EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

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

Open to Public Inspection

_	ror the	and	ending U	UN 30, 2020							
В	Check if applicable	I NEW YORK CITY COLLEGE OF TECHNOLOGY		D Employer identif	cation number						
	Addres change	Address FOUNDATION, INC.									
	Name change			11-25293	56						
	Initial		Room/suite								
Final 300 JAY STREET 323 (718) 260-5025											
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	897,709.						
	Amend return	BROOKLYN, NY 11201		H(a) Is this a group re							
	Application	F Name and address of principal officer: ALICE FISHER RUBIN		for subordinates							
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in							
1	Tax-exe	empt status: X 501(c)(3)	or 527		list. (see instructions)						
J	Website	e: WWW.CITYTECH.CUNY.EDU		H(c) Group exemptio							
K	orm of	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: NY						
Pa	art I	Summary		1.0	,						
e	1 E	Briefly describe the organization's mission or most significant activities: SEE \$	SCHEDU	LE O							
Activities & Governance											
ern.	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.						
OVe	3 1			3	15						
S	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	14						
es	5 7	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0						
Viti	6 7	Total number of volunteers (estimate if necessary)		6	15						
\cti	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_	b N	Net unrelated business taxable income from Form 990-T, line 39		7b	0.						
				Prior Year	Current Year						
e	8 (Contributions and grants (Part VIII, line 1h)		708,854.	650,836.						
enn	9 F	Program service revenue (Part VIII, line 2g)		0.	0.						
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		810,056.	175,256.						
ш.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	33,739.						
	12 T	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,518,910.	859,831.						
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		720,448.	650,992.						
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		89,161.	111,225.						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.							
dx		Fotal fundraising expenses (Part IX, column (D), line 25)									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,844.	46,007.						
	18 T	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		844,453.	808,224.						
- 10		Revenue less expenses. Subtract line 18 from line 12		674,457.	51,607.						
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year						
sset	20 ⊺	Total assets (Part X, line 16)		5,965,803.	6,124,049.						
etA	21 T	Total liabilities (Part X, line 26)		31,672.	103,497.						
		Net assets or fund balances. Subtract line 21 from line 20		5,934,131.	6,020,552.						
September 1	art II	Signature Block									
		ties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is						
true,	, correct,	, and complete. Declaration of preparer (wher than officer) is based on all information of wh	ich preparer	nas any knowledge. 4/14	/21						
0:		Skinature of officer		Date	21						
Sign ALICE FISHER RUBIN, CHAIR											
Her	9	Type or print name and title									
	_	Print/Type preparer's name Preparer's signature	ID	ate Check	II PTIN						
Paid		DAVID A. URBAN CPA DAVID A. URBAN C	CPA O	1 / 0 0 / 21 if	D00630018						
	-	Firm's name FFPR GROUP, CPAS, PLLC	0		47-4526160						
		Firm's address 6390 MAIN STREET SUITE 200		THIII O LIN							
		WILLIAMSVILLE, NY 14221		Phone no (7	16) 634-0700						
May	the IR	S discuss this return with the preparer shown above? (see instructions)		11 110110 110. (7)	X Yes No						
					100 140						

F	OUND	ATION,	II.	1C.		
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Pa	Charle if Schoolule O contains a ventore accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO SOLICIT AND ACCEPT GIFTS TO NEW YORK CITY COLLEGE OF TECHNOLOGY IN
	SUPPORT OF CITY TECH'S EDUCATIONAL MISSION AND PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 650,992 • including grants of \$ 650,992 •) (Revenue \$
	IN FISCAL YEAR 2020, THE CITY TECH FOUNDATION PROVIDED NEARLY \$651,000
	IN SUPPORT TO THE COLLEGE. THIS INCLUDED \$300,348 AWARDED IN THE FORM
	OF SCHOLARSHIPS, AWARDS, TRAVEL GRANTS, INTERNSHIPS, RESEARCH
	OPPORTUNITIES AND EMERGENCY SUPPORT GRANTS; AND, \$350,644 IN PROGRAM
	AND FACULTY SUPPORT.
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 650,992.

