NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

2016 Open to Public Inspection

1.General Informat	tion,			
For Fiscal Year Beginning	g (mm/dd/yyyy) 07/0	1/2016 and Endi	ing (mm/dd/yyyy) 06/30	7/2017
Check if Applicable:  Address Change	Name of Organization: MEDGAR EVERS		ATIONAL FOUNDA	Employer Identification Nove to 1500
Name Change Initial Filing	Mailing Address: 1650 BEDFORD			NY Registration Number: 02-74-84
Final Filing Amended Filing	City / State / ZIP: BROOKLYN, NY	11225		Telephone: 718 270-6113
Reg ID Pending	Website: WWW.MEC.CUNY	. EDU		Email:
Check your organization's registration category:		TL only X DUAL (7/	A & EPTL) EXEMPT	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com
2. Certification				
See instructions for certific	cation requirements. Impro	per certification is a violat	ion of law that may be subje	ect to penalties.
We certify under per they are President or Authorized C	Officer:	eviewed this report, include in accordance with the la	DR. RUDOLI PRESIDENT	PH F. CREW
Chief Financial Officer or 1	Signature .	J K	JERALD POS	
Officer of the state of the sta	Signature		S.V.P. OF Print Nan	ne and Title Date
3. Annual Reporting	Exemption			
additional attachments are schedules and attachments and attachments and attachments and attachments are schedules are schedules at a schedules are	it apply to your registration required. If you cannot clais and pay applicable fees.  exemption: Total contribution and the organization description of the organization description.	, complete only parts 1, 2, im an exemption or are a [ iman exemption or are a [ iman exemption or are a [ iman exemption or are a profession or engage and engage an	and 3, and submit the certicology of the control of	tegory (7A or EPTL only filers) or both ified Char500. No fee, schedules, or ne exemption, you must file applicable government agencies, etc, did not I raising counsel (FRC) to solicit see instructions).
	cai year.	ots did not exceed \$25,000	and the market value of as	sets did not exceed \$25,000 at any time
.*Schedules and Atta	achments	· · · · · · · · · · · · · · · · · · ·		
chedules and tachments to	for fund (	raising activity in NY State	ofessional fund raiser, fund r ? If yes, complete Schedule vemment grants? If yes, co	
Fee:		<del></del> .		
ee the checklist on the ext page to calculate your	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order
e(s). Indicate fee(s) you e submitting here:	<b>\$25.</b>	<b>\$250.</b>	\$ 275.	payable to: "Department of Law"
			Ψ <u></u>	

### MEDGAR EVERS COLLEGE EDUCATIONAL FOUNDATION, INC.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

# Checklist of Schedules and Attachments

check the schedules you must submit with your CHAR500 as described in Part 4:	(PED) Fund Paicing Councel (EPC) Commercial Co-Venturers (CCV)							
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(FTA), I tille Haising Counsel (Tho), Commercial Co Venturers (COV)							
[] If you answered "yes" in Part 4b, submit Schedule 4b. Government Charts								
Check the financial attachments you must submit with your CHAR500:								
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable								
$oxed{X}$ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Co	ntributors).							
Our organization was eligible for and filed an IRS 990-N e-postcard. We have it	ncluded an IRS Form 990-EZ for state purposes only.							
· f you are a 7A only or DUAL filer, submit the applicable independent Certified Public	Accountant's Review or Audit Report:							
Review Report if you received total revenue and support greater than \$250,00	0 and up to \$750,000.							
X Audit Report if you received total revenue and support greater than \$750,000								
No Review Report or Audit Report is required because total revenue and supp	port is less than \$250,000							
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required							
. ·								
The state of the s	•							
Calculate Your Fee	to any Designation Colonia, 74 EDTI DUAL or EVENDTO							
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?  Organizations are assigned a Registration Category upon							
or 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:							
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York							
\$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")							
	EPTL filers are registered under the Estates, Powers & Trusts							
For EPTL and DUAL filers, calculate the EPTL fee:	Law ("EPTL") because they hold assets and/or conduct							
As your should the FDTI exemption in Bort 2h	activities for charitable purposes in NY.							
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.							
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	<b>EXEMPT</b> filers have registered with the NY Charities Bureau							
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration							
<b>X</b> \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These organizations are not required to file annual financial reports							
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	but may do so voluntarily.							
\$1500, if the NET WORTH is \$50,000,000 or more								
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com							
Send Your Filing	Where do I find my organization & NET WORTH?							
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:							
•	· •							

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30

Open to Public Inspection

OMB No. 1545-0047

		and	enuing U	ON 30,	201	<u>/</u>					
В	Check i applica	MEDGAR EVERS COLLEGE EDUCATIONAL		D Employ	er identif	fication number					
Ę	Add char Nam	ge FOUNDATION, INC.		1							
Ļ	char	ge Doing business as			11-2	2561640					
	retur	Number and street (0° P.O. Dox if mail is not delivered to street address)	Room/suite	E Telephone number 718 – 270 – 6113							
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross rece	iots \$	760,687					
	Ame	BROOKLYN, NY 11225		H(a) Is this							
	Appl tion	F Name and address of principal officer:DR . RUDOLPH F . CREW	W			s? Yes X No					
	pend	SAME AS C ABOVE				included? Yes No					
		tempt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	If "No	,* attach a	a list. (see instructions)					
		ite: WWW.MEC.CUNY.EDU		H(c) Group	exemption	on number 🕨					
		forganization: X Corporation Trust Association Other	L Year o	of formation:	1981 <sub> </sub>	M State of legal domicile; N					
P	art I		· ·								
9	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O							
Governance	2	Check this box  if the organization discontinued its operations or dispos		41 0504							
ě	3					ssets.   10					
පි	4	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)				10					
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)				- 0					
įŧį	6	Total number of volunteers (estimate if necessary)				0					
흕	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	•••••••			0.					
⋖	Ь	Net unrelated business taxable income from Form 990-T, line 34	••••••	••••••••	7b	0.					
	1			Prior Ye		Current Year					
<b>a</b>	8	Contributions and grants (Part VIII, line 1h)		1,681		749,592.					
Ĕ	9	Program service revenue (Part VIII, line 2g)		<del> </del>	0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4	,849.	5,916.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,686	,755.	755,508.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		250	,845.	256,275.					
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.					
ens		Professional fundraising fees (Part IX, column (A), line 11e)	<u>L</u>		0.	0.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	<u>0.                                      </u>								
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,238.	771,925.					
i		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			083.	1,028,200.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,225		-272,692.					
ances			Begi	inning of Curi		End of Year					
88		Total assets (Part X, line 16)	······	2,370		2,275,674.					
Fund Ba		Total liabilities (Part X, line 26)	······		963.	255,408.					
	22 rt	Net assets or fund balances. Subtract line 21 from line 20		2,247,	130.	2,020,266.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statemen	te and to the	hoot of mu	knowledge and ballet it is					
rue.	correc	t, and complete. Deglaration of preparer (other than officer) is based on all information of which	h orenarer h	as any knowle	ngar or my	knowledge and belief, it is					
		Washington Wen	in proparer in	as any knowie	aye.						
iign	,	Signature of officer		Date	<del></del>						
lere		DR. RUDOLPH F. CREW, PRESIDENT									
		Type or print name and title	·								
		Print/Type preparer's name Preparer's signature	Da	te	Check	PTIN					
aid		JOHN T. O'BRIEN			if self-employed	P01253588					
rep	arer	Firm's name FFPR GROUP, CPAS, PLLC		Firm'	s EIN	47-4526160					
se (	Only	Firm's address 6390 MAIN STREET SUITE 200									
	i	WILLIAMSVILLE, NY 14221		Phon	e no. (71	6) 634-0700					
lav	the IF	S discuss this return with the preparer shown above? (see instructions)				X Ves No					

# MEDGAR EVERS COLLEGE EDUCATIONAL FOUNDATION, INC.

Form	990 (2016) FOUNDATION, INC.	11-2561640 Page 2
Par	till) Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes." describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	tes cas 140
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 other	ers, the total expenses, and
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 720,731 · including grants of \$ 256,275 · ) (Revenue)	2 010
4a	(Code: ) (Expenses \$ 720,731. including grants of \$ 250,275. ) (Revening PROGRESS AND DEVELOPMENT OF MEDGAR EVERS COLLEGE.	
•		<del></del>
		-
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
•		<u> </u>
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
		•
		• •
4c	(Code:) (Expenses \$	ue\$)
		***************************************
	Other program services (Describe in Schedule O.)	
4d	(Fypenses \$ including grants of \$ ) (Revenue \$	
4e	720 731	
<u> </u>		Form 990 (2016)

Form 990 (2016) FOUNDATION, INC.

