# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 02-72-10 | Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

4 6	or tire	2022 Calendar year, or tax year beginning 000 1, 2022 and ending	9 00	14 30, 2023	
3 CI	neck if plicable Addres	NEW YORK CITY COLLEGE OF TECHNOLOGY		D Employer identific	eation number
<u>_</u>	_change	FOUNDATION, INC.		44 05000	
	Name change Initial			11-25293!	
<u></u>	return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite   E	E Telephone number	
	Final return/	300 JAY STREET 323		(718) 26	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		Gross receipts \$	1,627,532.
	Amend return		ī	H(a) Is this a group re	turn
	Application			for subordinates	? Yes X No
	pendin	g SAME AS C ABOVE	١,	<b>H(b)</b> Are all subordinates in	cluded? Yes No
LT	27-076	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		list. See instructions
	/ebsit			H(c) Group exemption	
			Vear of	formation: 1981	State of legal domicile: NY
		Summary	Toal of	TOTTIALION. TOOT IV	Otate of logal dofficito, 24 2
I C			דותים	F O	
e C	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f SCHE}$	EDUL	1E 0	
an					4
ern		Check this box if the organization discontinued its operations or disposed of		1 1	
5		Number of voting members of the governing body (Part VI, line 1a)			15
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	3
viti	6	Total number of volunteers (estimate if necessary)		6	15
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		399,189.	1,457,186.
		Program service revenue (Part VIII, line 2g)		0.	0.
vel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		216,939.	170,346.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		616,128.	1,627,532.
				742,195.	788,991.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		111,246.	114,057.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
en	ı	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	1	Total fundraising expenses (Part IX, column (D), line 25)		29,049.	38,408.
ш.		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		882,490.	
	19	Revenue less expenses. Subtract line 18 from line 12		-266,362.	
Sor			Beg	inning of Current Year	End of Year
let Assets or and Balances	20	Total assets (Part X, line 16)		7,045,340.	7,987,163.
t IdB	21	Total liabilities (Part X, line 26)		57,468.	160,442.
홢	22	Net assets or fund balances. Subtract line 21 from line 20		6,987,872.	7,826,721.
	art II	Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to the best of m	y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	as any knowledge.	
		Garey V. ellis, Mo		4.3	24
Sig	n	Signature of officer		Date	•
Her		DR. GAREY ELLIS, CHAIR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Paid	d	DAVID A. URBAN CPA DAVID A. URBAN CPA	. lo:	3/28/24 if self-employ	P00630018
	- parer	Firm's name EFPR GROUP, CPAS, PLLC		Firm's EIN 4	
	Only	Firm's address 6390 MAIN STREET SUITE 200		THIN CHI	
036	Jilly	WILLIAMSVILLE, NY 14221		Phone no 71	6-634-0700
N. / .	. 414 - 1			I Holle IIV. 7 I	
ivia	y tne I	RS discuss this return with the preparer shown above? See instructions			X Yes No

11-2529356

Form 990 (2022) FOUNDATION, INC.

Part III | Statement of Program Service Accomplishments

. u	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
	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?	0
	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?	0
	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	
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 788,991. including grants of \$ 788,991.) (Revenue \$	_
4a	(Code: ) (Expenses \$ 788,991. including grants of \$ 788,991.) (Revenue \$ IN FISCAL YEAR 2023, THE CITY TECH FOUNDATION PROVIDED ABOUT \$789,000	_ )
	IN SUPPORT TO THE COLLEGE. THIS INCLUDED \$432,601 AWARDED IN THE FORM	—
	OF SCHOLARSHIPS, AWARDS, TRAVEL GRANTS, INTERNSHIPS, RESEARCH	_
	OPPORTUNITIES AND EMERGENCY SUPPORT GRANTS; AND \$356,390 IN PROGRAM AND	5
	FACULTY SUPPORT.	_
		_
		_
		_
		_
		_
		_
		_
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
		<b>-</b> ′
4c	(Code:) (Expenses \$	_ )
		_
<i>/</i>   <i>A</i>	Other program convices (Describe on Schedule O.)	_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 788,991.	_
	, , , , , , , , , , , , , , , , , , , ,	

# Form 990 (2022) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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			<del></del>
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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			
	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			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	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			
	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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			† <u> </u>
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	democro government on tractive, column (hy, mile 1: n rec, complete conceale i, trate trane ii	<u>~ 1</u>		

Form 990 (2022) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
h	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 line 28a or 28b?//f	200		<del></del>
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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 on Schedule O for Part VI, lines 11b and 19?	31		
50		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  It V Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