Form 990 (2019) FOUNDATION, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		1
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		1
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	17
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	1-10		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
00 -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		^ <u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
۷1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	and a series of the series of			

Page 4

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		v
	Schedule K. If "No," go to line 25a	24a		Х
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
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			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	$\vdash \vdash$	- ^``
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		$\vdash \vdash \vdash$	
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			N 1,-
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	

Form 990 (2019) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	b If "Yes," enter the name of the foreign country ▶						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6 -		X			
	any contributions that were not tax deductible as charitable contributions?	6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5					
·	to file Form 8282?	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f							
g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8							
	sponsoring organization have excess business holdings at any time during the year?						
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						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
D	Gross income from other sources (Do not net amounts due or paid to other sources against						
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza					
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					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	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?	15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

Form 990 (2019)

11-2529356

Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY, CA, MA, MD, NJ, SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records WAYNE ROBINSON, EXEC. DIRECTOR BUSINESS MANAGEMENT. - 718-473-8961

25 CHAPEL ST, HOWARD BLDG (HB-1127), BROOKLYN, NY

11201

Page 7

Form 990 (2019) FOUNDATION, INC. 11-25 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	<u> </u>		(0	١,			(D)	(E)	(F)
Name and title	Average			Posi		ı		Reportable	Reportable	Estimated
Name and title	hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week					r/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensat		(W-2/1099-MISC)		organization
	organizations	Itrus	nal trı		oyee	dwo				and related
	below	Individual trustee or director	nstitutional trustee	ser	Key employee	Highest compensated employee	Former			organizations
	line)	ib	Inst	Officer	Key	Hig em p	Pori			
(1) HON. ALICE FISHER RUBIN	0.50							_	_	_
CHAIR	0.00	Х		Х				0.	0.	0.
(2) DR. GAREY V. ELLIS	0.50									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(3) MARC STEPHEN JAMES	0.50									
TREASURER	0.00	Х		Х				0.	0.	0.
(4) JOSHUA SCHNEPS	0.50									
SECRETARY	0.00	Х		Х				0.	0.	0.
(5) TAUNGLEA AMBROISE	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(6) THOMAS G. AMON	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(7) COREY FERNANDES	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(8) DR. RUSSELL K. HOTZLER	2.00									
DIRECTOR	35.00	Х						0.	319,417.	153.
(9) JOHN LAM	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(10) JOANN LEE	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(11) GRACE LYU-VOLCKHAUSEN	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(12) JOCELYNNE RAINEY	0.50									_
DIRECTOR	0.00	Х						0.	0.	0.
(13) YVONNE RILEY-TEPIE	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(14) TERRY TANG	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(15) ANTONIA YUILLE-WILLIAMS	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(16) BETH F. LEVINE	35.00							_		
EXECUTIVE DIRECTOR	0.00			Х				0.	152,448.	9,625.

932007 01-20-20 Form **990** (2019)

Form 990 (2019)