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)?	1	l	ĺ
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	<del> </del>
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 during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	l	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	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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?	ļ		
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	清	Jan.	
	as applicable.	490.964	water (g)	hije i rajed
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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		x
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Ì		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	J		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	<u> </u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ł	
•	or more? If "Yes," complete Schedule F, Parts I and IV	445		X
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	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>x</b> .
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<del></del> -	$\dashv$	<del></del>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		$\dashv$	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	}	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	$\neg$		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

FOUNDATION, INC. Form 990 (2016) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	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			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	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	1	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
.0	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	i	
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	1	•
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	684		* 15
	instructions for applicable filing thresholds, conditions, and exceptions):	75.7	5296	14
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	•	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	X.	
35a	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?	l		· 
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Page 5

	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 1	1		_
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable 1b	] (E) (E		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	7
~	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	24.5	10	1.7
	filed for the calendar year ending with or within the year covered by this return2a			
b		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	4.4	NIE.	100
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
þ	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	1_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		Į .	ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Ļ	X
Ь	If "Yes," enter the name of the foreign country: ▶	1	100	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	12.	13.15	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<b>!</b>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?	5c	<del> </del>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	<u></u>	X
. D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		]	
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b	Mary 7 .	5 25
7 · 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?	30 Mg	旞	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	├─	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	<del> </del>	<del>                                     </del>
•	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		V.Y	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	منما	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	•	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	£.8%	<b>***</b>	X 60x7
	sponsoring organization have excess business holdings at any time during the year?	8.		
9	Sponsoring organizations maintaining donor advised funds.	1	经验	333
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		:
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	· ·	
10	Section 501(c)(7) organizations. Enter:			:32
	Initiation fees and capital contributions included on Part VIII, line 12	1862	7-1	347
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		為訓	
	Section 501(c)(12) organizations. Enter:	那	10.00	***
	Gross income from members or shareholders	10	#116C	
	Gross income from other sources (Do not net amounts due or paid to other sources against	100		3
	amounts due or received from them.)	13.15E		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		les 7.72
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	137		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		<b>219</b>	W.C
	Note. See the instructions for additional information the organization must report on Schedule O.	13a	884E18	(PCF4)
	Enter the amount of reserves the organization is required to maintain by the states in which the	83	234	4.37
	organization is licensed to issue qualified health plans			કું.ને
	Enter the amount of reserves on hand		and	200
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X.
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del>
	- 10 provide an experience paginismo. I 10 provide an explanation in concede o		<u>aan /</u>	20161

Form 990 (2016) FOUNDATION, INC. 11-2561640 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Page 6

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>				<u> </u>				
Sec	tion A. Governing Body and Management										
				- ٦		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	0	- 1						
	If there are material differences in voting rights among members of the governing body, or if the governing			- 1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			- 1							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4							
2	and the state of t										
-	officer, director, trustee, or key employee?										
3											
•	of officers, directors, or trustees, or key employees to a management company or other person?										
4	The state of the s										
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		Х				
6	Did the organization have members or stockholders?			۱ ا	6		X				
7a	The state of the s			`							
1 a	more members of the governing body?				7a		X				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s										
D	persons other than the governing body?			]	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	۱ ٔ							
а	The governing body?				8a	X					
b	Each committee with authority to act on behalf of the governing body?			•	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			`							
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)								
300	don Di i onoto (mo coston Dioposto					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such c			•							
•	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
 h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	<u> </u>	12b	Х					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Y	es," de	escribe	· [							
•	in Schedule O how this was done				12c	Х					
13	Did the organization have a written whistleblower policy?			•	13		X				
14	Did the organization have a written document retention and destruction policy?				14		X				
15	Did the process for determining compensation of the following persons include a review and approv			T							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-								
2	The organization's CEO, Executive Director, or top management official				15a	X					
	Other officers or key employees of the organization			. [	15b	Х					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ſ							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a								
	taxable entity during the year?				16a	1	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation			ſ							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			ļ							
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶NY										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sect	ion 501(c)(3)s only	/) a	vailab	le ·					
	for public inspection. Indicate how you made these available. Check all that apply.	•									
	Own website Another's website X Upon request Other (explain		-								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, a	ınd	finan	cial					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	id records: >								
	JEAN DUFOUR - 718-270-6110										
	1150 CARROLL STREET, BROOKLYN, NY 11225										

11-2561640

### Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

## Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)					ted any current officer,	(E)	(F)		
Name and Title	Average	100	Position (do not check more than or					Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week (list any	<b>—</b>	<del></del>			T	T	from the	from related	other	
	hours for	direct	l				ł	organization	organizations (W-2/1099-MISC)	from the	
•	related	io ag	ste		l	age a	]	(W-2/1099-MISC)	(17 2) 1033 111100)	organization	
	organizations	E	lat tr		ě	e e		, , , , , , , , , , , , , , , , , , , ,		and related	
	below	individual trustee or director	nstitutional trustee	, 50	Key employee	Highest compensated employee	盲		Í	organizations	
<u> </u>	line)	횰	발	a Bee	Ę,	皇皇	Former				
(1) DANIEL EVERS EVERETTE	1.00		İ		l						
CHAIRPERSON		X	L	X				0.	0.	0	
(2) DR. RUDOLPH F. CREW	1.00				i			·			
PRESIDENT		X		X				0.	297,183.	105,663	
(3) JERALD POSMAN	1.00										
S.V.P. OF ADMIN.		X		X		L		0.	212,122.	100,532	
(4) JACQUELINE CLARK	1.00										
TREASURER'		X		X				0.	161,046.	60,738	
(5) JONATHAN SANDVILLE	1.00										
TRUSTEE		X						0.	27,880.	9,675	
(6) LAKISHA MURRAY	1.00										
TRUSTEE		X	l	- }				0.	88,879.	49,569	
(7) PROP, KEMING LIU	1.00			$\Box$						<del></del>	
TRUSTEE		X			i		- 1	0.	124,354.	60,639	
8) PROP. RICHARD GREEN	1.00			$\neg$			一	•			
RUSTEE		X			i		- 1	0.	25,210.	8,319.	
9) ALAN FISHMAN	1.00										
RUSTEE		X		- 1				0.	0.	0.	
10) KAM WONG	1.00	ヿ		$\neg$			一				
RUSTEE		$\mathbf{x}$		ľ				0.	0.	0.	
11) MICHAEL BEAL	1.00			7			寸				
RUSTEE		$\mathbf{x}$	1	- 1	- }	-	1	0.	0.	0.	
	· 1 · · · · · · · · · · · · · · · · · ·		_	1	_	寸	┪				
		l		ŀ	H	ł	- 1		ļ		
· · · · · · · · · · · · · · · · · · ·	<del></del>	寸	$\dashv$	┪	┪	$\dashv$	十		<del></del>	<del></del>	
		1		- 1	- 1	- 1	- 1		Ĭ		
	<del>                                      </del>	+	$\dashv$	-+	+	+	$\dashv$				
	<b></b>			- 1	- 1			•			
	<del>                                     </del>	+	$\dashv$	$\dashv$	┰┤	$\dashv$	$\dashv$				
	<del></del>	-	1				-				
	+	$\dashv$	+	$\dashv$	+	$\dashv$	-				
•	<u> </u>							ł	1		
	<del></del>	$\dashv$	+	-	$\dashv$	$\dashv$	$\dashv$		<del></del> +	· · · · ·	
		- 1	- [	- 1	- 1		- 1	i	i		

