 | Sectio | n 501(c)(3) and 5 | | ons are required | to report the amount of | largest program services, as mea of grants and allocations to others | |
| 4a | (Code: | |) (Expenses \$ | 30,595,236 | including grants of \$ | 5,521,774) (Revenue \$ | 31,327,430) |
| 74 | ` | ditional Data |) (Expended ¢ | 00,030,200 | mercaning grante or ¢ | σ,σ21,7 γ (πονεπασ φ | 31/32//100/ |
| | | | | | | | |
| 4b | (Code: | |) (Expenses \$ | 2,380,129 | including grants of \$ |) (Revenue \$ | 1,526,765) |
| | See Ad | ditional Data | | | | | |
| | | | | | | | |
| 4c | (Code: | |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | | |
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| | | | | | | | |
| 4d | Other | program services | (Describe in Schedu | ule O.) | | | |
| | | nses \$ | | uding grants of | \$ |) (Revenue \$ |) |
| 4e | Total | program service | e expenses > | 32,975,3 | 65 | | |
| | | | | · | | | Form 990 (2020) |

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20a

20b

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Nο

Nο

Nο

Nο

Nο

Form **990** (2020)

| | 990 (2020) | | | Page 3 |
|-----|--|-----|-------------------|--------|
| Pai | tiV Checklist of Required Schedules | ı | | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes Yes | No |
| 2 | | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates | | 163 | No |
| 3 | for public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | No |
| 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 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III | 8 | | No |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI. | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2 | 11b | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Yes | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts II and IV</i> | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 16 | | No |

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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| orm | 990 (2020) | | | Page 4 |
|-----|--|----------|-----|----------|
| Pa | Checklist of Required 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 | Yes | |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 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 | | No |
| 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? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| 8. | 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? <i>If "Yes,"</i> complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| 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 | | No |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ref{Matter} | 29 | Yes | |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 4 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 6 | 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 | | No |
| 7 | 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 | | No |
| 8 | 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 | Yes | |
| Pa | statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u> </u> |
| 1 ~ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1,864 | \vdash | Yes | No |
| | Enter the number reported in Box 3 or Form 1090. Enter -0- if not applicable | | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| -01111 | 990 (2020) | | | Page 5 | | | |
|--------|---|----------|-----|--------|--|--|--|
| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
| 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 | | | | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | | | | |
| | 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)? 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). | 4a | | No | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No | | | |
| | | 5b | | | | | |
| | 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? | 5c 6a | | No | | | |
| 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). | | | | | | |
| | 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 | | No | | | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | | |
| d | 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 | | No | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | | | |
| _ | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | |
| 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 10a | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| a | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | |
| | 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 | | | | | | |
| | Enter the amount of reserves on hand | _ | | N. | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | No | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No | | | |

| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | ŕ | onse to i | lines |
|----------|--|-----------------|---------------|-----------------|
| Se | ection A. Governing Body and Management | | | |
| _ | | | Yes | No |
| 1a | a Enter the number of voting members of the governing body at the end of the tax year 1a | 11 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 10 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee? | ther 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supe of officers, directors or trustees, or key employees to a management company or other person? . | rvision 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | . 6 | | No |
| | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body? | 7a | | No |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body? | | | No |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye the following: | | | |
| | The governing body? | 8a | Yes | |
| | Each committee with authority to act on behalf of the governing body? | . 8b | Yes | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | . 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Re | evenue Cod | e.) Yes | No |
| 10- | Did the organization have local chapters, branches, or affiliates? | 10a | res | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with the organization's exempt purposes? | | | NO |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? | <u> </u> | Yes | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | . | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc conflicts? | e to 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done | in 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | . 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independence persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | lent | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | . 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's except the push arrangements? | | | |
| | status with respect to such arrangements? | 16b | | |
| | List the states with which a convert this Form 000 is required to be filed. | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3 only) available for public inspection. Indicate how you made these available. Check all that apply. |)s | | |
| | | | | |
| 19 | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interespolicy, and financial statements available to the public during the tax year. | est | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record PROBERT G WALDMANN - VP OF FINANCE 86-01 23RD AVENUE FLUSHING, NY 11369 (718) 429-6600 | ds: | | |
| | | F | orm 99 | 0 (2020) |

(17) ERNEST SHEPELSKY

VP ENROLLMENT MGT. (OUTGOING)

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 $\mbox{\rm VII}$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- 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, of reportable compensation from the organization List all of the organization's former directo | n and any relate | ed orgai | nizati | ons. | • | | | • | · | |
|---|--|-----------------------------------|--|----------|--|--|----------|---|--|--|
| organization, more than \$10,000 of reportable co | • | | organ | izati | ion a | and ar | ny re | elated organization | s. | |
| See instructions for the order in which to list the | • | | | | | | | | | |
| Check this box if neither the organization no (A) Name and title | r any related or (B) Average hours per | Positio | (C) Position (do not check more than one box, unless | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | week (list any hours for related organizations below dotted line) | and | | ecto | r/tr | office ustee Highest | | from the organization (W-2/1099- MISC) | from related organizations (W-2/1099- MISC) | compensation from the organization and related organizations |
| | | Individual trustee or director | onal Trustee | | oloyee | Highest compensated employee | | | | |
| (1) BARRY ECCLESTON TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (2) DOUGLAS IZARRA TRUSTEE | 1.00 | х | | | | | | 0 | 0 | 0 |
| (3) DR SHARON DEVIVO PRESIDENT | 40.00 | Х | | x | | | | 397,946 | 0 | 30,634 |
| (4) FRANK L ROSENBERG TRUSTEE (OUTGOING) | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (5) GEN CRAIG R MCKINLEY VICE CHAIR (OUTGOING) | 1.00 | Х | | х | | | | 0 | 0 | 0 |
| (6) JOSEPH A WERNER TRUSTEE (OUTGOING) | 1.00 | х | | | | | | 0 | 0 | 0 |
| (7) KATHERINE B POSNER TRUSTEE | 1.00 | х | | | | | | 0 | 0 | 0 |
| (8) KEN STAUFFER CHAIR | 1.00 | Х | | х | | | | 0 | 0 | 0 |
| (9) LYSA C SCULLY LEIPONIS TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (10) MARY WARD-CALLAN TREASURER | 1.00 | Х | | x | | | | 0 | 0 | 0 |
| (11) OSWIN MOORE VICE CHAIR | 1.00 | Х | | х | | | | 0 | 0 | 0 |
| (12) PATTY CLARK TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (13) PETER A VAUGHN SECRETARY | 1.00 | Х | | х | | | | 0 | 0 | 0 |
| (14) RODERICK K RANDALL TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (15) THOMAS I APPERSON TREASURER (OUTGOING) | 1.00 | Х | | х | | | | 0 | 0 | 0 |
| (16) DOMENIC PROSCIA VP TRAINING | 40.00 | | | х | | | | 164,299 | 0 | 13,269 |
| | 40.00 | 1 | — | \vdash | | | \vdash | | | |