	(A) Name and title	(B) Average			Pos	C) itior	1		(D)	(E) Reportable			(F)	d
	Name and the		box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	compensation from related		Estimated amount of other		
							p		the organization	organization (W-2/1099-MIS			pensa	
		related organizations	ıstee or director	trustee			pensate		(W-2/1099-MISC)	(** =/ *********************************	,	org	anizat	ion
		below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	Jer.					d relat anizati	
		line)	Indi	Insti	Officer	Keye	High	Former						
			-											
			1											
	al							<u> </u>	0.	471,8	65. 0.		9,7	78. 0.
	rom continuation sheets to Part \addleseadd lines 1b and 1c)							>	0.	471,8	-		9,7	
2 Total no	umber of individuals (including but								eceived more than \$100	,000 of reportab	le			
compe	nsation from the organization												Yes	0 N o
	organization list any former office		-	•	•	•	•	_		•				Х
4 For any	? If "Yes," complete Schedule J for individual listed on line 1a, is the s	sum of reportab	le c	omp	ensa	atior	n and	d otl	•	the organization		3		21
	ated organizations greater than \$15 person listed on line 1a receive or											4	Х	
-	ed to the organization? If "Yes," con	· · · · · · · · · · · · · · · · · · ·				-						5		Х
	ndependent Contractors	ompopostod in	don	on d	nnt o	ont	ro ot	t	that received may than	\$100,000 of oon		otion f	· cm	
	ete this table for your five highest c anization. Report compensation fo										препѕ	allorri	TOTT	
	(A) Name and busines	s address	N	ONI	E				(B) Description of s	ervices	С	Ompe		n
									·					
								1						
2 Total no	umber of independent contractors	(including but r	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,0	00 of compensation from the organ	nization >					0							

Form 990 (2019) FOUNDAT:
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any I	ne in this Part VIII			
			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
				iunction revenue	business revenue	sections 512 - 514
SS	1.0	Federated campaigns 1a				
ant			-			
اع ق		Membership dues 1b	-			
ŢŞ,		Fundraising events1c				
혈혈	d	Related organizations 1d				
ns,	е	Government grants (contributions)				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and				
를		similar amounts not included above 1f 650,836				
늘임	g	Noncash contributions included in lines 1a-1f 1g \$ 63,791				
a S	h	Total. Add lines 1a-1f	650,836.			
		Business Code	·			
o l	2 a					
ξ						
je ne	b					
e e	С	·				
Je Je	d					
Program Service Revenue	е					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	73,087.			73,087.
	4	Income from investment of tax-exempt bond proceeds	•			,
	5	Royalties				
	3	(i) Real (ii) Personal				
	_		-			
		Gross rents6a				
		Less: rental expenses 6b	_			
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a 102,169.				
	b	Less; cost or other basis				
e		and sales expenses 7b 0 •				
en		Gain or (loss) 7c 102, 169.				
Other Revenue			102,169.			102,169.
<u></u>		, , , ,	102,103.			102,103.
ŧ	8 a	Gross income from fundraising events (not				
0		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a 71,617				
	b	Less: direct expenses 8b 37,878				
	С	Net income or (loss) from fundraising events	33,739.			33,739.
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
	h	Less: direct expenses 9b				
		(, g g				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a	_			
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
S		Business Code				
Ö o	11 a					
lă a	b					
Miscellaneous Revenue	c				1	
isc Re		All other revenue				
Σ						
		Total. Add lines 11a-11d	859,831.	0.	_	208,995.
	コン	Total revenue. See instructions	1 000,00T.	ı U.	ı U•	. 400,333