Form 990 (2016)

Page 8

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) (C) Average Position (do not check more than one							(D) Reportable	<b>(E)</b> Reportable			(F)	
	hours per week (list any hours for related organizations below line)	tee or director	unle: cer an	ss per dad	rson i irecto		h an tee)	compensation from the organization (W-2/1099-MISC)	compensatio from related organization: (W-2/1099-MIS	3	comp fro orga and	nount other pensa om th anizat d relat inizati	ation le tion ted
	·		i						•				
	·	_						!					
		_			_		_					·	
		_					_						
		_					· 				•		
		1_		_	<u></u>	_	·						
					<u>.                                    </u>								
							_						
1b Sub-total	<u></u>					L	▶	0.	936,6	74.	395	5,1	35
c Total from continuation sheets to Part \	/II, Section A							0.	936,6	0.		5,1	0
d Total (add lines 1b and 1c)  2 Total number of individuals (including but							no r		·			. , <del>.</del>	<del></del>
compensation from the organization								Li-bt		ſ		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual			. <b>.</b>							3		X
4 For any individual listed on line 1a, is the sand related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J 1</i>	for such individual			4	x ·	_
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes;" cor							elat	ted organization or indiv	dual for services		5	*	x
Section B. Independent Contractors  1 Complete this table for your five highest c	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation fr	rom	
the organization. Report compensation fo	r the calendar y	ear	endi	ng v	<u>vith</u>	or w	ithir	n the organization's tax (B)	year.		(C		<del></del>
Name and busines	s address	NO	ONE	3			-	Description of s	ervices	Co	omper	satio	<u>u</u>
					-		_						
	· · · · · · · · · · · · · · · · · · ·						.					· ·	
		•					$\dashv$						<del></del>
					. <u>-</u>		-						
							ı						
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li:	stec	d above) who received n	nore than				

Form **990** (2016)

11-2561640

FOUNDATION, INC.
Statement of Revenue

Ţ			Check if Schedule O co			(A)	(B) Related or	(C)	Revenue exclude
!				•		Total revenue	exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		1 a	Federated campaigns	1a				, 6	
E a		b	Membership dues	1ь					
ts,		C	Fundraising events	1c					
<u> </u>		d	Related organizations	1	···	<u> </u>			
S.E		e	Government grants (contribu	ıtions) 1e		]			
is is		f	All other contributions, gifts, gra		540 500				
듗	1		similar amounts not included ab		749,592.			•	· ·
a g	l		Noncash contributions included in line			740 500	1		
<u>ပ</u> ဧ	┼	h	Total. Add lines 1a-1f	·····		749,592.			ļ
	Ĺ	_			Business Code	-			
Program Service Revenue	2	2 a			<u> </u>	<del> </del>		<u> </u>	<del></del>
ž š		0	<del></del>	•	<b></b>	<u> </u>			ļ
E Š	ł	C	· · · · · · · · · · · · · · · · · · ·		<u> </u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>
<u> </u>		u	·						<del> </del>
£	1	f	All other program service rev	enue					<del>                                     </del>
	l	ď	Total. Add lines 2a-2f			· ·		<del></del>	
	3		Investment income (including						
	[		other similar amounts)			1,095.			1,095
	4	}	Income from investment of ta			· · · · · · · · · · · · · · · · · · ·			-,,,,,,
	5	;	Royalties						
	ĺ		•	(i) Real	(ii) Personal				
	6	а	Gross rents						
	Ì	b	Less: rental expenses						
	1		Rental income or (loss)					·	Í. <u></u>
		đ	Net rental income or (loss) .						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				•
			assets other than inventory	10,000.		, .			
		b	Less: cost or other basis	F 170	}		·		
			and sales expenses	5,179.	ļ	·	·	•	,
		C	Gain or (loss)	4,821.	L			· <del></del>	
	_		Net gain or (loss)		<b>&gt;</b>	4,821.		· · · · · · · · · · · · · · · · · · ·	4,821.
ıne	8		Gross income from fundraisin						
venue			including \$contributions reported on line	of	· ·		•		
æ			Part IV, line 18					,	
Other R		h	Less: direct expenses	h		·			
ŏ			Net income or (loss) from fund					<del></del>	
	9		Gross income from garning ac	_					
ı	_		Part IV, line 19						
			Less: direct expenses				į		
l			Net income or (loss) from gam				-	***************************************	~- <del>~~~~</del>
Į	10		Gross sales of inventory, less	•					<del></del>
ĺ			and allowances						
J			Less: cost of goods sold						į.
l			Net income or (loss) from sale	-					
[			Miscellaneous Revenu		Business Code				
	11	a							
		b		1					
		C .							
			All other revenue			<del></del>			
-			Total. Add lines 11a-11d		<u></u>	755,508.			
- 1	12		Total revenue. See instructions.			IND DUX	0.1	0.1	5 916.

Section	on 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	X
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	(C)	
7b, 8	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		,	31313 C	
	and domestic governments. See Part IV, line 21	102,400.	102,400.		THE MANAGER
2	Grants and other assistance to domestic	4 50 055	452 075	A THE STATE OF	the state of the s
	individuals. See Part IV, line 22	153,875.	153,875.	THE WALL	CHOCKLISCHIA
3	Grants and other assistance to foreign		•		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		<u> </u>	PACTATEMENT	
4	Benefits paid to or for members		<u> </u>	RESIDENCE VIEW OF THE PARTY OF	dae Asakine ik k
5	Compensation of current officers, directors,			•	•
	trustees, and key employees		<u> </u>		<u> </u>
6	Compensation not included above, to disqualified		•		•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	· · · · · · · · · · · · · · · · · · ·			<u> </u>
7	Other salaries and wages	<u> </u>			· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include			•	
٠.	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				•
10	Payroll taxes			•	
11	Fees for services (non-employees):				
а	Management	•			
b	Legal -			,	
C	Accounting	•			
ď	Lobbying		THE TOWN PRODUCTION OF THE	THE WINDS AND SHOULD THE SHOULD SHOUL	
ė	Professional fundraising services. See Part IV, line 17		THE PROPERTY OF SHAPE	DESCRIPTION OF THE PROPERTY OF	
f.	Investment management fees		*		
g	Other. (If line 11g amount exceeds 10% of line 25,	507,342.	201 066	306,276.	
	column (A) amount, list line 11g expenses on Sch 0.)	- 507,342.	201,066.	300,270.	
12	Advertising and promotion	9,138.	9,138.		
13	Office expenses	9,130.	3,130.		
14	Information technology	· · ·	· · · · · · · · · · · · · · · · · · ·		
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	34,852.	34,852.		
17	Travel	34,032.	34,0321		
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials	15,635.	15,635.		r .
19	Conferences, conventions, and meetings	13,0330	20,000		,
20	Interest				• .
21	Payments to affiliates				
22	· · · · · · · · · · · · · · · · · · ·	428.		428.	
23	Other expenses. Itemize expenses not covered	START SEEDING SHALL	20123512452	CAST THE STREET	44.7375-735-457-5-58
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	CATERING & FOOD	160,074.	160,074.		
. a	CEREMONIES & EVENTS	35,676.	35,676.	·- ·- ·- ·-	· · · · · · · · · · · · · · · · · · ·
b	RENTAL EXPENSES	4,984.	4,984.		
ا	TROPHIES	1,693.	1,693.		,
a	All other expenses	2,103.	1,338.	765.	
е 25	Total functional expenses. Add lines 1 through 24e	1,028,200.	720,731.	307,469.	. 0.
26	Joint costs. Complete this line only if the organization	, = = , == ,	.`		
20	reported in column (B) joint costs from a combined	· ·	. *		
	educational campaign and fundraising solicitation.				
	educational campaign and foliarationing sometations	1		1	