40.00

2,970

177,949

| Form 990 (2020) | | | | | | | | | | | Page 8 |
|---|--|-----------------------------------|-----------------------|-----------------------|----------------------------------|------------------------------|--------|--|---|---|-----------------------------------|
| Part VII Section A. Officers, Directors | | ey Em | ploy | | | d Hig | jhes | st Compensated | Employees (con | tinued) | |
| (A) Name and title | (B) Average hours per week (list any hours for related | | ne bo | ox, u n of or/t | t che unles ficer ruste | s pers and a ee) | son | (D) Reportable compensation from the organization (W-2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | (F Estim amount of compen from organizat | ated of other sation the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC) | MISC) | relal organiz | :ed |
| (18) PAUL LAVERGNE | 40.00 | | | х | | | | 164,590 | 0 | | 45,991 |
| VP ACADEMIC AFFAIRS (19) ROBERT G WALDMANN VP FIN. & BUS. SERV. | 40.00 | | | х | | | | 257,049 | 0 | | 19,749 |
| (20) EDGAR TROUDT ASSOCIATE VP OF ACADEMIC AFFAIRS | 40.00 | | | | | Х | | 130,074 | 0 | | 24,589 |
| (21) HUSSEIN RAHEMI PROFESSOR | 40.00 | | | | | Х | | 190,209 | 0 | | 23,417 |
| (22) MARGARET DUCHARME PROFESSOR | 40.00 | | | | | х | | 129,863 | 0 | | 20,610 |
| (23) MARY DURKIN ASSOCIATE VP OF HUMAN RESOURCES | 40.00 | | | | | Х | | 131,227 | 0 | | 24,705 |
| (24) MAXINE LUBNER PROFESSOR | 40.00 | | | | | х | | 145,323 | 0 | | 8,928 |
| 1b Sub-Total | II, Section A | | | | • | | | 1,888,529 | 0 | | 214,862 |
| Total number of individuals (including but of reportable compensation from the organization) | not limited to t | | | | re) w | | ceive | | | | 214,002 |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | key e | emp | loyee | e, or h | nighe | est compensated er | nployee on 3 | Yes | No No |
| 4 For any individual listed on line 1a, is the organization and related organizations greindividual | | | | | | | | | he 4 | Yes | |
| 5 Did any person listed on line 1a receive of services rendered to the organization?If " | | | | | | | | | dual for | | No |
| Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highest of from the organization. Report compensation | | | | | | | | | | nsation | |
| | (A) usiness address | | | | | | | Descript CONSTRUCTIO | (B) tion of services | Comper 1 |) nsation ,440,599 |
| 81 JERICHO TURNPIKE MINEOLA, NY 11501 | | | | | | | | ELICUT TO ANN | No | | |
| HERITAGE FLIGHT ACADEMY ISLIP MACARTHUR AIRPORT 2075 SMITHT | | | | | | | | FLIGHT TRAINI | ING | | 937,205 |
| RONKONKOMA, NY 11779 WRD CONSULTING GROUP LLC | | | | | | | | CONSULTING | | | 172,494 |
| PO BOX 1606 BANDON, OR 97411 BOND SCHOENECK & KING PLLC | | | | | | | | LEGAL SERVIC | ES | | 135,842 |
| PO BOX 11607 SYRACUSE, NY 13218 | | | | | | | | | | | |
| 2 Total number of independent contractors (in compensation from the organization ► 4 | cluding but not | limited | l to th | nose | liste | ed abo | ove) | who received more | e than \$100,000 of | Form 99 | |

| | | (2020) | | | | | | | | Page 9 |
|-------------------------|---------------------------|--|---------|-----------------|--|---------------------|------------------------|--|--------------------------------|--|
| Part | VIII | | | | recne | onse or note to any | line in this Part VIII | | | П |
| | | Check II Sched | uue | O contains a | respo | nise or note to any | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| | 1a Federated campaigns 1a | | | | | ' | <u>'</u> | • | 1 | |
| Grants mounts | | Membership dues | | <u> </u> | 1b | | | | | |
| s, G | | | | | 1c | | | | | |
| Gifts Iar | | Government grants (| | | 1d 1e | 7,981,381 | | | | |
| ons, Gift Similar | _ | All other contributions | s, gift | ts, grants, | | | | | | |
| <u> </u> | | and similar amounts rabove | | | 1f | 245,912 | | | | |
| oth O | g | Noncash contributions lines 1a - 1f:\$ | s incl | | 1g | 45,123 | | | | |
| Cont | h | Total. Add lines 1a | a-1f | | | > | 8,227,293 | | | |
| | | | | | | Business Code | 24 227 420 | 24 227 420 | | |
| æ | 2a | STUDENT TUITION & | FEES | 5 | | 611710 | 31,327,430 | 31,327,430 | | |
| ne. | b | AUXILIARY REVENUE | | | | 900099 | 1,331,901 | 1,331,901 | | |
| Program Service Revenue | | | | | | - | | | | |
| rvice | С | | | | | | | | | |
| % ⊗ | d | | | | | | | | | |
| grar | e | | | | | | | | | |
| Æ | _ | | | | | | + | | | |
| | | All other program Total. Add lines 2 | | | | 32,659,331 | | | | |
| | | Investment income | | | | | | | | |
| | S | imilar amounts) . Income from invest | • | | • | • | _ | | | 335,701 |
| | | | | | | ond proceeds | | | | |
| | | | | (i) Rea | l | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | С | Rental income | | | | | - | | | |
| | d | or (loss) Net rental income | 6c | (loss) | | | | | | |
| | | Net rental income | | (i) Securi | | (ii) Other | | | | |
| | 7a | 7a Gross amount from sales of 7a 1,979 | | 179 310 | | | | | | |
| | | assets other than inventory | | | | | | | | |
| | b | | | 577.373 | 3 | | | | | |
| | | sales expenses | | _,_ | | | _ | | | |
| | С | Gain or (loss) | 7c | 4 | 01,946 | 5 | <u> </u> | | | |
| | | Net gain or (loss) Gross income from fu | | | <u>. </u> | · · · • | 401,946 | | 1,718 | 400,228 |
| ine. | Ua | (not including \$ | | of | | | | | | |
| Other Revenue | | See Part IV, line 18 | | | 8a | | | | | |
| ă | | Less: direct expen | | | 8b | |] | | | |
| the | C | Net income or (los | s) fr | om fundraisi | ng ev | ents 🕨 | | | | |
| J | 9a | Gross income from See Part IV, line 19 | gami | ing activities. | | | | | | |
| | b | Less: direct expen | | | 9a 9b | | - | | | |
| | | Net income or (los | | | | ies 🕨 | _ | | | |
| | 10: | aGross sales of inve | ento | rv, less | | | | | | |
| | | returns and allowa | nces | 5 | 10a | | | | | |
| | | Less: cost of good | | | 10b | | J | | | |
| | С | Net income or (los Miscellaneo | | | invent | Business Code | | | | |
| | 11 | aBAD DEBT RECOV | | | | 90009 | 9 188,059 | 188,059 | | |
| | | | | | | | | | | |
| | b | MISCELLANEOUS | | | | 90009 | 9 6,443 | 6,805 | -362 | |
| | _ | | | | | | | | | |
| | C | | | | | | | | | |
| | d | All other revenue | • | | | | | | | |
| | e | Total. Add lines 1 | 1a-1 | l1d | | • | 194,502 | | | |
| | 12 | Total revenue. S | ee ir | nstructions . | | | 41,818,773 | | 1,356 | 735,929 |
| | | | | | | | .2,010,770 | | 1,000 | Form 990 (2020) |

| Р | art IX Statement of Functional Expenses | | | | |
|----|---|-------------------------|------------------------------------|--|---------------------------------------|
| | Section $501(c)(3)$ and $501(c)(4)$ organizations must c | | = | | mn (A). |
| | Check if Schedule O contains a response or note to ar | ny line in this Part IX | | | <u> U</u> |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 5,521,774 | 5,521,774 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,050,649 | 835,266 | 201,199 | 14,184 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 12,335,255 | 9,806,757 | 2,362,791 | 165,707 |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 170,617 | 135,644 | 32,681 | 2,292 |
| 9 | Other employee benefits | 1,541,199 | 1,225,281 | 295,209 | 20,709 |
| 10 | Payroll taxes | 1,237,474 | 983,813 | 237,031 | 16,630 |
| 11 | Fees for services (non-employees): | | | | |
| ā | Management | | | | |
| Ŀ | Legal | 235,701 | | 235,701 | |
| (| Accounting | 105,500 | | 105,500 | |
| c | Lobbying | | | | |
| • | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 79,319 | | 79,319 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 3,472,812 | 2,422,801 | 1,008,158 | 41,853 |
| 12 | Advertising and promotion | 1,229,705 | 11,018 | 1,214,263 | 4,424 |
| 13 | Office expenses | 798,121 | 621,611 | 163,948 | 12,562 |
| 14 | Information technology | | | | _ |
| 15 | Royalties | | | | |
| 16 | Occupancy | 2,237,554 | 1,562,171 | 675,383 | |
| | Travel | 105,347 | 73,549 | 31,306 | 492 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | · | · | |
| 19 | Conferences, conventions, and meetings | 20,080 | 14,327 | 5,669 | 84 |
| 20 | Interest | 3,089,016 | 2,737,088 | 351,928 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 5,343,620 | 3,886,308 | 1,457,312 | |
| 23 | Insurance | 370,559 | 258,709 | 111,850 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | a BAD DEBT | 1,750,000 | | 1,750,000 | |
| | b COLLEGE RELATIONS | 527,365 | 368,185 | 102,727 | 56,453 |
| | c FOOD SERVICES | 161,243 | 161,243 | | |
| | d MEMBERSHIP | 97,660 | 69,680 | 27,570 | 410 |
| | e All other expenses | 3,281,309 | 2,280,140 | 986,494 | 14,675 |
| 25 | Total functional expenses. Add lines 1 through 24e | 44,761,879 | 32,975,365 | 11,436,039 | 350,475 |
| 26 | 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). | | | | |