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	CEO 000	CEO 000		
	individuals. See Part IV, line 22	650,992.	650,992.		
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				
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		111,225.		111,225.	
7	Other salaries and wages	111,223.		111,449.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,587.		4,587.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	8,200.		8,200.	
12	Advertising and promotion	7, - 3 3 1			
		2,992.	1	2,992.	
13	Office expenses	2,3321		2,3320	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	224			
19	Conferences, conventions, and meetings	204.		204.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,574.		2,574.	
23	Insurance	4,037.		4,037.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING EXP - CAPTI	17,323.			17,323.
b	FEES & SUBSCRIPTIONS	2,384.		2,384.	-
c	CREDIT CARD PROCESSING	1,955.		1,955.	
d	STEWARDSHIP	1,051.		1,051.	
e	All other expenses	700.		700.	
25	Total functional expenses. Add lines 1 through 24e	808,224.	650,992.	139,909.	17,323.
26	Joint costs. Complete this line only if the organization			=== , = ==	=
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	0. 01-20-20				Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or no	te to an	y line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	486,344.
	2	Savings and temporary cash investments			893,430.	2	616,991.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			236,862.	4	20,260.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	rsons (as defined				
		under section 4958(f)(1)), and persons describe	d in sed	ction 4958(c)(3)(B)		6	
şts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	40.000				
		basis. Complete Part VI of Schedule D		12,870.	10 655		10.001
	b	Less: accumulated depreciation	12,655.	10c	10,081.		
	11	Investments - publicly traded securities		4 000 056	11	4 000 272	
	12	Investments - other securities. See Part IV, line	4,822,856.	12	4,990,373.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	Г	5,965,803.	15	6,124,049.	
	16	Total assets. Add lines 1 through 15 (must equ		17,797.	16	40,178.	
	17	Accounts payable and accrued expenses	11,131•	17 18	40,170		
	18 19	Grants payable		19			
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				21	
v	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lige		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela		le contraction de la contracti		23	
	24	Unsecured notes and loans payable to unrelate		F		24	21,171.
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on lines					
		of Schedule D			13,875.	25	42,148.
	26	Total liabilities. Add lines 17 through 25			31,672.	26	103,497.
(0		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			-146,571.	27	-264,137.
Ä	28	Net assets with donor restrictions			6,080,702.	28	6,284,689.
Ĕ		Organizations that do not follow FASB ASC 9	58, ch	eck here			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed		F		30	<u> </u>
Ϋ́	31	Retained earnings, endowment, accumulated in			F 024 121	31	6 000 550
ž	32	Total net assets or fund balances			5,934,131.	32	6,020,552.
	33	Total liabilities and net assets/fund balances			5,965,803.	33	6,124,049.

Form **990** (2019)

Part XI	Reconciliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI				
	Check it Schedule O contains a response of note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	85	9,8	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	5	1,6	07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,93	4,1	31.
5	Net unrealized gains (losses) on investments	5		4,8	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,02	0,5	52.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

9

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC. 11-2529356

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Х 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or

- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported of	organizations					
g Provide the following information	about the supporte	ed organization(s).				•
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	inization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

11-2529356 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	585,894.	2,112,867.	795,934.	708,854.	722,453.	4,926,002.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	585,894.	2,112,867.	795,934.	708,854.	722,453.	4,926,002.
	The portion of total contributions					-	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4,926,002.
	etion B. Total Support						-,,
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	585,894.	2,112,867.	795,934.	708,854.	722,453.	4,926,002.
	Gross income from interest,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	49,109.	70,153.	24,402.	74,958.	73.087.	291,709.
a	Net income from unrelated business	15,1200	, 0 / 2001	21,1020	, 1,3300	7070070	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•			16,900.			16,900.
44	assets (Explain in Part VI.)			10,3001			5,234,611.
	Total support. Add lines 7 through 10	ata (aga inatmusti	200)			12	261,424.
	Gross receipts from related activities,	•	,	d fourth or fifth to			201,121.
13	First five years. If the Form 990 is for	-			-		
Sed	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (olumn (f))		14	94.10 %
	Public support percentage from 2018					15	97.23 %
	33 1/3% support test - 2019. If the o						
104	stop here. The organization qualifies						M X
h	33 1/3% support test - 2018. If the o						
L							
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	ū				•	
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, please com	ipietė Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(b) 2010	(6) 2017	(u) 2018	(e) 2019	(i) iotai
membership fees received. (Do not						
include any "unusual grants.")						
F						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					1	
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2019 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	t III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	-					•
b 33 1/3% support tests - 2018. If the						and
line 18 is not more than 33 1/3%, chec	· ·			·		
20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		163	140
	1		
L	2		
	3a		
	3b		
	3с		
	4a		
	40		
	4b		
	4c		
	5a		
-	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		
m 990	0 or 99	90-EZ)	2019

Pai	rt IV Supporting Organizations (continued)			
	, c (outsiday)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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 each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		<u></u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see instructions	S).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		i

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

11-2529356 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.

	other Type III non-functionally integrated supporting organizations must co	p	<u> </u>	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrat	ted Type III supporting ord	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

11-2529356 Page 7

Pai	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
ī	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

11-2529356 Page 8 Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. 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.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Employer identification number

11-2529356

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigsim \frac{1}{2} \f

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
NEW YORK CITY COLLEGE OF TECHNOLOGY
FOUNDATION, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
NEW YORK CITY COLLEGE OF TECHNOLOGY
FOUNDATION, INC.