Form 990 (2016)
Part Xi Balance Sheet

17.6	III	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X	<del></del>	······	<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,891,460.	+	1,806,535.
, .	2	Savings and temporary cash investments		2	<u> </u>
	3	Pledges and grants receivable, net		3.	ļ <u></u> -
	4	Accounts receivable, net	COLUMN DESIGNATION OF THE PARK	4	
	5	Loans and other receivables from current and former officers, directors,	ANALYS OF THE STATE OF THE STAT		
		trustees, key employees, and highest compensated employees. Complete	120000	Print	
	_	Part II of Schedule L	TAPE COLUMN TO THE PARTY OF THE	5	LETTICES AND PROPERTY OF THE AREA TO
	6	Loans and other receivables from other disqualified persons (as defined under			The state of the s
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	The state of the s	6.2	TWO IN CASE AS A SECOND
		employers and sponsoring organizations of section 501(c)(9) voluntary	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	١ ،	
•	l _	employees' beneficiary organizations (see instr). Complete Part II of Sch L	<del></del>	6	
	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	42,800.	8	
	9	Prepaid expenses and deferred charges			Constant Parker of Singlification
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	1 .	Less: accumulated depreciation 10b	· · · · · · · · · · · · · · · · · · ·	10c	
	11 12	Investments - publicly traded securities  Investments - other securities. See Part IV, line 11	427,403.	11	469,139.
	13	Investments - program-related. See Part IV, line 11	427,403.	13	409,139.
	14		·	14	
	15	Intangible assets Other assets. See Part IV, line 11	8,438.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,370,101.	16	2,275,674.
_	17	Accounts payable and accrued expenses	88,808.	17	34,364.
	18	Grants payable and accided expenses	1 00,000	18	34,304.
	19	Deferred revenue	34,155.	19	5,894.
	20	Tax-exempt bond liabilities	5 1, 200 1	20	3,032.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	بريمة منوية بيوا
	22	Loans and other payables to current and former officers, directors, trustees,		576	CALL CALLETTE WHE
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	TEMPORAL AND
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
		Schedule D	· 0.	25	215,150.
	26	Total liabilities. Add lines 17 through 25	122,963.	26	255,408.
		Organizations that follow SFAS 117 (ASC 958), check here	THE STATE OF THE S	致海	
į		complete lines 27 through 29, and lines 33 and 34.			
İ	27	Unrestricted net assets	14,993.	27	9,756.
		Temporarily restricted net assets	1,903,710.	28	1,642,314.
	29	Permanently restricted net assets	328,435.	29	368,196.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	ALTERNATION OF THE SECOND		
1		and complete lines 30 through 34.			
		Capital stock or trust principal, or current funds		30	
		Paid in or capital surplus, or land, building, or equipment fund		31	
ļ		Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,247,138.	33	2,020,266.
		Total liabilities and net assets/fund balances	2,370,101.	34	2,275,674.

# MEDGAR EVERS COLLEGE EDUCATIONAL FOUNDATION INC.

11-2561640 Page 12 FOUNDATION, INC. Form 990 (2016) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 755,508. Total revenue (must equal Part VIII, column (A), line 12) 1,028,200. 2 Total expenses (must equal Part IX, column (A), line 25) 272,692. Revenue less expenses. Subtract line 2 from line 1 2,247,138. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 45,820. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 . Investment expenses 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 2,020,266. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Both consolidated and separate basis \_\_ Consolidated basis J Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Separate basis
 Se c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit. review, or compilation of its financial statements and selection of an independent accountant?

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

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

Act and OMB Circular A-133?

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

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

Form 990 (2016)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MEDGAR EVERS COLLEGE EDUCATIONAL **Employer identification number** FOUNDATION, INC. 11-2561640 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  $\mathbf{X}$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 📖 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your gove (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	:					
	membership fees received. (Do not						
	include any "unusual grants.")	203,902.	179,215.	216,069.	1,681,906.	749,592.	3,030,684.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		•	·			
	or expended on its behalf				,		
3	The value of services or facilities			1			
	furnished by a governmental unit to						
	the organization without charge				,		· · · · · · · · · · · · · · · · · · ·
4	Total. Add lines 1 through 3	203,902.	179,215.	216,069.	1,681,906.	749,592.	3,030,684.
5	The portion of total contributions	İ	• .				•
	by each person (other than a	·	,			•	
	governmental unit or publicly				,	نبر .	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	. 1				<u>.</u> :	• •
	column (f)						
6	Public support. Subtract line 5 from line 4.						3,030,684.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	203,902.	179,215.	216,069.	1,681,906.	749,592.	3,030,684.
8	Gross income from interest,						
	dividends, payments received on		• •	i			
	securities loans, rents, royalties						
	and income from similar sources	5,979.	3,732.	3,206.	2,233.	1,095.	16,245.
9	Net income from unrelated business			•	•	,	
	activities, whether or not the	1					
	business is regularly carried on		19,167.				19,167.
10	Other income. Do not include gain						
	or loss from the sale of capital			·			
	assets (Explain in Part VI.)				•		
11	Total support. Add lines 7 through 10						3,066,096.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ					· · · · · · · · · · · · · · · · · · ·	00.05
	Public support percentage for 2016 (					14	98.85 %
	Public support percentage from 2015					15	98.45 %
<b>16</b> a	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies						
t	33 1/3% support test - 2015. If the						
	and stop here. The organization qual						
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ŧ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2016

# Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC. [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	siow, picase con	ipiete i urt ii.j				·
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and				7		
	membership fees received. (Do not					[	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-				ł	1	
	formed, or facilities furnished in						1
	any activity that is related to the organization's tax-exempt purpose			}		,	
3	Gross receipts from activities that			<u> </u>	<u> </u>	<u> </u>	
_	are not an unrelated trade or bus-			1		}	
	iness under section 513		1				
4	Tax revenues levied for the organ-					<del>                                     </del>	<del>                                     </del>
7	ization's benefit and either paid to						
	or expended on its behalf						1
_			<u> </u>	<del> </del> -		<del> </del>	
5	The value of services or facilities				1		
	furnished by a governmental unit to		1		1		
_	the organization without charge		<del> </del>		<del> </del>	<del> </del>	
	Total. Add lines 1 through 5	<del></del>	<del> </del>	<del> </del> -	-		
72	Amounts included on lines 1, 2, and		ľ	1 ·	1		
_	3 received from disqualified persons		<del> </del>	ļ		<b></b>	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that					ļ	
	exceed the greater of \$5,000 or 1% of the		1		,		ļ ·
	amount on line 13 for the year				<u> </u>		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		<u> </u>	ļ	<u>.</u>	<u> </u>	
Sec	ction B. Total Support		T		•		
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		ļ				
10a	Gross income from interest,		1			1	
	dividends, payments received on securities loans, rents, royalties					1	
	and income from similar sources						
b	Unrelated business taxable income		}				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				ĺ		
c	Add lines 10a and 10b						
	Net income from unrelated business				1		
	activities not included in line 10b,			•			
	whether or not the business is regularly carried on				]		
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	Total support. (Add lines 9, 10c, 11, and 12.)			<del></del>	†	<del> </del>	
	First five years. If the Form 990 is for t	he erganization's	first second thir	d fourth or fifth to	l	D 501(a)(3) arganiz	ation
		•		•			ation,
Sec	tion C. Computation of Public		rcentage				
	Public support percentage for 2016 (lin			olumn (fl)		15	%
	Public support percentage from 2015					16	<del>%</del>
_	tion D. Computation of Invest					,	
	Investment income percentage for 201		<del></del>	e 13. column (fl)		17	%
	Investment income percentage from 20	•	_ ***			18	<del>%</del>
	33 1/3% support tests - 2016. If the o		***			<del></del>	
	more than 33 1/3%, check this box and	-					_
	33 1/3% support tests - 2015. If the o						
		•				•	u
	line 18 is not more than 33 1/3%, chec			·			<b>?</b>
<u>.U</u>	Private foundation. If the organization	did flot check a t	ook on line 14, 198	i, or 190, check th	iis dox and see ins	structions	