Form 990 (2020)

533,358

67,258,139

27,595,241

175,299

6,160,812

2,714,078

1,492,040

50.466.809

9,953,913

270,014

64.896.854

15,186,724

25,266,680

40,453,404

105,350,258

105,350,258

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

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29

30

31

32

33

Page **11**

920

546,611

63,301,876

33,622,307

320,733

5,679,985

2,185,877

1,621,690

49.386.546

9,646,076

218,251

63.058.440

17,700,394

25,002,937

42,703,331

105,761,771

Form 990 (2020)

105,761,771

| Check | if | Schedule | C |
|-------|----|----------|---|
| | | | |

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Intangible assets .

Grants payable .

| Check if Schedule O contains a response or note to any line in this Part IX . | | | <u> </u> |
|---|--------------------------|---|---------------------------|
| | (A) Beginning of year | | (B) End of year |
| Cash-non-interest-bearing | 570,064 | 1 | 655 |

141,874,195

78,572,319

| | 1 | Cash-non-interest-bearing | 570,064 | 1 | 655,920 |
|---|---|--|-----------|---|---------|
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 1,222,795 | 3 | 994,397 |
| | 4 | Accounts receivable, net | 1,834,550 | 4 | 639,942 |
| | 5 | Loans and other 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 | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$. | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| e | 8 | Inventories for sale or use | | 8 | |
| | | | | | |

10a

10b

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 12 13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

Yes

Yes

Yes (2020)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Additional Data

Software ID:

Software Version:

EIN: 11-0461385

Name: VAUGHN COLLEGE OF AERONAUTICS

AND TECHNOLOGY

Form 990 (2020)

Form 990, Part III, Line 4a:

FORM 990, PART 111, LINE 4a:
INSTRUCTION - VAUGHN IS A FOUR YEAR PRIVATE EDUCATIONAL INSTITUTION OFFERING BACHELOR AND ASSOCIATE DEGREES IN ENGINEERING AND TECHNOLOGY,
AVIATION AND MANAGEMENT. THE INSTITUTION ALSO OFFERS A MASTER OF SCIENCE IN AIRPORT MANAGEMENT. THE COLLEGE PROVIDES EDUCATIONAL SERVICES TO
OVER 1,500 STUDENTS. THE INSTRUCTIONAL SERVICES ARE SUPPORTED AND ENHANCED BY EFFORTS IN THE ACADEMIC SUPPORT, STUDENT SUPPORT AND
INSTITUTIONAL SUPPORT AREAS

Form 990, Part III, Line 4b: AUXILIARY SERVICES - VAUGHN OPERATES A 194 BED RESIDENCE HALL TO PROVIDE ON CAMPUS HOUSING FOR OUR STUDENTS. IN FISCAL YEAR 2020/2021 APPROXIMATELY 100 STUDENTS WERE LIVING IN THE RESIDENCE HALL.

| efile GRAPHIC print - DO NO | | | 1t - DO NOT PRO | CESS | As Filed Data - | | | DLN: 9 | 3493195008112 |
|-----------------------------|------------------------|--|--|-------------------------------|--|--------------------------------------|-----------------------------------|---|---|
| SCI | 1FD | ULE A | Du | hlic (| harity Statu | e and Dul | olic Supp | ort | OMB No. 1545-0047 |
| | m 990 | | | if the or | ganization is a sect 4947(a)(1) nonexe Attach to Form ! | ion 501(c)(3) empt charitable | organization or trust. | | 2020 |
| | | the Treasury | ▶ Go to <u>v</u> | vww.irs. | <i>gov/Form</i> 990 for ir | nstructions and | I the latest info | ormation. | Open to Public Inspection |
| Nam | e of th | nie Service 1e organiza LEGE OF AERC | | | | | | Employer identific | <u> </u> |
| | ECHNO | | | | (11) | | | 11-0461385 | |
| | r t I rganiz | | | | s (All organization it is: (For lines 1 thro | | | see instructions. | |
| 1 | rgamz | | • | | ociation of churches | J , | , , | (Δ)(i). | |
| 2 | □ | • | | • | .)(A)(ii). (Attach Sch | | | (,(-,- | |
| 3 | <u>~</u> | | | | | , | , , | . | |
| | | · | · | | ice organization descr | | | - | |
| 4 | Ш | name, city, | | operate | d in conjunction with | a nospital descri | ibed in section : | 170(b)(1)(A)(iii). E | nter the hospital's |
| 5 | | | ation operated for th (iv). (Complete Part | | of a college or univer | rsity owned or op | perated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local govern | ment or | governmental unit de | scribed in sectio | on 170(b)(1)(A | ı)(v). | |
| 7 | | | ation that normally r ' 0(b)(1)(A)(vi). (C | | | s support from a | governmental u | nit or from the genera | al public described in |
| 8 | | A communi | ty trust described in | section | 170(b)(1)(A)(vi). | (Complete Part I | I.) | | |
| 9 | | | | | scribed in 170(b)(1) e instructions. Enter | | | | ege or university or a |
| 10 | | from activit | ies related to its exe | mpt func ed busine | tións—subject to cert ss taxable income (le | tain exceptions, | and (2) no more | is, membership fees, than 331/3% of its su ses acquired by the c | • |
| 11 | | | | | exclusively to test for | r public safety. S | ee section 509 | (a)(4). | |
| 12 | | more public | ly supported organi | zations de | | 09(a)(1) or sec | ction 509(a)(2 | s of, or to carry out th). See section 509(a s 12e, 12f, and 12g. | |
| a | | organizatio | | gularly ap | | | | zation(s), typically by of the supporting orga | |
| b | | manageme | | organiza | tion vested in the san | | | organization(s), by havinge the supported orga | |
| С | | Type III f | unctionally integra | ited. A si | | | | nd functionally integra | ted with, its |
| d | | Type III n | on-functionally into | t egrated anization | . A supporting organi | zation operated fy a distribution | in connection wi | th its supported orgar an attentiveness req | |
| е | | Check this | box if the organization | on receive | | ation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | the number | of supported organi | zations | | | | <u> </u> | _ |
| g | | | | | pported organization(| | | | |
| | (i) N | lame of supports organization | | EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | 1 | | | | | | |
| | | | | | | | | | |
| Tota | | | tion Act Notice, se | | | Cat. No. 11285 | _ | Schedule A (Form 9 | |