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	OPTHALMIC SUPPLIES		
4			
		\$63,318 .	07/10/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

NEW YORK CITY COLLEGE OF TECHNOLOGY
FOUNDATION, INC.

Employer identification number

		space is needed.			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		(e) Transfer of git			
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
D. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		(e) Transfer of gif			
_	Transferee's name, address, an		Relationship of transferor to transferee		
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gif			
_	Transferee's name, address, an		Relationship of transferor to transferee		
lo. n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gif			
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

NEW YORK CITY COLLEGE OF TECHNOLOGY

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION, INC.

Employer identification number 11-2529356

Par	t I	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ls or A	.ccounts.c	omplete if the	
		organization answered Tes On Torm 990, Part IV, line	(a) Donor advised funds	(b) Funds and	other account	
1	Total r	number at end of year					
2		gate value of contributions to (during year)					
3		gate value of grants from (during year)					
4		gate value at end of year					
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised fun	ds		
	are th	e organization's property, subject to the organization's e	exclusive legal control?			Yes	No
6	Did th	e organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can b	e used o	only		
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e confer	ring		
		missible private benefit?				Yes	No
Par	t II	Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990	, Part IV,	, line 7.		
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).				
		Preservation of land for public use (for example, recreat	ion or education) Preservation of	of a histo	rically importa	ant land area	
		Protection of natural habitat	Preservation of	of a certi	fied historic s	tructure	
		Preservation of open space					
2	Comp	lete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the forr	n of a co	nservation ea	asement on the	last
	day of	f the tax year.			Held at	t the End of the 1	Tax Year
а	Total r	number of conservation easements			2a		
b	Total a	acreage restricted by conservation easements			2b		
С	Numb	er of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Numb	er of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	ture			
	listed	in the National Register			2d		
3		er of conservation easements modified, transferred, rele			nization during	the tax	
	year 🕨						
4	Numb	er of states where property subject to conservation eas	ement is located >				
5	Does	the organization have a written policy regarding the perio	odic monitoring, inspection, handling o	f			
	violati	ons, and enforcement of the conservation easements it	holds?			Yes	No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservati	on easements	during the year	ar
	\ _						
7	Amou	nt of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation ea	sements duri	ng the year	
	▶\$						
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'0(h)(4)(E	3)(i)		
	and se	ection 170(h)(4)(B)(ii)?				Yes	No
9	In Par	t XIII, describe how the organization reports conservatio	n easements in its revenue and expens	se stater	ment and		
	baland	ce sheet, and include, if applicable, the text of the footno	ote to the organization's financial state	ments th	at describes	the	
_		ization's accounting for conservation easements.					
Par	t III	Organizations Maintaining Collections of		Other :	Similar As	sets.	
		Complete if the organization answered "Yes" on Form					
1a		organization elected, as permitted under FASB ASC 958	•			rorks	
		historical treasures, or other similar assets held for publ			nce of public		
		e, provide in Part XIII the text of the footnote to its finance					
b		organization elected, as permitted under FASB ASC 958					
	art, his	storical treasures, or other similar assets held for public	exhibition, education, or research in fu	theranc	e of public se	rvice,	
	-	le the following amounts relating to these items:					
		evenue included on Form 990, Part VIII, line 1					
2	If the	organization received or held works of art, historical trea	sures, or other similar assets for financ	ial gain,	provide		
		llowing amounts required to be reported under FASB AS	_				
а		nue included on Form 990, Part VIII, line 1					
b	Assets	s included in Form 990, Part X			. 🕨 \$		