# Part IV: Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	W- 360	2.1	Griff!
٠	14 to	€.4	No A
	1	distant.	-
	42.33	883	REAT
			ide in the
	2	Tangar Sat	De West
		تقدينك	100
	3a	ت متد ≃ند	80.7 393
		醫	7
		100	13. 124
	3b		
•	1	1	E.J
	3c		
	**************************************	25	223
	4a		
	1015 1015	1	1
	0.7		1
	4b		
		4	7.30
	100	<b>P</b> 13	
	K.J		
	4c	د است	
		S 20	多利
	證		2021
	130		
		2.93	
	5a	· Az	224
			:
	5b 5c		
		Take In	(Season)
		AA.	
		ننشنة	Y A
	6	N. N.	Theres
	3000		
	7	9 6.	
		<u> </u>	2.11
	8	777777	V
		110	
i	3. 3. 2.	1-12	2 N
j	9a.		
	35E.		
	9b		<u>.                                    </u>
	CL 2		空間
	9c		
			類烈 -
	1		TE EL
ļ	10a		
		1.70	A I
اِ	10b		
า 9	90 or 99	0-EZ)	2016

Sch	nedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC	256164	0 р	age 5
Pá	art IV, Supporting Organizations (continued)		•	- 17 -
		<del></del>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	22.77	22.4.1	22.
· a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	7.32		<b>*</b>
	below, the governing body of a supported organization?	11a		
t	A family member of a person described in (a) above?	11b	Ţ.,	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	***	144	E 4
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		87.10
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1813	17.5
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		12.6	1.5
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	N. E.	¥ (2)	1% A
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			19
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		,	
			Yes	√No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1. Sec.		1538
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			-42
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	. 1		L
Sec	tion D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<b>经</b>		3.3
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	200		5.5
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		2	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1.	490-1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		16	F.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	金金金		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		₹88°	133
	significant voice in the organization's investment policies and in directing the use of the organization's	<b>登</b> 號		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	经验		
	supported organizations played in this regard.	3	ļ	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yealsee Instruction	s <i>).</i>		•
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		<del></del>	
2	Activities Test. Answer (a) and (b) below.	Treasure at a second	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	學。		3 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		33	
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		-
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			35.3
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			47.
	reasons for the organization's position that its supported organization(s) would have engaged in these	2002	200	1
	activities but for the organization's involvement.	2b	<del></del>	22 3 - 1 - 2
	Parent of Supported Organizations. Answer (a) and (b) below.	3246	ં જુ <sup>ર્</sup>	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 2 2 2 2 2	1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del></del>
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		E E
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

11-2561640 Page 6 Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. Part Val Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain Recoveries of prior-year distributions 2

_3_	Other gross income (see instructions)	3		
4.	Add lines 1 through 3	4		
5	Depreciation and depletion	5		<b>1</b>
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	验证		SAN DEPOSITE DE M
	instructions for short tax year or assets held for part of year):		Maria de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Car	LAPA RECOVERED
а	Average monthly value of securities	1a	F 1	,
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		· · · · · · · · · · · · · · · · · · ·
e	Discount claimed for blockage or other	磁光	<b>"美国"的</b>	学的是《公司》
	factors (explain in detail in Part VI):		San and the san San San San San San San San San San S	mers to take named
2	Acquisition indebtedness applicable to non-exempt-use assets	2	t t	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			,
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		·
6	Multiply line 5 by .035	6	• • • • •	
7	Recoveries of prior-year distributions	7	to the second se	
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	THE PROPERTY OF	
2	Enter 85% of line 1	2	entally else	*
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	CILTERIONS	•
4	Enter greater of line 2 or line 3	4	ATMINISTER TR	· · · · · · · · · · · · · · · · · · ·
5	Income tax imposed in prior year	5	MAN AND PROPERTY.	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		STATE OF THE STATE	
	emergency temporary reduction (see instructions)	6	STATE OF STATE OF STATE	

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

Schedule A (Form 990 or 990-EZ) 2016

	art V Type III Non-Functionally Integrated 50			L1-2561640 Page 7
	tion D - Distributions	Salar Salar Salar Salar Salar	dilizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish ex	rempt purposes		Ourrent real
2	Amounts paid to perform activity that directly furthers exem	<del> </del>		
	organizations, in excess of income from activity	pr per person of copportun		
· 3		ses of supported organizatio	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		-	<u> </u>
6	Other distributions (describe in Part VI). See instructions			<u> </u>
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsiv	re	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
· .	At F Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Sec	tion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1.	Distributable amount for 2016 from Section C, line 6		36528383333	
2	Underdistributions, if any, for years prior to 2016 (reason-	We have a service.		
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:		(2.5) N. T. C. (2.5)	
а				
b		100000000000000000000000000000000000000		
С	From 2013			TO COMPANY TO THE
d	From 2014			
е	From 2015			
` f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
<u>.</u> р	Applied to 2016 distributable amount		L. Tarakar Albara Sana	
С	Remainder. Subtract lines 4a and 4b from 4	PROCESS THE CONTRACTOR SHOWS A CANONIC AND A		
5	Remaining underdistributions for years prior to 2016, if			
٠.	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions		The state of the s	
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	Section to the section of the sectio		
8	Breakdown of line 7:			
a				
ь				
	Excess from 2014			
d	Excess from 2015			
•	Fycess from 2016	ロンドウムナスクセルンシャンションショングラングではアンドランドランド	THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF	MESSAGO CONTRACTOR SOOR NOT SHOULD AND AND AND AND AND AND AND AND AND AN

Schedule A (Form 990 or 990-EZ) 2016

# MEDGAR EVERS COLLEGE EDUCATIONAL FOUNDATION INC.

Schedule A Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
;	
<u> </u>	
· ·	
•	
•	
_ ,	
•	
· 	
·	

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

MEDGAR EVERS COLLEGE EDUCATIONAL

Open to Publi Inspection

Employer identification number

OMB No. 1545-0047

FOUNDATION, INC. 11-2561640
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990. Part X

FOUNDATION, INC.