| Sch | nedule A (Form 990 or 990-EZ) 2020 | | | | | | Page 2 |
|-------------|--|-----------------------|--------------------|---------------------|---------------------------|----------------------|-----------------|
| P | Part II Support Schedule for | Organizations | Described in S | ections 170(b |)(1)(A)(iv) ar | nd 170(b)(1)(A |)(vi) |
| | (Complete only if you ch | | | | | | under Part III. |
| | If the organization failed | to qualify unde | r the tests listed | below, please | complete Part I | II.) | |
| | Section A. Public Support Calendar vear | | I | | I | | |
| | (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not include any "unusual grant.") | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 from | | | | | | |
| | line 4. | | | | | | |
| S | Section B. Total Support | T | ı | | | 1 | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | | | | | | | |
| 8 | | | | | | | - |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | | | | | | | |
| _ | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | 1 | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | _ |
| 11 | | | | | | | |
| 12 | 10 Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| | First 5 years. If the Form 990 is for t | | | | | | zation check |
| | this box and stop here | = | | | • | | zation, check |
| | Section C. Computation of Publi | | | | <u> </u> | | |
| | Public support percentage for 2020 (li | | | column (f)) | | 14 | |
| | Public support percentage for 2019 Sc | | | | | 15 | |
| | a 33 1/3% support test—2020. If the | | | | | | hox |
| 100 | and stop here. The organization qual | | | | | | |
| b | 33 1/3% support test—2019. If th | ne organization did | not check a box of | n line 13 or 16a, | and line 15 is 33 i | | k this |
| _ | box and stop here. The organization | | | | | | |
| 17 a | a 10%-facts-and-circumstances tes | t—2020. If the or | ganization did not | check a box on lir | ne 13, 16a, or 16b | , and line 14 | |
| | is 10% or more, and if the organization | n meets the "facts | -and-circumstanc | es" test, check thi | s box and stop h e | e re. Explain | |
| | in Part VI how the organization meets | | | - | | | . 🗆 |
| _ | organization | | | | | | ▶□ |
| b | 10%-facts-and-circumstances tes 15 is 10% or more, and if the organis | | | | | | |
| | Explain in Part VI how the organization | | | | | | |
| | supported organization | | | | | | ▶□ |
| 18 | | on did not check a | box on line 13, 1 | 6a, 16b, 17a, or 1 | 17b, check this box | k and see | |
| | instructions | | | | | | ▶□ |
| | | | | | Schodu | le A (Form 990 o | r 990-F7\ 2020 |

| Р | Support Schedule for | | | | | | | | | | | | |
|-----|---|------------------------|---------------------|---------------------|--------------------|------------------|--|--|--|--|--|--|--|
| | (Complete only if you c | | | | | | er Part II. If | | | | | | |
| | the organization fails to qualify under the tests listed below, please complete Part II.) | | | | | | | | | | | | |
| Se | Section A. Public Support | | | | | | | | | | | | |
| | Calendar year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | | | | | | |
| | (or fiscal year beginning in) ► Gifts, grants, contributions, and | | | | | | | | | | | | |
| - | membership fees received. (Do not | | | | | | | | | | | | |
| | include any "unusual grants.") . | | | | | | | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | | | | | | | |
| | merchandise sold or services | | | | | | | | | | | | |
| | performed, or facilities furnished in | | | | | | | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | | | | | | | |
| • | not an unrelated trade or business | | | | | | | | | | | | |
| | under section 513 | | | | | | | | | | | | |
| 4 | Tax revenues levied for the | | | | | | | | | | | | |
| | organization's benefit and either paid | | | | | | | | | | | | |
| 5 | to or expended on its behalf The value of services or facilities | | | | | | | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | | | | | | | |
| | the organization without charge | | | | | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | | | | | | | |
| | 3 received from disqualified persons | | | | | | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | | | | | | | |
| | persons that exceed the greater of | | | | | | | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | | | | | | | |
| | 13 for the year. | | | | | | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | | | | | | | |
| | from line 6.) | | | | | | | | | | | | |
| | ection B. Total Support | | 1 | 1 | Γ | Π | 1 | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | | | | | | |
| 9 | Amounts from line 6 | | | | | | | | | | | | |
| 10a | Gross income from interest, | | | | | | | | | | | | |
| | dividends, payments received on | I | | | | | | | | | | | |
| | securities loans, rents, royalties and | I | | | | | | | | | | | |
| | income from similar sources. | | | | | | | | | | | | |
| b | Unrelated business taxable income | I | | | | | | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, | I | | | | | | | | | | | |
| | 1975. | I | | | | | | | | | | | |
| C | Add lines 10a and 10b. | | | | | | | | | | | | |
| 11 | Net income from unrelated business | | | | | | | | | | | | |
| | activities not included in line 10b, | I | | | | | | | | | | | |
| | whether or not the business is | I | | | | | | | | | | | |
| 12 | regularly carried on. | | - | | | | 1 | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | 1 | | | | | | | | | | | |
| | (Explain in Part VI.) | 1 | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| | 11, and 12.). | | <u> </u> | 1.6 11 601 1 | | F04()(2) | <u> </u> | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | - | | | • | . , , , | · — | | | | | | |
| | check this box and stop here | | | | | <u></u> | <u> ▶ ⊔ </u> | | | | | | |
| | ection C. Computation of Public S | | | (6) | | | | | | | | | |
| 15 | Public support percentage for 2020 (lin | | | | | 15 | | | | | | | |
| 16 | Public support percentage from 2019 S | | | | | 16 | | | | | | | |
| | ection D. Computation of Investi | | | | ., | | | | | | | | |
| 17 | Investment income percentage for 202 | • | ., | • | • • | 17 | | | | | | | |
| 18 | Investment income percentage from 2 | 019 Schedule A, | Part III, line 17 . | | | 18 | | | | | | | |
| 19a | 331/3% support tests—2020. If the | organization did r | not check the box | on line 14, and lin | ne 15 is more thar | 33 1/3%, and lin | e 17 is not | | | | | | |
| | more than 33 1/3%, check this box and s | stop here. The o | rganization qualifi | es as a publicly su | ipported organiza | tion | . ▶□ | | | | | | |
| | 33 1/3% support tests—2019. If the | | | | | | | | | | | | |
| | not more than 33 1/3%, check this box | and stop here. | The organization | qualifies as a publ | icly supported org | anization | . ▶ □ | | | | | | |
| 20 | Private foundation. If the organization | on did not check a | a box on line 14, 1 | l9a, or 19b, check | this box and see | instructions | ▶ 🗆 | | | | | | |

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

| 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 lines 3b and | | | | | | |
| | 3c below. | 3a | | | | | |
| 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. | 3b | | | | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | | | | | |

| | III Section 303(a)(1) or (2). | 2 | | | | |
|----|--|----|--|--|--|--|
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and | | | | | |
| | 3c below. | 3a | | | | |
| 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. | 3b | | | | |
| 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 box 12a or 12b in Part I, answer lines 4b and 4c below. | | | | | |
| | | | | | | |

| | the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | | | | | | |
|----|---|----|--|--|--|--|--|--|
| | determination. | | | | | | | |
| С | 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. | | | | | | | |
| | If tes, 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 box 12a or 12b in Part I, answer lines 4b and 4c 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. | | | | | | | |
| С | 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. | 4c | | | | | | |
| 5а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 | | | | | | | |

| C | | | | | | | |
|----|---|--|--|--|--|--|--|
| | 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 box 12a or 12b in Part I, answer lines 4b and 4c 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. | | | | | | |
| С | 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 lines 5b and 5c 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). | | | | | | |
| | | | | | | | |

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? 5b 5c 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 6 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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

| Pa | rt IV | Supporting Organizations (continued) | | | | | |
|----|---|--|--------|---------|-----|--|--|
| | | | | Yes | No | | |
| | | e organization accepted a gift or contribution from any of the following persons? | | | | | |
| а | | on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization? | 11a | | | | |
| b | A fami | ily member of a person described in 11a above? | 11b | | | | |
| | | o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part | 11c | | | | |
| _ | VI. | B. Type I Supporting Organizations | | | | | |
| | ection | b. Type I Supporting Organizations | | Yes | No | | |
| 1 | appoir descrit activit remov | e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year. | 1 | | | | |
| 2 | Did the | e organization operate for the benefit of any supported organization other than the supported organization(s) that | _ | | | | |
| | operat <i>carried</i> | ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization. | 2 | | | | |
| _ | | | | | | | |
| 5 | ection | C. Type II Supporting Organizations | | Yes | No | | |
| 1 | Were: | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | 163 | 110 | | |
| - | each d | of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | | | |
| S | ection | D. All Type III Supporting Organizations | | | | | |
| | | | | Yes | No | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization' tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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 the organization maintained a close and continuous working relationship with the supported organization(s). | | | | | | |
| _ | | | | | | | |
| 3 | voice i | ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | | | |
| S | ection | E. Type III Functionally-Integrated Supporting Organizations | | | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi | ons): | | | | |
| | a 🗌 | The organization satisfied the Activities Test. Complete line 2 below. | | | | | |
| | b 🗆 | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | | | |
| | c 🗌 | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | | | |
| 2 | Activit | ies Test. Answer lines 2a and 2b below. | | Yes | No | | |
| | suppor o rgan respor | bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted | 2- | | | | |
| | | entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the | 2a | | | | |
| | organi <i>organi</i> | zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement. | 2b | | | | |
| 3 | | of Supported Organizations. Answer lines 3a and 3b below. | 20 | | | | |
| | a Did the | e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI . | 3a | | | | |
| | | e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i> | 3b | | | | |
| | | | 30 | | | | |