11-2529356

9022) FOUNDATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		3	37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_^
D	If "Yes," enter the name of the foreign country			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	En		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<del></del>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	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 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	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	iza		
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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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		X
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022)

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 Did the organization have members or stockholders? Х 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.) No Yes 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 on 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 on 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 on 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

#### Form 990 (2022) 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the 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)	(C)				iout	(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an			than		Reportable	Reportable	Estimated
	hours per week		officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee		, .	sensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	li co		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. RUSSELL K. HOTZLER	2.00	드	드	Ð	포	포등	요			
PRESIDENT, NYC COLLEGE OF TECHNOLOGY	35.00	x						0.	348,542.	136.
(2) BETH F. LEVINE	35.00							0.	310/3120	
EXECUTIVE DIRECTOR	0.00			х				0.	150,989.	11,634.
(3) HON. ALICE FISHER RUBIN	0.50								,	,
DIRECTOR	0.00	х		х				0.	0.	0.
(4) DR. GAREY V. ELLIS, M.D.	0.50									
CHAIR	0.00	Х		Х				0.	0.	0.
(5) ANTONIA YUILLE-WILLIAMS	0.50									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(6) MARC STEPHEN JAMES	0.50									
TREASURER	0.00	Х		Х				0.	0.	0.
(7) JOSHUA SCHNEPS	0.50									
SECRETARY	0.00	Х		Х				0.	0.	0.
(8) TAUNGLEA AMBROISE	0.50								_	_
DIRECTOR	0.00	Х						0.	0.	0.
(9) THOMAS G. AMON, ESQ.	0.50									•
DIRECTOR	0.00	X						0.	0.	0.
(10) LUIS DE LOS SANTOS	0.50								•	0
DIRECTOR	0.00	Х						0.	0.	0.
(11) CHIMA JOSEPH	0.50	,,							0	0
DIRECTOR	0.00	Х						0.	0.	0.
(12) JOANN LEE	0.00	Х						0.	0.	0.
DIRECTOR (13) JOCELYNNE RAINEY	0.50	^						0.	0.	<u> </u>
DIRECTOR	0.00	Х						0.	0.	0.
(14) YVONNE RILEY-TEPIE	0.50	^						0.	· ·	
DIRECTOR	0.00	X						0.	0.	0.
(15) TEREL WATSON	0.50							0.	0.	
DIRECTOR		x						0.	0.	0.
(16) TIMOTHY HUNTER	0.50	<del> </del>								<u></u>
DIRECTOR	0.00	x						0.	0.	0.
		1								
		•	_		_	_	-	•		

Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
<b>(A)</b> Name and title	(B) Average	(C) Position					<b>(D)</b> Reportable	<b>(E)</b> Reportable	_	Fs	(F) timate	rd	
warie and title	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			h an	compensation comper		on	an	nount			
	week (list any	-					100)	from the	from related organizations			other pensa	tion
	hours for related	Individual trustee or director	æ			ated		organization	(W-2/1099-MI	SC/	fr	om the	е
	organizations	trustee	al truste		yee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	'		anizati d relati	
	below	ividual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,			orga	anizatio	ons
	line)	Pu	lus	#0	Key	Hig	- R			$\rightarrow$			
		_											
		$\vdash$											
		L							400 5	21	4	1 7	70
1b Subtotal c Total from continuation sheets to Part V	Il Coation A							0.	499,5	31. 0.		1,7	0.
d Total (add lines 1b and 1c)								0.	499,5	-	1	1,7	
2 Total number of individuals (including but r								eceived more than \$100	0,000 of reportab	ole			0
compensation from the organization												Yes	No
3 Did the organization list any former officer			key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on				v
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the s								her compensation from			3		X
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				•			•		- 1	5		Х
Section B. Independent Contractors	ipiete Scriedui	501	01 30	ucii	pers	SOIT					3		
1 Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	VILLI	or w	ritnir	n the organization's tax (B)	year.		(C	<del>)</del>	
Name and business	address	NO	INC	Ξ			4	Description of s	ervices	C	ompei	nsatio	<u> </u>
							$\dashv$						
2 Total number of independent contractors (	including but n	ot li	mite	d to	tho	se li	sted	d above) who received m	nore than				
\$100,000 of compensation from the organ	-					0							

Form 990 (2022)

Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse or	note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
fts, Grants r Amounts	b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	:					
Contributions, Gifts, Grants and Other Similar Amounts	е	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f		57,186. 3,447.				
Sont Ind (	g		•		1,457,186.			
0 80	<u>n</u>	Total. Add lines 1a-1f		Business Code	1,437,100.			
e	2 a	r	[					
Program Service Revenue	b							
m S	С							
gra Re	d		— <u> </u>					
Pro	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends		•	04 627			04 627
		other similar amounts)			84,637.			84,637.
	4 5	Income from investment of tax-exempt Royalties						
	•	(i) Re		(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
		` '						
		Net rental income or (loss)		(ii) Other				
		assets other than inventory 7a 85,7						
	b	Less: cost or other basis	_					
une		and sales expenses 7b	0.					
Other Revenue		Gain or (loss) 7c 85,7			85,709.			85,709.
er F		Net gain or (loss)	<u></u>		05,705.			03,703.
₽	0 4	including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18						
		Less: direct expenses						
		<ul> <li>Net income or (loss) from fundraising ev</li> <li>Gross income from gaming activities. Se</li> </ul>						
		Part IV, line 19						
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activit	ties					
	10 a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inven						
ST.			Е	Business Code				
Miscellaneous Revenue	11 a		—					
ella	b c		— <u> </u>					
Misc R		All other revenue						
		Total. Add lines 11a-11d			4 605 500			180 011
	12	Total revenue. See instructions			1,627,532.	0.	0.	170.346.

## 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 respon-	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	788,991.	788,991.		
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	Other salaries and wages	114,057.		114,057.	
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	4,063.		4,063.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	8,900.		8,900.	
12	Advertising and promotion				
13	Office expenses	1,478.		1,478.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	0 013		0 010	
22	Depreciation, depletion, and amortization	8,813.		8,813.	
23	Insurance	3,902.		3,902.	
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 Sebadule 0, and the column (A).				
а	amount, list line 24e expenses on Schedule 0.)  DONATED SUPPLIES EXP	3,447.		3,447.	
d	FILING FEES	2,854.		2,854.	
a	FEES & SUBSCRIPTIONS	2,772.		2,772.	
d	STEWARDSHIP	892.		892.	
-	All other expenses	1,287.		1,287.	
25	Total functional expenses. Add lines 1 through 24e	941,456.	788,991.	152,465.	0.
26	Joint costs. Complete this line only if the organization	2 - 2 , 2 3 3	,		
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)				
	2. 10. 12. 20				Earm <b>990</b> (2022)

Form 990 (2022)
Part X Balance Sheet

Pai	ιλ	Dalance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			1,086,170.	2	1,268,002.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		523,336.	4	1,124,885	
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, su	bstantial o	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	sons (as defined				
ţs		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
	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 othe					
		basis. Complete Part VI of Schedule D		44,070.			
	b	Less: accumulated depreciation	10b	17,790.	35,093.	10c	26,280
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		5,400,741.	12	5,567,996	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	5 005 460
	16	Total assets. Add lines 1 through 15 (must e			7,045,340.	16	7,987,163
	17	Accounts payable and accrued expenses		44,936.	17	128,727	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
<u>ia</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X	10 520		21 715
		of Schedule D			12,532. 57,468.		31,715. 160,442.
	26	Total liabilities. Add lines 17 through 25			37,400.	26	100,442
es		Organizations that follow FASB ASC 958, o	neck ner	• ^			
Š		and complete lines 27, 28, 32, and 33.			-391,212.	07	-471,745
sals	27				7,379,084.	27	8,298,466
ğ	28	Net assets with donor restrictions		7,375,004.	28	0,200,400	
Ē		Organizations that do not follow FASB ASC	, 958, CN	eck nere			
Net Assets or Fund Balances	00	and complete lines 29 through 33.	do			00	
ets	29	Capital stock or trust principal, or current fun				29	
Ass	30	Paid-in or capital surplus, or land, building, or				30	
et/	31	Retained earnings, endowment, accumulated			6,987,872.	31	7,826,721.
Z	32	Total liabilities and not assets/fund balances			7,045,340.	32	7,987,163
	33	Total liabilities and net assets/fund balances			1,040,040.	33	Form <b>990</b> (2022

Form **990** (2022)

01111 330 1	(2022)	
Part XI	Decensiliation	of Not Accet

Рa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1			<u>32.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				56.	
3	Revenue less expenses. Subtract line 2 from line 1	3				76.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6			72. 73.	
5	Net unrealized gains (losses) on investments 5						
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	7	,82	6,7	21.	
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 on Schedule	e 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	d 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	Х		
	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 the	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 Scl	nedule C	). [				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2022)

## SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public Inspection

OMB No. 1545-0047

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

NEW YORK CITY COLLEGE OF TECHNOLOGY

Employer identification number 11 – 2529356

		FOUN	DATION, IN	C.				1	1-2529356
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructio	าร.	
The o	organ	zation is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental	unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	<sup>7</sup> 0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, ar	nd gross receipts from
		activities related to its exen	npt functions, subjec	et to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	$from \ gross \ investment$
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	ıfety.See <b>s</b>	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to c	arry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section s	509(a)(2).	See <b>section</b>	<b>509(a)(3).</b> C	Check the box on
		lines 12a through 12d that				•		•	
а		Type I. A supporting orga	•	•					• •
		the supported organization			a majority o	of the dire	ctors or trust	es of the s	supporting
		organization. You must o	•						
b		Type II. A supporting org	•				· ·		•
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	•						
С		Type III functionally inte						illy integrate	ed with,
		its supported organization		•	•	•	-		
d		Type III non-functionally						•	* *
		that is not functionally int	•	•	•		•	d an attent	iveness
		requirement (see instruct	•	-					
е		Check this box if the orga					a Type I, Type	II, Type III	
		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	• •				
		r the number of supported o	•						
g		ide the following information  Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)
				above (see instructions))	163	140			<u> </u>

11-2529356 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 722,453 399,189. include any "unusual grants.") 708,854 1,493,508 1,394,677 4,718,681. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 708,854. 722,453. 1,493,508 399,189. 1,394,677 4,718,681. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 4,718,681. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2018 708, 854. (b) 2019 722,453. (c) 2020 Calendar year (or fiscal year beginning in) (d) 2021 (e) 2022 (f) Total 399,189. 1,493,508 1,394,677, 4,718,681. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 74,958. 73,087 58,439. 61,685 84,636. 352,805. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 5,071,486. 11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions)
 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and **stop here** 

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	93.04				
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 93						
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
stop here. The organization qualifies as a publicly supported organization		X				
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, a	nd line 15 is 33 1/3% or r	more, check this box				
and stop here. The organization qualifies as a publicly supported organization						
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on l	ine 13, 16a, or 16b, and I	ine 14 is 10% or more,				
and if the organization meets the facts-and-circumstances test, check this box and stop I	nere. Explain in Part VI ho	ow the organization				
meets the facts-and-circumstances test. The organization qualifies as a publicly supporte	d organization					
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on l	ine 13, 16a, 16b, or 17a,	and line 15 is 10% or				
more, and if the organization meets the facts-and-circumstances test, check this box and	stop here. Explain in Par	t VI how the				
organization meets the facts-and-circumstances test. The organization qualifies as a publ	icly supported organization	on				

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

## 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.)

Se	ction A. Public Support	slow, please com	ipiete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						-
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			-			
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(-)	(4, 2 2 2 2	(-,	(-7	(-,	(-)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for th	e organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2022 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		<u>~</u> _			1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2022. If the	-					
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	า aid not check a	ı box on line 14, 19	≀a, or 19b, check t	nıs box and see ir	istructions	

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		V	NI.
1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	<del>1</del> a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	o		
	8		
	9a		
	9b		
	9с		
	4.5		
	10a		
	10h		
dula	10b A (Forr	n 000	2022
uule	A (FOI	11 330)	2022

		(FORTH 990) 2022 1 CONDITION, 111C.	2555	<u>У</u> Г	age 3
Pa	rt IV	Supporting Organizations (continued)			
	Har et			Yes	No
11		ne organization accepted a gift or contribution from any of the following persons?			
а	•	son who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
		elow, the governing body of a supported organization?	11a		
		ily member of a person described on line 11a above?	11b		
С		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u>Sac</u>		<i>i</i> ∩ Part Ⅵ. 3. Type I Supporting Organizations	11c		
360	tion L	5. Type I Supporting Organizations		Vaa	Na
4	Did th	a soverning back, marchage of the soverning back, officers acting in their official consoits, or marchage in a consoit.		Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2			-		
2		e organization operate for the benefit of any supported organization other than the supported ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		7. Typo ii cupporting crgaineations		Yes	No
1	Wora :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations	<u> </u>		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	_	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
		cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions</b> )	).		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

# NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Schedule A (Form 990) 2022

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## 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 mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current 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		
Sect	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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	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 0.85 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	ally integrate	d Type III supporting ord	anization (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) 2022

FOUNDATION, INC.