rai	City Organizations Maintaining C		<del></del>						
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are a	significant ı	use of its	collectio	n item	าร
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs		•			
b	Scholarly research	е	Other						
С	Preservation for future generations	•							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt 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		ON [
Pai	t IV Escrow and Custodial Arran						line 9, o	r .	
-	reported an amount on Form 990, Pa		ū						
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contribution	s or other assets no	t included	•			
	on Form 990, Part X?						Yes		] No
ь	If "Yes," explain the arrangement in Part XIII								
~	ii roo, explain the tirangement in a tirangement		<b>3</b>				Amoun	ıt	
С	Beginning balance				1c	•			
4	Additions during the year				···· \		-		
e	Distributions during the year				···				
f	Ending balance	•			***				
20	Did the organization include an amount on F					ľ	Yes		No
	If "Yes," explain the arrangement in Part XIII.						J 103		์ קֿ
	t V   Endowment Funds. Complete i							_=	
	Endownient Lands. Complete	(a) Current year	(b) Prior year	(c) Two years back		ears hack	(e) Fou	r voare	hack
	Destruire of wearholongs	328, 435.	336,206.	351,307.		06,510.	(6) 100		,628.
	Beginning of year balance	320,433.	330,200.	332,307.		00,310.			, 020.
b	Contributions	39,761.	-7,771.	-5,754.	<u> </u>	44,797.	<del></del>		002
C	Net investment earnings, gains, and losses	39,701.	-1,111.	-3,734.	<del> </del>	44,737.	ļ		,882.
d	Grants or scholarships				<b></b>	·		·	
e	Other expenditures for facilities	· [							
	and programs	-		0.245	ļ				<u>.                                    </u>
f	Administrative expenses			9,347.					
g	End of year balance	368,196.	328,435.		. 3	51,307.	L	306	,510.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	.00	_%						
b	Permanent endowment ► 100.00	%							
C	Temporarily restricted endowment ▶	<u>.00</u>					• •		
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
<b>3</b> a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered for	the organiz	ation			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.						
Pa	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or ot			Accumulate	d	(d) Boo	k valu	e
		basis (investm	ent) basis	(other) de	epreciation				
12	Land			\$ -	ret Mearle				
b	Buildings	1							
c	Leasehold improvements								
<u>ں</u> بہ	Equipment								
u e	Other	<b>f</b>			,				
	Add lines 1a through 1e (Column (d) must e		X. column (B). line 1	0c.)					0.

Schedule D (Form 990) 2016

FOUNDA	MOIT	. INC.
--------	------	--------

Part VIII Investments - Other Securities.		. 445 0 . 5		•
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		30, Part X, line 12.  of valuation: Cost or end	dof year market value
(1) Financial derivatives	(5) 500% 12:00	(o) Welliou e	Valuation. Cost of en	3-oryear market value
(2) Closely-held equity interests		<del></del>	· · · · · · · · · · · · · · · · · · ·	
(3) Other		<del></del>	· · · · · · · · · · · · · · · · · · ·	
(A) INVESTMENT IN CUNY POOL	469,139.	END-OF-	YEAR MARKET	VALUE
(B)	1			
(C)			·	
(D)			<del></del>	
(E)			······································	•
(F)				,
(G)	L			
(H)			•	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	469,139.	SHARE IT ELEME	<b>和公司的经济</b> 及。至	el l'Elmodonide Kal
Part VIII Investments - Program Related.		<del>"</del>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 99	0, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method o	valuation: Cost or end	-of-year market value
(1)		<u> </u>		
(2)		· .		
(3)	•			
(4)				
(5)				
(6)		<u> </u>		
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)			·	· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		LANGUAGE TO STATE	<b>新华。在水水和加州市</b>	resident arability and
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990	D, Part X, line 15.	
	Jescription	<del></del>		(b) Book value
(1)		<del></del>		
(2)	<u> </u>	·		<del></del>
(3)	1	<u> </u>		<del></del>
(4)				<del></del>
(6)	<del></del>			· -
(7)			<del></del>	
(8)		<u>_</u>		
(9)				- · · · · · · · · · · · · · · · · · · ·
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•		
Part Xi Other Liabilities.	,			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See For	m 990. Part X. line 25.	•
(a) Description of liability		b) Book value	心性的论述	COCOMPANIANTA
(1) Federal income taxes				
(2) DUE TO RELATED PARTY		215,150	No. of the last of	SECTION :
(3)				
(4)	• .			
(5)				
(6)	,		[位是为代数数	2012年3月12日
(7)_			A STATE OF THE STA	<b>"是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>
(8)			]字,心情是温度发展	學對機器傳統
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	215,150.	The transfer of	A A THE SALE
Linbility for upportain tay positions. In Dort VIII. provide t	No. Acad - (Ab - ( A 1 - A -	AL A' 1		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

MEDGAR EVERS COLLEGE EDUCATIONAL 11-2561640 Page 4 FOUNDATION, INC. Schedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,063,119. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 45,820. 2a Net unrealized gains (losses) on investments 261,791. 2b Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) 307,611. Add lines 2a through 2d 755,508. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,289,991. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 261,791. 2a Donated services and use of facilities **b** Prior year adjustments 2h 2c c Other losses d Other (Describe in Part XIII.) 261,791. 2e Add lines 2a through 2d 1,028,200. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE FOUNDATION'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED ENDOWMENT FUND ESTABLISHED TO SUPPORT THE SCHOLARSHIP PROGRAM. PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL 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

Schedule D (Form 990) 2016 FOUNDATION, INC. 11-2561640 Part XIII Supplemental Information (continued)	<u>age 5</u>
HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES. MANAGEMENT HAS CONCLUDE	D
THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE	
ADJUSTMENT IN ITS FINANCIAL STATEMENTS. U.S. FORMS 990 FILED BY THE	
FOUNDATION ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.	
	<u> </u>
	<del>-</del>
	_

# 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.

Name of the organization

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/torm990.

MEDGAR EVERS COLLEGE EDUCATIONAL

FOUNDATION, INC.

Employer identification number 11-2561640

Part I General Information on Grants							11 2301040	
Does the organization maintain records								
criteria used to award the grants or ass  2 Describe in Part IV the organization's pr		······································			••••••••••••		X Yes No	
Part II Grants and Other Assistance to	Domestic Organ	trations and Domest	t funds in the Unite	d States.				
recipient that received more than	\$5,000. Part II car	the duplicated if addition	ic Governments, c tional snare is nec	complete ir the org ded	anization answered	Yeş" on Form 990, Par	t IV, line 21, for any	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
MEDGAR EVERS COLLEGE 1150 CARROLL STREET BROOKLIN NY 11225	13-3893536	h15	102,400.					
		<del></del>	102,000.	, · · · · ·		<del> </del>	PROGRAM SUPPORT	
						·		
· · · · · · · · · · · · · · · · · · ·						<del></del>		
					<del></del>			
				-		·	<u> </u>	
		·		٠.	·			
				ł				
<ul> <li>Enter total number of section 501(c)(3) as</li> <li>Enter total number of other organizations</li> </ul>	nd government org	ganizations listed in the	e line 1 table				<b>&gt;</b>	

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

Schedule I (Form 990) (2016)

632101 11-01-16

Schedule I (Form 990) (2016) FOUNDATION, I	11-2561640 Page 2				
Part III Grants and Other Assistance to Domestic Individu					
(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 & AWARDS	158	153,875	. 0.		
	·				·
					·
				٠.	
Part IV Supplemental Information. Provide the information	required in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	
				<i>;</i>	
		: :			
			· .		
		•			
. ·				<u> </u>	
	,			. •	,
	•				
632102 11-01-16	•				Schedule I (Form 990) (2016)

### **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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection :

Name of the organization

**Questions Regarding Compensation** 

Internal Revenue Service

MEDGAR EVERS COLLEGE EDUCATIONAL FOUNDATION, INC.