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d 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 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

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

1 2 3

3

4

5

6

7

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4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

| _1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
|----|--|---|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 | |
| | | | |

| 7 Total annual distributions. Add lines 1 through 6. | 7 | | | | | |
|---|--|--------------------------------------|-----|---|--|--|
| 8 Distributions to attentive supported organizations to who details in Part VI). See instructions | 8 | | | | | |
| 9 Distributable amount for 2020 from Section C, line 6 | 9 Distributable amount for 2020 from Section C, line 6 | | | | | |
| 10 Line 8 amount divided by Line 9 amount | 10 | | | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2020 | ons | (iii) Distributable Amount for 2020 | | |
| 1 Distributable amount for 2020 from Section C, line 6 | | | | | | |
| 2 Underdistributions if any for years prior to 2020 | | | | | | |

| 8 Distributions to attentive suppor details in Part VI). See instruct | 8 | | | | |
|---|-----------------------|-----------------------------|--------------------------------------|-----|---|
| 9 Distributable amount for 2020 fr | rom Section C, line 6 | | | 9 | |
| 10 Line 8 amount divided by Line 9 | amount | | | 10 | |
| Section E - Distribution (see instruction | | (i) Excess Distributions | (ii) Underdistributio Pre-2020 | ons | (iii) Distributable Amount for 2020 |
| 1 Distributable amount for 2020 from | om Section C, line 6 | | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions. | | | | | |
| 3 Excess distributions carryover, if | any, to 2020: | | | | |
| a From 2015 | | | · | | |
| b From 2016 | | | | | |

| (see instructions) | Excess Distributions | Underdistributions Pre-2020 | Distributable Amount for 2020 |
|---|----------------------|--------------------------------|----------------------------------|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see | | | |

| See instructions. | | |
|--|--|--|
| 3 Excess distributions carryover, if any, to 2020: | | |
| a From 2015 | | |
| b From 2016 | | |
| c From 2017 | | |
| d From 2018 | | |
| e From 2019 | | |
| f Total of lines 3a through e | | |
| g Applied to underdistributions of prior years | | |
| h Applied to 2020 distributable amount | | |
| Carryover from 2015 not applied (see instructions) | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 Distributions for 2020 from Section D, line 7: | | |
| \$ | | |
| Applied to underdistributions of prior years | | |
| b Applied to 2020 distributable amount | | |

| f Total of lines 3a through e | | |
|--|--|--|
| g Applied to underdistributions of prior years | | |
| h Applied to 2020 distributable amount | | |
| Carryover from 2015 not applied (see instructions) | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 Distributions for 2020 from Section D, line 7: | | |
| \$ | | |
| a Applied to underdistributions of prior years | | |
| b Applied to 2020 distributable amount | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 Remaining underdistributions for years prior to | | |

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

| Schedule A (| Form 990 or 990-EZ) 2020 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). |
| | Facts And Circumstances Test |
| | |

SCHEDULE D

DLN: 93493195008112

Cat. No. 52283D Schedule D (Form 990) 2020

OMB No. 1545-0047

Supplemental Financial Statements

Department of the Treasury

(Form 990)

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.

Open to Public

2020

| | and Revenue Service Fig. 10 to <u>www.ms.gov/romm</u> | 990 IOI IIISTI UCTIONS AND THE TALEST INTO | Employer identification number |
|----|--|---|--------------------------------------|
| VA | UGHN COLLEGE OF AERONAUTICS D TECHNOLOGY | | 11-0461385 |
| | art I Organizations Maintaining Donor Advis | sed Funds or Other Similar Funds o | 1 |
| | Complete if the organization answered "Yes | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex | rs in writing that the assets held in donor adv clusive legal control? | vised funds are the |
| 6 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | or donor advisor, or for any other purpose of | |
| Pa | rt II Conservation Easements. | | |
| | Complete if the organization answered "Ye | s" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organ | nization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation | or education) \square Preservation of an | historically important land area |
| | Protection of natural habitat | \square Preservation of a \circ | ertified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a | qualified conservation contribution in the form | m of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | , | - | 2b |
| С | Number of conservation easements on a certified historic | ``` | 2c |
| d | Number of conservation easements included in (c) acqui structure listed in the National Register | red after 7/25/06, and not on a historic | 2d |
| 3 | Number of conservation easements modified, transferred tax year ▶ | d, released, extinguished, or terminated by t | the organization during the |
| 4 | Number of states where property subject to conservatio | n easement is located > | |
| 5 | Does the organization have a written policy regarding th and enforcement of the conservation easements it holds | | of violations, |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of violations, and enforcing co | nservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, \$ \\$ | handling of violations, and enforcing conserv | ation easements during the year |
| 8 | Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports cons | ervation easements in its revenue and expen | |
| | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement | | ments that describes |
| Pa | rt III Organizations Maintaining Collections | | er Similar Assets. |
| | Complete if the organization answered "Ye | | |
| 1a | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements. | ic exhibition, education, or research in furthe | |
| b | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| (| ii)Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under FASB A | cal treasures, or other similar assets for finar | |
| а | Revenue included on Form 990, Part VIII, line 1 | <u> </u> | · ▶\$ |
| h | Assets included in Form 990 Part X | | ▶ \$ |