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	¥
Secti	on D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

## NEW YORK CITY COLLEGE OF TECHNOLOGY

11-2529356 Page 8 FOUNDATION, INC.

Schedule A	(Form 990) 2022	FOUNDATION,	INC.	11-2529356 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide the ex, 2, 3b, 3c, 4b, 4c, 5a, 6, lines 2 and 3; Part IV, Se	planations required by Part II 9a, 9b, 9c, 11a, 11b, and 11c ction E, lines 1c, 2a, 2b, 3a, a	I, line 10; Part II, line 17a or 17b; Part III, line 12; c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ete this part for any additional information.
	(See Instructions.)			

## Schedule B

#### Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \_\_\_\_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

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

Employer identification number

11-2529356

Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$279,285.	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		s120,000.	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 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

11-2529356

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part 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
		\$	
(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
		\$	

Schedule B (Form 990) (2022) Name of organization Employer identification number NEW YORK CITY COLLEGE OF TECHNOLOGY 11-2529356 FOUNDATION, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Employer identification number 11-2529356

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

## NEW YORK CITY COLLEGE OF TECHNOLOGY

Schedule D (Form 990) 2022

FOUNDATION, INC.

11-2529356 Page **2** 

Pai	rt III   Organizations Maintaining C	Collections of Ai	t, Historical Tr	easures, or Ot	her Simila	ır Asse	<b>ts</b> (continued	<i>d)</i>
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that make	e significant ເ	use of its		
	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 c	ollections and explai	n how they further t	he organization's e	xempt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of							
_	to be sold to raise funds rather than to be m						Yes	No
Pai	rt IV Escrow and Custodial Arran	-	ete if the organizatio	n answered "Yes"	on Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·						
1a	Is the organization an agent, trustee, custod							
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				A	
							Amount	
	Additions during the year							
e	Distributions during the year							
f O-	Ending balance							- Na
	3				•		Yes	No
Pai	rt V Endowment Funds. Complete							
ı aı	Endownient Fundo: Complete	(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four yea	rs back
1a	Beginning of year balance	2,153,522.	2,277,053.	1,002,212	1,,	02,212.	` ' '	2,212.
b	Contributions	2,200,022.	2,2,,,000,	976,197		,		_,
C	Net investment earnings, gains, and losses	112,600.	-95,783.	313,202	_			
d		,	,	, , , , , , , , , , , , , , , , , , , ,	1			
	Other expenditures for facilities							
·	and programs	6,016.	27,748.	14,558				
f	Administrative expenses	,	, , , , , , , , , , , , , , , , , , ,	,				
g	End of year balance	2,260,106.	2,153,522.	2,277,053	. 1,00	02,212.	1,00	2,212.
2	Provide the estimated percentage of the cur			a)) held as:			<u> </u>	
а	Board designated or quasi-endowment	•	%	"				
b	Permanent endowment	%	_					
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the			
	organization by:						Ye	s No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza						3b	X
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI Land, Buildings, and Equipn							
	Complete if the organization answere			1	•			
	Description of property	(a) Cost or o			Accumulated	d	(d) Book va	lue
		basis (investn	nent) basis	(other) c	lepreciation	$-\!\!\!+\!\!\!\!-$		
	Land							
	Buildings					$-\!\!\!\!+\!\!\!\!\!-$		
	Leasehold improvements		1	4,070.	17,79	<u>,                                    </u>	26	280.
	0.1			±,0/0•	11,13	<del>, , , ,</del>		<u> </u>
	Other		Y column (P) line 1	<u> </u>		$\overline{}$	2.6	280.
าบเส	ı. Add iiles Ta tillougit Te. (Colullii (a) Müst e	yuari onn 330, Fall	л, сошни ( <i>D),</i> ш <i>е</i> т	····		I	20,	

	TY COLLEGE OF		-2529356 Page
Schedule D (Form 990) 2022 FOUNDATION, Part VII Investments - Other Securities.	INC.		-2329330 Page (
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(b) Book value	(e) member of valuation: eggs of one	a or your market value
(2) Closely held equity interests			
(3) Other			
(A) CUNY INVESTMENT POOL	5,567,996.	END-OF-YEAR MARKET	VALIIE
(B)	3730773300		V1111011
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,567,996.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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"	on Form 990, Part IV, line	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) lin	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, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AUXILIARY			31,715
(3)			
(4)			
(5)			
(6)			

(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 31,715.