	NEW YOR	K CITY COL	LEGE OF TE	CHNOLOGY			
Sche	dule D (Form 990) 2019 FOUNDAT	ION, INC.			11-2	529356	Page 2
Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Similar Ass	ets(continue	;d)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant use of it	is	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purpose in Pa	art XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other simila	ar assets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		Yes	No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" o	n Form 990, Part IV	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets no	ot included		
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIII						
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year						
f	Ending balance						
2a						Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II		
Pai	T V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	k (e) Four ye	ars back
1a	Beginning of year balance	1,002,212.	1,002,212.	1,002,212.	1,002,212	1,00	02,212
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities		<u> </u>				
	and programs						

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► .00 %
b Permanent endowment ► 100.00 %

c Term endowment ▶ .00 %

f Administrative expenses
g End of year balance

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

1,002,212.

by:
(i) Unrelated organizations
(ii) Related organizations
(iii) Related organizations
(iii) Related organizations
(iii) Related organizations
(iiii) Related organizations
(iiii) Related organizations
(iiiii) Related organizations
(iiiiii) Related organizations
(iiiiii) Related organizations
(iiiiii) Related organizations
(iiiii) Related organizations
(iiiiii) Related organizations
(iiiii) Related organizations
(iiiiii) Related organizations
(iiiiiii) Related organizations
(iiiiii) Related organizations
(iiiiii) Related organizations
(iiiiii) Related organizations
(iiiiiiiiii) Related organizations

1,002,212.

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	<u>~</u>		<u> </u>	<u> </u>	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		12,870.	2,789.	10,081.
<u>e</u>	Other				
Tota	Add lines 1a through 1e (Column (d) must equa	I Form 990 Part X colur	nn (R) line 10c)	.	10.081.

Schedule D (Form 990) 2019

1,002,212.

	TY COLLEGE OF	TECHNOLOGY	
Schedule D (Form 990) 2019 FOUNDATION,	INC.		11-2529356 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CUNY INVESTMENT POOL	4,990,373.	END-OF-YEAR MARK	ET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,990,373.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		.▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			10 4 10
(2) DUE TO AUXILIARY			42,148
(3)			
(4)			
(5)			
(6)			
(7)			1

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

42,148.

(8) (9)

Schedule D (Form 990) 2019

FOUNDATION, INC.

11-2529356 Page 4

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturn.	<u> </u>
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	932,523.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a	34,814.		
b		ed services and use of facilities				
С		eries of prior year grants				
d		(Describe in Part XIII.)		37,878.		
е		nes 2a through 2d			2e	72,692.
3	Subtra	act line 2e from line 1			3	859,831.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b		4c	0.	
5	Total r		5	859,831.		
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements With	n Expenses per	Returr) .
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total e	expenses and losses per audited financial statements			1	846,102.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
b		ear adjustments				
С		losses	_			
d	Other	(Describe in Part XIII.)	2d	37,878.		
е		nes 2a through 2d			2e	37,878.
3		act line 2e from line 1			3	808,224.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			5	808,224.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE FOUNDATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES. MANAGEMENT HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT IN IT FINANCIAL STATEMENTS. U.S. FORMS 990 FILED BY THE FOUNDATION ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

Schedule D (Form 990) 2019 FOUNDATION, INC. Part XIII Supplemental Information (continued)	11-2529356 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES (NET W/REVENUE)	37,878.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES (NET W/REVENUE)	37,878.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NEW YORK CITY COLLEGE OF TECHNOLOGY

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2019)