**Employer identification number** 11-2561640

OMB No. 1545-0047

Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change of control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

11-2561640

Schedule J (Form 990) 2016 FOUNDATION, INC. 11-2561640

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Scholles	(5)(),(5)	reported as deferred on prior Form 990	
(1) DR. RUDOLPH F. CREW	(i)	0.	0.	0.	0.	0.			
PRESIDENT	(ii)	297,183.	0.	0.	0.	105,663.	402,846.	0.	
(2) JERALD POSMAN	(1)	0.	0.	0.	0.	0.	0.		
S.V.P. OF ADMIN.	(ii)	212,122.	0.	0.	. 0.	100,532.			
(3) JACQUELINE CLARK	(i)	0.	0.	0.	0.	0.	0.	0.	
TREASURER	(0)	161,046.	0.	0.	0.	60,738.	221,784.		
(4) PROF. KEMING LIU	(i)	0.	0.	0.	0.	0.		0.	
TRUSTEE	(0)	124,354.	0.	0.	0.	60,639.	184,993.	0.	
	(i)						· · · · · · · · · · · · · · · · · · ·	··	
	(ii)			<u> </u>					
	(i)			<del>`</del>					
	(ii)					·			
	(0)								
	(ii)	·		·				<del></del>	
	(0)								
	(0)								
	(0)							<del></del>	
	(ii) (i)	<u> </u>							
	(0)							i	
	(0)								
	(0)								
	(i)	·							
•	100								
	(i)								
	(0)								
<u> </u>	(i)								
	(0)								
	(i)								
·	(0)					·		<b></b>	
	(i)				·			<u> </u>	
	(ii)	<u> </u>	<u> </u>	<u> </u>		<u> </u>	L	ulo 1/Earm 000\ 2016	

Schedule J (Form 990) 2016

632112 09-09-16

# MEDGAR EVERS COLLEGE EDUCATIONAL Schedule J (Form 990), 2016 FOUNDATION, INC. Page | Pert III | Supplemental Information | Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

632113 09-09-16

Schedule J (Form 990) 2016

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

MEDGAR EVERS COLLEGE EDUCATIONAL Emplo

16 **Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION, INC.

Employer identification number 11-2561640

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION'S SOLE PURPOSE IS TO PROVIDE SUPPORT TO THE COLLEGE, AND
TO PROVIDE MORE EXTENSIVE EDUCATIONAL OPPORTUNITIES AND SERVICES BY
MAKING AND ENCOURAGING GIFTS, GRANTS, CONTRIBUTIONS, AND DONATIONS OF
REAL AND PERSONAL PROPERTY TO OR FOR THE BENEFIT OF MEDGAR EVERS
COLLEGE.
· · · · · · · · · · · · · · · · · · ·
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION'S SOLE PURPOSE IS TO PROVIDE SUPPORT TO THE COLLEGE, AND
TO PROVIDE MORE EXTENSIVE EDUCATIONAL OPPORTUNITIES AND SERVICES BY
MAKING AND ENCOURAGING GIFTS, GRANTS, CONTRIBUTIONS, AND DONATIONS OF
REAL AND PERSONAL PROPERTY TO OR FOR THE BENEFIT OF MEDGAR EVERS
COLLEGE.
FORM 990, PART VI, SECTION B, LINE 11B:
990 DRAFT WAS DELIVERED ELECTRONICALLY TO EACH MEMBER OF THE ORGANIZATION'S
BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION HAS MANDATED EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY
EMPLOYEE TO DISCLOSE CONFLICTS THAT ARISE BY VIRTUE OF EMPLOYMENT AND BOARD
SERVICES. THE ORGANIZATION MONITORS ITS COMPLIANCE WITH ITS CONFLICT OF
INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT
IS DISTRIBUTED TO THESE INDIVIDUALS.

10,300.

FUNDRAISING EXPENSES

TOTAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization MEDGAR EVERS COLLEGE EDUCATIONAL FOUNDATION, INC.	Employer identification number 11-2561640
PROFESSIONAL & CONSULTING - PROGRAMATIC SUPPORT:	
PROGRAM SERVICE EXPENSES	196,091.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	196,091.
HONORARIA AND MUSICAL PERFORMANCES:	
PROGRAM SERVICE EXPENSES	4,975.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,975.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G,	COL A 507,342.
THE ORGANIZATION HAS A BOARD OF DIRECTORS THAT OV	
	•

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2016

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/torm990.

MEDGAR EVERS COLLEGE EDUCATIONAL

FOUNDATION, INC.

Employer identification number 11-2561640

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			-		

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
	<u> </u>			501(c)(3))		Yes	No
MEDGAR EVERS COLLEGE - 13-3893536		l	1			Τ	
1650 BEDFORD AVENUE			}	[ .		1	l
BROOKLYN, NY 11225	BDUCATION	NEW YORK	501(C)(3)	LINE 6	N/A	1	l x
MEDGAR EVERS COLLEGE STUDENT-FACULTY							
ASSOCIATION - 11-2464804, 1650 BEDFORD	7 .	]	1.	1		ł	
AVENUE, BROOKLYN, NY 11225	SUPPORT	NEW YORK	501(C)(3)	LINE 10	N/A	1	lх
MEDGAR EVERS COLLEGE AUXILIARY ENTERPRISE -		<u> </u>				1	
11-2911407, 1150 CARROLL STREET, BROOKLYN,			*			1	
NY 11225	SUPPORT	NEW YORK	501(C)(3)	LINE 12A I	N/A	1 .	х
CUNY RESEARCH FOUNDATION - 13-1988190	1		1 .	<u> </u>		† -	<del></del>
230 W. 41ST STREET	7		1	1		1	l
NEW YORK, NY 10036	RESEARCH	NEW YORK	501(C)(3)	LINE 7	N/A	1	x

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

Schedule R (Form 990) 2016

632181 09-06-16 LHA

#### MEDGAR EVERS COLLEGE EDUCATIONAL

Schedule R (Form 990) 2016 FOUNDATION, INC.

11-2561640

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) : Share of total income	(g) Share of end-of-year assets	l'nienma	h) ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
<u> </u>		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
					•.						
				·		,					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr enti	i) tion o)(13) rolled ity?
		country)						Yes	No
				<del></del>	-			$\vdash$	_
		·					٠		
						•	·		
	·		<u> </u>					Щ	
	· · · · · · · · · · · · · · · · · · ·			·					

Schedule R (Form 990) 2016

Page 2

632162 09-06-16

# MEDGAR EVERS COLLEGE EDUCATIONAL Schedule R (Form 990) 2016 FOUNDATION, INC.

632163 09-06-16

Schedule R (Form 990) 2016 FOUNDATION, INC.				11-256164	0	Page
Part V Transactions With Related Organizations. Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line 34, 35b, or	r 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		·	-		Yes	No
1 During the tax year, did the organization engage in any of the following transact	tions with one or more	related organizations listed in I	Parts II-IV?	T+.	7 .	1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled en	ntity			1a	1	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)			•	1b	1	X
c Gift, grant, or capital contribution from related organization(s)	·····			10	1	X
d Loans or loan guarantees to or for related organization(s)				1d	Τ.	X
e Loans or loan guarantees by related organization(s)			······	1e		X
Dividends from related organization(s)					ļ	X
g Sale of assets to related organization(s)			•••••••••••••••••••••••••••••••	1g	_	X
h Purchase of assets from related organization(s)			•••••••••••••••••••••••••••••••	1h	<del>                                     </del>	X
i Exchange of assets with related organization(s)	••••••	······································	·	11	+	X
j Lease of facilities, equipment, or other assets to related organization(s)				1		X
k Lease of facilities, equipment, or other assets from related organization(s)						x
I Performance of services or membership or fundraising solicitations for related o	rganization(s)		***************************************	11	<del>                                     </del>	X
m Performance of services or membership or fundraising solicitations by related or	rganization(s)	***************************************	***************************************	1m	_	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	zation(s)		······	10	x	┢
Sharing of paid employees with related organization(s)		······································		10		X
p Reimbursement paid to related organization(s) for expenses						x
q Reimbursement paid by related organization(s) for expenses		•••••••••••••••••••••••••••••••••••••	······	<u>lp</u>	├	X
· · · · · · · · · · · · · · · · · · ·			······································	<u>1q</u>		_^
r Other transfer of cash or property to related organization(s)						
s Other transfer of cash or property from related organization(s)		······		<u>1r</u>		X
2 If the answer to any of the above is "Yes," see the instructions for information or	n who must complete	this line, including assemble mis-	*:	13	نــــا	
(a)	(b)	(c)	uonsnips and transaction ti	(d)		
Name of related organization	Transaction type (a·s)	Amount involved	Method of determ	ining amount involved		
(1) MEDGAR EVERS COLLEGE	N	261,791.FM	v			
(2)	]	1.				-
			· · · · · · · · · · · · · · · · · · ·			
(3)	<del> </del>		<del> </del>	<u> </u>		
(4)						·
(5)				•		
(6)						_