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

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

| Sche | edule D (Form 990) 2020 | | | | | | | | Page 2 |
|------------|---|--|--------------------|---------------|-------------|------------|---------------|--------------------|-----------------|
| Par | t IIII Organizations Mai | intaining Collections o | of Art, Histor | ical Treas | ures, or | Other: | Similar As | sets (conti | nued) |
| 3 | Using the organization's acqui items (check all that apply): | isition, accession, and other | records, check | any of the f | ollowing th | nat are a | significant u | se of its coll | ection |
| а | Public exhibition | | d | ☐ Loa | n or excha | nge prog | rams | | |
| b | Scholarly research | | е | ☐ Oth | er | | | | |
| С | Preservation for future | generations | | | | | | | |
| 4 | Provide a description of the or Part XIII. | rganization's collections and | l explain how th | ey further tl | he organiza | ation's ex | empt purpos | e in | |
| 5 | During the year, did the orgar assets to be sold to raise fund | | | | | | | ☐ Yes | □ No |
| Pai | | dial Arrangements. anization answered "Yes | " on Form 990 |), Part IV, | line 9, or | reporte | d an amou | nt on Form | 1 990, Part |
| 1 a | Is the organization an agent, included on Form 990, Part X | • | | | | | | ☐ Yes | □ No |
| b | If "Yes," explain the arrangem | nent in Part XIII and comple | ate the following | ı table: | Γ | | Δr | nount | |
| c | Beginning balance | · | _ | | | 1c | | | |
| d | Additions during the year | | | | F | 1d | | | |
| e | Distributions during the year . | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include a | an amount on Form 990. Pa | rt X. line 21. for | escrow or o | ustodial ac | count lia | bility? | ☐ Yes | □ No |
| | If "Yes," explain the arrangem | | | | | | | _ | _ 110 |
| | irt V Endowment Funds | | e ii die explana | Jon nas bee | ii provided | III Fait / | \\ | | |
| | | anization answered "Yes | " on Form 990 |), Part IV, | line 10. | | | | |
| | | (a) Curre | | Prior year | | | (d) Three yea | | Four years back |
| 1a | Beginning of year balance . | | ,421,696 | 4,288,477 | | 4,112,826 | | 753,071 | 3,476,593 |
| | Contributions | | 265,250 | 475,150 | | 350 | | 85,611 | 240.052 |
| | Net investment earnings, gains | ,, and 103363 | ,249,864 | 671,695 | | 221,856 | | 310,785 | 310,953 |
| | Grants or scholarships | | 41,082 | 13,626 | | 46,555 | | 36,641 | 34,475 |
| | Other expenditures for facilities and programs | | | | | | | | |
| | Administrative expenses | | | | | | | | |
| g | End of year balance | | ,895,728 | 5,421,696 | | 1,288,477 | 4,1 | 12,826 | 3,753,071 |
| 2 | Provide the estimated percent | - | d balance (line 1 | g, column (| a)) held as | : | | | |
| а | Board designated or quasi-end | dowment ► 25.230 % | | | | | | | |
| b | Permanent endowment > | 5.100 % | | | | | | | |
| c | Term endowment ► 69.67 | | | | | | | | |
| 3a | The percentages on lines 2a, 2 Are there endowment funds n organization by: | · | | it are held a | nd adminis | stered for | r the | | Yes No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | Yes No |
| | (ii) Related organizations . | | | | | | | 3a(ii) | No |
| b | If "Yes" on 3a(ii), are the rela | | required on Sch | edule R? . | | | | 3b | |
| 4 | Describe in Part XIII the inten | nded uses of the organizatio | n's endowment | funds. | | | | | |
| Pai | rt VI Land, Buildings, a | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | anization answered "Yes | | | | | | | |
| | Description of property | (a) Cost or other basis (investment) | (b) Cost or othe | nasis (other) | (c) Accu | mulated d | epreciation | (a) Bo | ook value |
| _ | 1 | | | E 407.42 | 7 | | | | |
| | Land | | | 5,407,43 | | | F2 207 170 | | 5,407,437 |
| | Buildings | | | 110,101,61 | <u>′</u> | | 52,207,178 | | 57,894,439 |
| С | Leasehold improvements | | I | | 1 | | | | |

26,365,141

63,301,876

26,365,141

| art viii | Complete if the organization answered "Yes" on Form 990, | Part IV II | ne 11h | See Form 990 | Part X. line 12 |
|--------------|---|----------------------|---------|-------------------|---|
| | (a) Description of security or category (including name of security) | (b) Book value | 110 | (c) Metho | d of valuation: year market value |
| | I derivatives | | | | |
| Other | | | | | |
| 3) | | | | | |
| E) | | | | | |
| D) | | | | | |
| ≣) | | | | | |
| F) | | | | | |
| G) | | | | | |
| ٦) | | | | | |
| :) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | • | | | |
| art VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I | Part IV, li | ne 11c | . See Form 990, | Part X, line 13. |
| | (a) Description of investment | | | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| L) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 1) | | | | | |
| 5) | | | | | |
| 5) | | | | | |
| ') | | | | | |
| 3) | | | | | |
|)) | | | | | |
| LO) | | | | | |
| | n (b) must equal Form 990, Part X, col.(B) line 13.) | | • | | |
| art IX | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, lir | ne 11d. | See Form 990, Par | t X, line 15. |
| .)RESTRIC | (a) Description TED CASH | | | | (b) Book value 61,555 |
| DEPOSIT | S | | | | 32,648 |
| | S HELD BY BOND TRUSTEE LEASE RIGHT OF USE ASSET, NET | | | | 5,510,782 75,000 |
| 5) | | | | | |
| 5) | | | | | |
| ') | | | | | |
| 3) | | | | | |
|)) | | | | | |
| .0) | | | | | |
| | mn (b) must equal Form 990, Part X, col.(B) line 15.) | | | | 5,679,985 |
| | Complete if the organization answered 'Yes' on Form 990, P | art IV, lir | ne 11e | or 11f.See Form | |
| | (a) Description of liability | | | | (b) Book value |
| | income taxes | | | | |
| · | ETIREMENT OBLIGATION LEASE OBLIGATION | | | | 114,000 104,251 |
|) | | | | | , , , , , , , , , , , , , , , , , , , |
|) | | | | | |
|) | | | | | |
| 5) | | | | | |
| 7) | | | | | |
| 3) | | | | | |
| 9) | | | | | |
| | n (b) must equal Form 990, Part X, col.(B) line 25.) | | | | 218,251 |
| Liability fo | or uncertain tax positions. In Part XIII, provide the text of the footnot x positions under FIN 48 (ASC 740). Check here if the text of the foot | | | | |

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b

C 5

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2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2020

Page 4

-328,741

79,319

41,818,773

39,160,786

39,160,786

5,601,093

44.761.879

Schedule D (Form 990) 2020

41,739,454

| b | Donated services and use of facilities | | | |
|---|--|--|--|--|
| C | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | | | |

Add lines 2a through 2d .

Net unrealized gains (losses) on investments . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Supplemental Information

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 . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b

> 2a 2b

> 2c

2d

4a

4b

Explanation

2a

2b

3 79,319

5.193.033

-5.521.774

4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

3

4c

5

79,319 5.521.774 2e

| Page 5 | | chedule D (Form 990) 2020 |
|---------------|----------------------|-----------------------------|
| | ormation (continued) | Part XIII Supplemental Info |
| | Explanation | Return Reference |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule D (Form 990) 2020

Additional Data

Software ID:

Software Version: **EIN:** 11-0461385

Name: VAUGHN COLLEGE OF AERONAUTICS

AND TECHNOLOGY

| Supplemental Information | | |
|--------------------------|--|--|

Explanation

Return Reference

| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| PART X, LINE 2: | THE COLLEGE BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF AUGUST 31, 2021 AND 2020 IN A CCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. |

| Supplemental Information | |
|--|--|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | SCHOLARSHIPS & FELLOWSHIPS -5,521,774. |

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| Supplemental Information | |
|---|---------------------------------------|
| Return Reference | Explanation |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | SCHOLARSHIPS & FELLOWSHIPS 5,521,774. |

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE E** (Form 990 or 990-

Schools

▶ Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

DLN: 93493195008112

| Depar | uncn | OI | 110 | iica |
|-------|--------|-----|-------|------|
| Name | el Ble | the | ලෙදිල | gar |
| | | ~ | | |

EZ)

Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection **Employer identification number** dzation VAUGHN COLLEGE OF AERONAUTICS AND TECHNOLOGY 11-0461385 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the 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 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4с Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Νo **b** Admissions policies? 5b Nο c Employment of faculty or administrative staff? . 5c No d Scholarships or other financial assistance? . . 5d Νo e Educational policies? 5e Νo 5f f Use of facilities? . . No g Athletic programs? . 5g Νo **h** Other extracurricular activities? 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? Νo

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

| Schedule E (Form 990 or 990EZ) (2020) | | | | |
|---|--|--|--|--|
| Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions. | | | | |
| Return Reference | Explanation | | | |
| SCHEDULE E, PART I, LINE 3 | THE ORGANIZATION MAKES THE POLICY KNOWN TO THE GENERAL COMMUNITY THRU ITS CATALOG. | | | |
| SCHEDULE E, PART I, LINE 6 | VAUGHN COLLEGE RECEIVES FUNDS FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES UNDER THEIR RESPECTIVE STUDENT FINANCIAL AID ASSISTANCE PROGRAMS. FEDERAL PROGRAMS INCLUDE THE PELL GRANT PROGRAM, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT (SEOG) PROGRAM AND FEDERAL WORK STUDY (FWS) PROGRAM | | | |

OPPORTUNITY GRANT (SEOG) PROGRAM AND FEDERAL WORK STUDY
(FWS) PROGRAM.