FOUNDATIO	N, INC.						11-252	29356
Part I General Information on Grants a	and Assistance							
1 Does the organization maintain records							n	
criteria used to award the grants or assi	stance?						Yes	X No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of gran	t funds in the Unite	d States.				
Part II Grants and Other Assistance to	_				anization answered "\	Yes" on Form 990, Part I\	, line 21, for any	
recipient that received more than					(f) Method of	1		
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
 Enter total number of section 501(c)(3) a Enter total number of other organization 		4 1 1 1	he line 1 table				>	

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

11-2529356

Page 2

Schedule I (Form 990) (2019)

Part III can be duplicated if additional space is needed	l		1		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS AND STUDENT SUPPORT	378	200 240	0.		
SCHOLARSHIPS AND STODENT SUPPORT	376	300,349.	0.		
FACULTY DEVELOPMENT & PROGRAM SUPPORT GRANTS	78	350,643.	0.		
Part IV Supplemental Information. Provide the information re	 equired in Part I, Iir	le 2; Part III, column	I ı (b); and any other a	dditional information.	
SCHEDULE I, PART III:					
PART OF THE SCHOLARSHIPS ARE PAID	TO THE C	OLLEGE OF	TECHNOLOGY	, WHICH	
THEN APPLIES THE FUNDS TO THE REC			FOR THE F		
YEAR ENDED JUNE 30, 2020, \$136,04	5 IN SCHO	LARSHIP FU	INDS WERE P	AID TO	
THE COLLEGE BY THE FOUNDATION.					

SCHEDULE J (Form 990)

Compensation Information

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

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

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

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Employer identification number 11-2529356

Part I Questions Regarding Compensation

	0			Yes	No
1 a	Check the appropriate box(es) if the organization provided a				
	Part VII, Section A, line 1a. Complete Part III to provide any	5 5			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization	tion follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described	d above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimburs	sing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director	r, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used	to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check	any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but	explain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII	. Section A. line 1a, with respect to the filing			
	organization or a related organization:	, , , ,			
а		t?	4a		Σ
b		nqualified retirement plan?			Σ
		mpensation arrangement?			Σ
	If "Yes" to any of lines 4a-c, list the persons and provide the				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizat	tions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a,				
	contingent on the revenues of:				
а			5a		Х
					Σ
_	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation			
	contingent on the net earnings of:	and the enganization pay of abonds any compensation			
а			6a		Σ
	Any related organization?		6b		2
	If "Yes" on line 6a or 6b, describe in Part III.				
,	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization provide any porfived payments			
			7		2
,		popular purple a contract that was subject to the	7		Ľ
3	Were any amounts reported on Form 990, Part VII, paid or a	•			2
		53.4958-4(a)(3)? If "Yes," describe in Part III	8		Ľ
•	If "Yes" on line 8, did the organization also follow the rebutt				
	Regulations section 53.4958-6(c)?		9		ட

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990	
(1) DR. RUSSELL K. HOTZLER	(i)	0.	0.	0.	0.	0.		0.	
DIRECTOR	(ii)	319,417.	0.	0.	0.	153.	319,570.	0.	
(2) BETH F. LEVINE	(i)	0.	0.	0.	0.	0.		0.	
EXECUTIVE DIRECTOR	(ii)	152,448.	0.	0.	0.	9,625.	162,073.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Schedule J (Form 990) 2019	FOUNDATION,	INC.		11-2529356	Page 3
Part III Supplemental Informa	ation				
Provide the information, explanat	ion, or descriptions require	for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b	, 6a, 6b, 7, and 8, and for Part II. Also complet	te this part for any additional informa	ation.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

19

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Employer identification number 11-2529356