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

4c

941,456.

	dule D (Form 990) 2022 FOUNDATION, INC.				<u> </u>
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,780,305
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	152,773.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	152,773
3	Subtract line 2e from line 1			3	1,627,532
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,627,532
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	941,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0 .
3	Subtract line 2e from line 1			3	941,456
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

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

c Add lines 4a and 4b

**b** Other (Describe in Part XIII.)

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.

# NEW YORK CITY COLLEGE OF TECHNOLOGY 11-2529356 Page 5 Schedule D (Form 990) 2022 FOUNDATION Part XIII Supplemental Information (continued) FOUNDATION, INC.

#### SCHEDULE I (Form 990)

# **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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

NEW YORK CITY COLLEGE OF TECHNOLOGY Employer identification number Name of the organization 11-2529356 FOUNDATION, INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Page 2

(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	235	432,601.	0.		
PROGRAM GRANTS, STUDENTS	449	356,390.	. 0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	n (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	IPIENTS'.	ACCOUNTS.			

#### **SCHEDULE J** (Form 990)

## **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

Employer identification number 11-2529356

				Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided				
	Part VII, Section A, line 1a. Complete Part III to provide any				
	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 organiza	ation follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describe	d above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbur	sing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Directo	r, regarding the items checked on line 1a?	. 2		
3	Indicate which, if any, of the following the organization use	d to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check				
	establish compensation of the CEO/Executive Director, but				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
	3				
4	During the year, did any person listed on Form 990, Part VI	I, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control paymer	nt?	4a		Х
b			4b		Х
С	Participate in or receive payment from an equity-based con	npensation arrangement?	. 4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide th	e applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations 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
			5b		Х
	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:				
а			6a		Х
b			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a.	, did the organization provide any nonfixed payments			
		l	. 7		Х
8	Were any amounts reported on Form 990, Part VII, paid or				
		53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		Х
9	If "Yes" on line 8, did the organization also follow the rebut				
	Regulations section 53.4958-6(c)?		. 9		

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

Schedule J (Form 990) 2022

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 V	J-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. RUSSELL K. HOTZLER	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT, NYC COLLEGE OF TECHNOLOGY	(ii)	348,542.	0.	0.	0.	136.	348,678.	0.
(2) BETH F. LEVINE	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	137,489.	0.	13,500.	0.	11,634.	162,623.	0.
	(i)							
	(ii)							
	(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

Schedule	J (Form 990) 2022 FOUNDATION, INC.	11-2529356	Page 3
Part III	J (Form 990) 2022 F'OUNDA'TION, INC. Supplemental Information		
	ne information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	this part for any additional information.	

#### **SCHEDULE 0** (Form 990)

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 Form 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

#### SCHEDULE R (Form 990)

Part I

## **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.

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

EDUCATION

STUDENT SUPPORT SVCS

AUXILIARY SERVICES

Employer identification number 11-2529356

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) r Total incom	e End-of-year	assets Direct c	(f) ontrolling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 34, be	ecause it had one	or more related tax-exe	empt
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	(g) Section 512(b)(13) controlled entity?
			l l	501(c)(3))		Yes   No

NEW YORK

NEW YORK

NEW YORK

501(C)(3)

501(C)(3)

501(C)(3)

LINE 6

LINE 10

LINE 12A, I

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

NEW YORK CITY COLLEGE OF TECHNOLOGY - 13-3893536, 300 JAY STREET, BROOKLYN, NY

AUX ENTERPRISE BOARD NYC COLLEGE OF TECHNOLOGY - 11-1805341, 300 JAY STREET,

COLLEGE ASSN OF NYC COLLEGE OF TECHNOLOGY -11-2783861, 300 JAY STREET, BROOKLYN, NY Х

Х

X

BROOKLYN, NY 11201

11201

11201

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.

	significance de												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionat		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage		
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partne	Ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
							I	L					

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>(b)</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	Sec 512(i contr ent	ction (b)(13) crolled tity?
		country)		or tructy		400010		Yes	No
	1								
	1								

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 on	ne or more re	lated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	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)				1g		X
h	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
_							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(				11		X
	n Performance of services or membership or fundraising solicitations by related organization(				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		X
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
	If the answer to any of the above is "Yes," see the instructions for information on who must						
	Name of related organization Tran	(b) nsaction pe (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
1)							
2)							
3)							
4)							
5)							
6)							
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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 se 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 2 of Schedule K-1	General of managing partner?  Yes NO	(k) Percentage ownership

## NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION, INC.

11-2529356 Page 5 Schedule R (Form 990) 2022 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.