Schedule F (Form 990 or 990-FZ) (2020)

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

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

OMB No. 1545-0047

Open to Public

DLN: 93493195008112

Inspection

| ame of the organization | | | | | | Employer identi | fication number |
|---|-----------------------|--|-----------------------------|--|---|--|---------------------------------------|
| AUGHN COLLEGE OF AERONAUTICS ND TECHNOLOGY | | | | | | 11-0461385 | |
| Part I General Inform | ation on Grants | and Assistance | | | | • | |
| L Does the organization main the selection criteria used t | | | | | | e, and | ☑ Yes ☐ No |
| Describe in Part IV the org | | | | | | | |
| Part II Grants and Other I that received more | | n estic Organizations a I can be duplicated if add | | ents. Complete if the o | rganization answered "Yes" | on Form 990, Part IV, li | ne 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1) | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 6) | | | | | | | |
| 7) | | | | | | | |
| 8) | | | | | | | |
| 9) | | | | | | | |
| 10) | | | | | | | |
| 11) | | | | | | | |
| 12) | | | | | | | |
| 2 Enter total number of secti | • • • • • | - | | | | | |
| B Enter total number of othe | | | <u> </u> | | | | |
| or Panerwork Reduction Act Notic | e, see the Instructio | ns for Form 990. | | Cat No. 50055 | SP. | S | chedule I (Form 990) 2020 |

Page 2

(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book. (f) Description of noncash assistance FMV, appraisal, other) recipients cash grant noncash assistance (1) SCHOLARSHIPS & FELLOSHIPS 1021 5,521,774 FMV TUITION ASSISTANCE (2)

(3) (4) (5)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(6) (7) Part IV Return Reference Explanation THE COLLEGE OFFERS SEVERAL SCHOLARSHIP OPPORTUNITIES FOR STUDENTS. THE PRIMARY SCHOLARSHIPS AND THE GUIDELINES FOR QUALIFYING ARE: PART I, LINE 2: FOUNDERS SCHOLARSHIPS - THESE SCHOLARSHIPS ARE AWARDED TO STUDENTS UPON ACCEPTANCE TO A BACHELOR OF SCIENCE DEGREE PROGRAM AT VAUGHN. TO BE CONSIDERED, APPLICANTS MUST ATTAIN A CUMULATIVE HIGH SCHOOL AVERAGE OF AT LEAST A "B AND A COMBINED SAT1 SCORE OF AT LEAST 1000. STUDENTS WHO MEET THESE MINIMUM CRITERIAS WILL BE CONSIDERED FOR AWARDS, BASED ON THEIR GRADES AND EXAM SCORES, BY VAUGHN COLLEGE'S SCHOLARSHIP COMMITTEE. THE AWARDS MAY BE RENEWABLE FOR UP TO FOUR YEARS OF CONSECUTIVE STUDY, PROVIDING THE RECIPIENT MAINTAINS A 2.75 CUMULATIVE GRADE POINT AVERAGE (GPA). BOARD OF TRUSTEES, #14 AND #36 GRANTS - THESE GRANTS ALLOCATE FUNDS TO BE USED IN AWARDING GRANT-IN-AID ASSISTANCE TO NEW AND CONTINUING STUDENTS. GRANTS ARE AWARDED TO STUDENTS WHO ARE MATRICULATING ON A FULL OR PART-TIME BASIS IN BACHELOR AND ASSOCIATE DEGREE PROGRAMS, RECIPIENTS ARE SELECTED ON THE BASIS OF THEIR ACADEMIC PERFORMANCE AND FINANCIAL AID STATUS. AWARDS ARE DESIGNATED FOR A SPECIFIC ACADEMIC YEAR AND ARE RENEWABLE EACH SEMESTER BASED ON SATISFACTORY ACADEMIC PERFORMANCE AND THE AVAILABILITY OF FUNDS. TRANSFER STUDENT SCHOLARSHIP - TRANSFER STUDENTS PURSUING A BACHELOR'S DEGREE WHO HAVE COMPLETED 24 OR MORE CREDITS AT AN ACCREDITED COLLEGE OR UNIVERSITY AND WHO HAVE ACHIEVED A CUMULATIVE GRADE POINT AVERAGE (GPA) OF AT LEAST 2.75 (INCLUDING ALL COURSES AT EVERY INSTITUTION ATTENDED) MAY BE AWARDED SCHOLARSHIPS TO TRANSFER. THE AWARDS MAY BE RENEWABLE FOR UP TO THREE YEARS OF CONSECUTIVE STUDY, PROVIDING THE RECIPIENT MAINTAINS A CUMULATIVE (GPA) OF 2.75. THE NUMBER OF YEARS THE SCHOLARSHIP WILL BE PROVIDED DEPENDS ON THE NUMBER OF CREDITS ACCEPTED BY THE COLLEGE AT THE TIME OF TRANSFER. ACADEMIC EXCELLENCE SCHOLARSHIPS - ACADEMIC EXCELLENCE

SCHOLARSHIPS ARE AWARDED EACH YEAR TO CONTINUING STUDENTS ON THE BASIS OF OUTSTANDING ACADEMIC ACHIEVEMENT AND SELECTION FOR ACADEMIC HONORS. THE CRITERIA APPLIED IN DECIDING ELIGIBILITY FOR THESE AWARDS INCLUDE CUMULATIVE GPA AND SATISFACTORY COMPLETION OF AT LEAST TWO SEMESTERS (29 CREDITS/UNITS OR MORE) AS A MATRICULATED STUDENT.

| efil | e GRAPHIC pr | rint - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 9319 | 5008 | 112 |
|--|---|--|--------------------|---|----------------------|------------------------------|--------|------|
| Schedule J (Form 990) | | C | ompensati | ion Information | OM | B No. | 1545-0 | 0047 |
| | | 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. | | | | | 2020 | |
| • | Department of the Treasury Internal Revenue Service To describe the Treasury Fig. 6 to www.irs.gov/Form990 for instructions and the latest information. | | | | ntion. | Open to Public Inspection | | |
| Nar | ne of the organiza | | | E | mployer identificat | | | |
| | IGHN COLLEGE OF A TECHNOLOGY | ERONAUTICS | | | 1-0461385 | | | |
| Pa | rt I Questi | ons Regarding Compensa | ation | \ <u>-</u> | | | | |
| | | | | | | | Yes | No |
| 1a | | | | f the following to or for a person listed y relevant information regarding these | | | | |
| | First-class | s or charter travel | | Housing allowance or residence for pe | rsonal use | | | |
| | _ | companions | 님 | Payments for business use of persona | | | | |
| | | nification and gross-up paymen | _ | Health or social club dues or initiation | | | | |
| | ☐ Discretion | nary spending account | | Personal services (e.g., maid, chauffe | ur, chef) | | | |
| b | | | | follow a written policy regarding paym ve? If "No," complete Part III to explai | | 1 b | | |
| 2 | | | | or allowing expenses incurred by all | 1-2 | 2 | | |
| | directors, truste | ees, officers, including the CEO/ | executive Director | r, regarding the items checked on Line | lar | | | |
| 3 | | | | ed to establish the compensation of the | | | | |
| | | | | not check any boxes for methods CEO/Executive Director, but explain in | Part III. | | | |
| | ✓ Compensa | | | | | | | |
| | | ation committee ent compensation consultant | ✓ | Written employment contract Compensation survey or study | | | | |
| | | of other organizations | ▽ | Approval by the board or compensation | on committee | | | |
| | | - | _ | | | | | |
| 4 | During the year related organiza | | 990, Part VII, Se | ction A, line 1a, with respect to the filir | ng organization or a | | | |
| _ | _ | | | | | 4- | V | |
| a b | | rance payment or change-of-cor | | ified retirement plan? | • • | 4a 4b | Yes | No |
| c | • | | • | · · | | 4c | | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | | | | | | | |
| | | | | | | | | |
| | |), 501(c)(4), and 501(c)(29 | · • | • | | | | |
| 5 | | ed on Form 990, Part VII, Section ontingent on the revenues of: | | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 5a | | No |
| b | Any related orga | anization? | | | | 5b | | No |
| | If "Yes," on line | 5a or 5b, describe in Part III. | | | | | | |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings o | | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 6a | | No |
| b | | | | $\bullet = \bullet = \bullet = \bullet = \bullet = \bullet = \bullet = \bullet$ | | 6b | | No |
| | • | 6a or 6b, describe in Part III. | | | | | | |
| 7 | | | | the organization provide any nonfixed rt III | | 7 | | No |
| 8 | subject to the in | nitial contract exception describ | ed in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des | | 8 | | No |
| 9 | If "Yes" on line | 8, did the organization also folk | ow the rebuttable | presumption procedure described in Re | egulations section | 9 | | No_ |
| For F | Panerwork Redu | uction Act Notice, see the Ins | structions for Fo | orm 990. Cat. No. 50 | O53T Schedule J | | 990) | 2020 |