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ıts
1	Art - Works of art		items contributed	rom 550, rait viii, iine 1g			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	77	_	62 401	TINEY 7		
25	Other (OPTHALMIC SUP)	Х	0	63,491.	LMV		
26	Other ()						
27	Other ()						
28 29	Other () Number of Forms 8283 received by the organi	zation durin	the tax year for a	pontributions			
	for which the organization completed Form 82						
	To which the organization completed form oz	05, Fait IV, I	Donee Acknowled	gement 29		Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	norted in Part I lines 1 throu	nh 28 that it	163	140
oou	must hold for at least three years from the date						
	exempt purposes for the entire holding period			•		30a	х
b	If "Yes," describe the arrangement in Part II.	•				000	
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31	Х
	Does the organization hire or use third parties				T	<u> </u>	
	contributions?		~	· ·		32a	Х
b							
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
•	describe in Part II.	. (-)),	,	, , , , , , , , , , , , , , , , , , ,		
	If "Yes," describe in Part II. If the organization didn't report an amount in c					32a	Λ

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

Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019	FOUNDATION,	INC.	11-2529356	Page 2
Part II	Supplemental	Information Provid	de the information required by Part I, lines 30b, 32b, and 33, er of contributions, the number of items received, or a comb	and whether the organizat	ion
	paint for airly as				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Employer identification number 11-2529356

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SOLICIT AND ACCEPT GIFTS TO NEW YORK CITY COLLEGE OF TECHNOLOGY IN SUPPORT OF CITY TECH'S EDUCATIONAL MISSION AND PROGRAMS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY A PERSON DESIGNATED AND PROVIDED TO THE BOARD
BEFORE BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE
RISE TO CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C:
NO CHANGE IN SELECTION PROCESS OR AUDIT OVERSIGHT FROM THE PREVIOUS
YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Employer identification number 11-2529356

(b)	(c)	(d)	(e)	(f)
Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity
_				
		Primary activity Legal domicile (state or	Primary activity Legal domicile (state or Total income	Primary activity Legal domicile (state or Total income End-of-year assets

organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) on 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No	
NEW YORK CITY COLLEGE OF TECHNOLOGY -								
13-3893536, 300 JAY STREET, BROOKLYN, NY								
11201	EDUCATION	NEW YORK	501(C)(3)	LINE 6			X	
COLLEGE ASSN OF NYC COLLEGE OF TECHNOLOGY -								
11-2783861, 300 JAY STREET, BROOKLYN, NY								
11201	STUDENT SUPPORT SVCS	NEW YORK	501(C)(3)	LINE 10			X	
AUX ENTERPRISE BOARD NYC COLLEGE OF								
TECHNOLOGY - 11-1805341, 300 JAY STREET,								
BROOKLYN, NY 11201	AUXILIARY SERVICES	NEW YORK	501(C)(3)	LINE 12A, I			X	

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

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	entity (related, unrelated, income end-of-year allocations? 20 of 5		Disproportionate allocations?		amount in box	managin partner?	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	1										
	1										
	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr enti	
		country)		J. 1.25.4				Yes	No
								 	\vdash
									
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or	more r	elated organizations listed	I in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X					
b	Gift, grant, or capital contribution to related organization(s)				1b	Х						
С	Gift, grant, or capital contribution from related organization(s)				1c		X					
	Loans or loan guarantees to or for related organization(s)				1d		X					
е	Loans or loan guarantees by related organization(s)				1e		X					
f	Dividends from related organization(s)				1f		X					
g	Sale of assets to related organization(s)				1 g		X					
h	h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)												
j Lease of facilities, equipment, or other assets to related organization(s)												
k Lease of facilities, equipment, or other assets from related organization(s)												
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X					
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
					10	Х						
р	Reimbursement paid to related organization(s) for expenses				1 p	Х						
q Reimbursement paid by related organization(s) for expenses 1q												
r	Other transfer of cash or property to related organization(s)				1r		X					
	Other transfer of cash or property from related organization(s)				1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on who must con											
	(a) (b) Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount invo	olved							
1)												
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2)												
٠.												
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6)												
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Schedule R (Form 990) 2019 FOUNDATION, INC. 11-2529356

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- Code V-UBI amount in box 20 as? of Schedule K-1	General of managing partner?	(k) Percentage ownership

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

11-2529356 Page 5 Schedule R (Form 990) 2019 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.