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 are not 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) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | and other | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in |
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| See Additional Data Table | | | | | | | | |
| | | | | | | | | |
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Schedule J (Form 990) 2020 Page 3 Part III Supplemental Information 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. Return Reference Explanation PART I, LINE 4A FIGURE 1. REPORTED IN PART II. COLUMN (B)(III). SCHEDULE J PART II COLUMN B(III): OTHER REPORTABLE COMPENSATION IN COLUMN B(III) REPRESENTS AUTO ALLOWANCES PROVIDED TO EMPLOYEES. Schedule 1 (Form 990) 2020

6MARY DURKIN

7EDGAR TROUDT

ASSOCIATE VP OF ACADEMIC AFFAIRS

8MAXINE LUBNER

9MARGARET DUCHARME

PROFESSOR

PROFESSOR

RESOURCES

ASSOCIATE VP OF HUMAN

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

131,227

130,074

145,323

129.863

Additional Data Software ID: **Software Version: EIN:** 11-0461385 Name: VAUGHN COLLEGE OF AERONAUTICS AND TECHNOLOGY Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Other reportable Bonus & incentive prior Form 990 compensation compensation 1DR SHARON DEVIVO (i) 393,796 4,150 29,804 830 428,580 PRESIDENT (i) 1ROBERT G WALDMANN 254,043 3,006 19,175 574 276,798 VP FIN. & BUS. SERV. 2HUSSEIN RAHEMI 190,209 8,806 14,611 213,626 PROFESSOR 3PAUL LAVERGNE 163,551 1,039 13,382 32,609 210,581 VP ACADEMIC AFFAIRS 4ERNEST SHEPELSKY 64,489 113,460 2,970 180,919 VP ENROLLMENT MGT. (OUTGOING) 5DOMENIC PROSCIA (i) 161,358 12,439 830 2,941 177,568 VP TRAINING

10,094

9,978

8,098

5,999

14,611

14,611

830

14,611

155,932

154,663

154,251

150,473

DLN: 93493195008112 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** VAUGHN COLLEGE OF AERONAUTICS 11-0461385 AND TECHNOLOGY Part I Bond Issues (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (g) Defeased behalf of financing issuer Yes No Yes No Yes No DORMITORY AUTHORITY OF THE 14-6000293 64990CLH2 12-15-2016 54,803,179 Х Χ STATE OF NEW YORK **Proceeds** Part ${f II}$ В C D Α 4,145,000 2 3 54,826,586 3.948.371 5 6 7 1,047,475 8 9 10 19,994,195 11 29,837,673 12 13 2019 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2020 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b

d

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

D

Schedule K (Form 990) 2020

No

Yes

Yes

В

No

Yes

Α

Nο

Χ

Χ

Χ

Χ

В

No

Yes

Yes

Χ

Α

No

Χ

Χ

Χ

Χ

Yes

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Χ

C

No

Yes

C

No

Yes

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2020

(GIC)?

period?

Part VI

Arbitrage (Continued)

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Term of GIC

requirements of section 148? . . .

Return Reference

PART I, LINE A, COLUMN (F):

Was the regulatory safe harbor for establishing the fair market value of

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

ACOUIRE & RENOVATE FACILITY, REFUND PRIOR ISSUE (12/14/16)

В

No

Explanation

No

Yes

R

No

Yes

No

C

Nο

Yes

Yes

Yes

Χ

Page 3

No

D

D

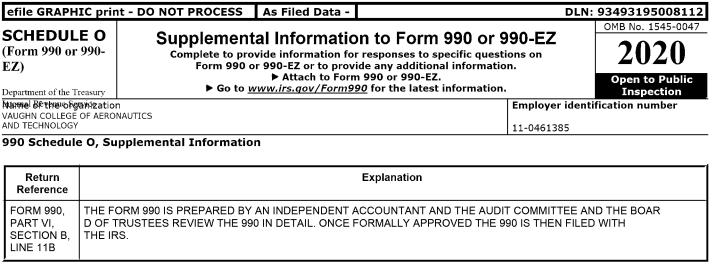
No

Yes

Yes

DLN: 93493195008112 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** VAUGHN COLLEGE OF AERONAUTICS AND TECHNOLOGY 11-0461385 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1 27,339 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (AIRPLANE) 17,784 FMV 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

| Schedule M (Form 990) (2020) | Page 2 | | |
|---|---|--|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | |
| Return Reference | Explanation | | |
| PART I, COLUMN (B): | THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS. | | |
| | Schedule M (Form 990) (2020) | | |



990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | IN FEBRUARY 2017, AN UPDATED BOARD OF TRUSTEES - CONFLICT OF INTEREST POLICY AND PROCEDURE WAS ADOPTED. THE POLICY AND PROCEDURE INCLUDES AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH MUST BE COMPLETED, SIGNED AND SUBMITTED BY EACH BOARD MEMBER EVERY YEAR IN MAY. THE PRESIDENT'S SECRETARY CONFIRMS RECEIPT OF THE STATEMENTS AND KEEPS THEM ON FILE. IN JULY 2009, AN OFFICERS AND MANAGEMENT STAFF CONFLICT OF INTEREST POLICY AND PROCEDURES WAS ADOPTED. THE POLICY AND PROCEDURE ALSO INCLUDES A CONFLICT OF INTEREST DISCLOSURE FOR M WHICH IS COMPLETED, SIGNED AND SUBMITTED ON AN ANNUAL BASIS. THE ASSOCIATE VICE PRESIDEN T FOR HUMAN RESOURCES AND COLLEGE SERVICES CONFIRMS RECEIPT, REVIEWS THE FORMS AND KEEPS T HEM ON FILE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15A | THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE BOARD OF TRUSTEES COMPENSATION COMMITTEE WITH STAFF ASSISTANCE FROM THE COLLEGE'S EXTERNAL LEGAL COUNSEL. COUNSEL USES THE FOLLOWI NG COMPENSATION FACTORS AND SOURCES TO ASSIST THE COMMITTEE IN ITS DECISION MAKING PROCESS: COMPENSATION FACTORS - A. COMPENSATION LEVELS PAID BY SIMILAR ORGANIZATIONS B. LEVEL OF PERSON'S EDUCATION AND EXPERIENCE C. SPECIFIC RESPONSIBILITIES OF POSITION D. PREVIOUS SAL ARY OR COMPENSATION PACKAGE E. SIMILAR SERVICES IN THE SAME GEOGRAPHIC OR METROPOLITAN ARE A F. SIMILAR NUMBER OF STUDENTS G. ANNUAL BUDGET AND/OR GROSS REVENUE/ASSETS H. NATURE OF CURRICULUM (E.G., 2 YEAR VS. 4 YEAR UNDERGRADUATE VS. GRADUATE) COMPENSATION SOURCES - A. PUBLISHED SURVEYS OF COMPENSATION AT SIMILAR INSTITUTIONS B. INTERNET RESEARCH ON COMPENSA TION AT SIMILAR INSTITUTIONS C. FORMS 990 FILED BY OTHER COLLEGES AND UNIVERSITIES D. ANNUAL BUDGET OR GROSS REVENUE/ASSETS |

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, A SUMMARY OF ITS KEY FINANCIAL RESULTS IS PRINTED IN ITS MAGAZINE - ANNUAL REPORT EDITION.
PART VI,
SECTION C,
LINE 19

Return Explanation Reference

FORM 990. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PART XII, LINE 2C:

990 Schedule O, Supplemental Information