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

11-2561640

[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) .	(b)	(c)	(d)	(e)	(f)	(g)	(h) .	(i)	(O)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
o. c. a.		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
· · · · · · · · · · · · · · · · · · ·			• .							
	•.					·		l	11	
						,		İ		
				$\sqcap$				1		
		}							-	
		<u> </u>		$\vdash$			1-1-		$\Box$	
									H	• .
<u> </u>				╁┼		·	$\vdash$		⇈	
·	•									
				11			1		1	
		<del></del>		+ +-		<del> </del>	++	·	$\vdash$	
						•				•
	٠.,				1.				l	
		<u> </u>		╀	<u> </u>		<del>                                       </del>		$\vdash$	· · · · · ·
		l .								
			` •	.			H	1 .	1 1	
				<del>-  -  </del>	<del>                                     </del>	<u> </u>	┼┼	<b></b>	H	
				.				l .		
	:		•	11					1 1	
				₩-			$\vdash \vdash$		-	
		l ·								-
			<b>[</b> .				H	1		
	<u> </u>	<u> </u>	<u> </u>		<u> </u>	l			Щ.	n 990) 2016

# MEDGAR EVERS COLLEGE EDUCATIONAL 11-2561640 Page 5 FOUNDATION, INC. Schedule R (Form 990) 2016 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.

Financial Statements

June 30, 2017 and 2016

(With Independent Auditors' Report Thereon)

## Table of Contents

	•	<u>Page</u>
Independent Auditors' Report	•	1 - 2
Financial Statements: Statements of Financial Position		3
Statements of Activities		4
Statements of Functional Expenses		5
Statements of Cash Flows		6
Notes to Financial Statements		7 - 12

#### INDEPENDENT AUDITORS' REPORT

The Board of Directors
Medgar Evers College Educational Foundation, Inc.:

#### Report on the Financial Statements

We have audited the accompanying financial statements of Medgar Evers College Educational Foundation, Inc. (the Foundation), which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Foundation's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Medgar Evers College Educational Foundation, Inc. as of June 30, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

EFPR Group, CPAS, PLLC

Williamsville, New York September 28, 2017

#### MEDGAR EVERS COLLEGE EDUCATIONAL FOUNDATION, INC. Statements of Financial Position June 30, 2017 and 2016

<u>Assets</u>	<u>2017</u>	<u>2016</u>
Current assets:		
Cash and equivalents	\$ 1,806,535	1,891,460
Due from related party	-	8,438
Prepaid expenses		42,800
Total current assets	1,806,535	1,942,698
Noncurrent assets - investments in CUNY investment pool	469,139	427,403
Total assets	\$ 2,275,674	2,370,101
	ι	
<u>Liabilities and Net Assets</u>		
Current liabilities:		•
Accounts payable and accrued expenses	34,364	88,808
Due to related party	215,150	-
Deferred revenue	5,894	34,155
Total liabilities	255,408	122,963
Net assets:		
Unrestricted	9,756	14,993
Temporarily restricted	1,642,314	1,903,710
Permanently restricted	368,196	328,435
Total net assets	2,020,266	_2,247,138
Total liabilities and net assets	\$ 2,275,674	2,370,101

# MEDGAR EVERS COLLEGE EDUCATIONAL FOUNDATION, INC. Statements of Activities Years ended June 30, 2017 and 2016

	·	20	17			20	16	
	Unrestricted	Temporarily restricted	Permanently restricted	Total	Unrestricted	Temporarily restricted	Permanently restricted	<u>Total</u>
Revenue, gains and other support:	•		•					
Contributions	. \$ 5,337	744,255	•	749,592	10,430	1,671,476		1,681,906
Donated space and services	261,791		··· -	261,791	. 128,256	·	-	128,256
Investment gain (loss)	-	11,975	39,761	51,736	-	(2,341)	(7,771)	(10,112)
Net assets released from restrictions	1,017,626	(1,017,626)	<del>-</del>		498,751	(498,751)		
Total revenue, gains		(6'44 884)						
and other support	1,284,754	(261,396)	39,761	1,063,119	637,437	1,170,384	(7,771)	1,800,050
Expenses: Program services:				• .	) )			
Scholarships	153,875	-	-	153,875	169,731	-	_	169,731
Support of Medgar Evers College	566,856			566,856	121,044			121,044
Total program services	720,731	-		720,731	290,775	-	- •	290,775
Supporting services - management and							• •	
general	569,260			569,260	298,564		<u> </u>	298,564
Total expenses	1,289,991			1,289,991	589,339			589,339
Increase (decrease) in net assets	(5,237)	(261,396)	39,761	(226,872)	48,098	1,170,384	(7,771)	1,210,711
Net assets (deficit) at beginning of year	14,993	1,903,710	328,435	2,247,138	(33,105)	733,326	336,206	1,036,427
Net assets at end of year	\$ 9,756	1,642,314	368,196	2,020,266	14,993	1,903,710	328,435	2,247,138

See accompanying notes to financial statements.

Statements of Functional Expenses Years ended June 30, 2017 and 2016

		2017			2016	
	Program services	Management and general	<u>Total</u>	Program services	Management and general	<u>Total</u>
Scholarships and awards	\$ 153,875	<u>:</u>	153,875	169,731		169,731
Professional and consulting fees	196,091	306,276	502,367	-	160,995	160,995
Programmatic support	320,278		320,278	81,114	-	81,114
Travel and conferences	50,487	-	50,487	39,930	-	39,930
Donated space and services	-	261,791	. 261,791	-	128,256	128,256
Insurance	-	428	428	-	1,166	1,166
Software	-	•	-		7,576	7,576
Miscellaneous	<u> </u>	<u>765</u>	765		571	571
Total expenses	\$ )720,731	569,260	1,289,991	290,775	298,564	589,339

#### Statements of Cash Flows Years ended June 30, 2017 and 2016

		<u>2017</u>	<u>2016</u>
Cash flows from operating activities:		•	
Increase (decrease) in net assets	\$	(226,872)	1,210,711
Adjustments to reconcile increase (decrease) in net assets			
to net cash provided by (used in) operating activities:			
Unrealized (gain) loss on investments		(45,820)	14,961
Realized gain on investments	٠	(4,821)	(2,616)
Changes in:			•
Due from related party		8,438	(8,438)
Prepaid expenses		42,800	146
Accounts payable and accrued expenses		(54,444)	69,577
Due to related party		215,150	-
Deferred revenue		(28,261)	33,480
Net cash provided by (used in) operating activities	· <u> </u>	(93,830)	1,317,821
Cash flows from investing activities:			
Purchases of investments		(1,095)	(2,233)
Proceeds from sales of investments		10,000	<u>-</u>
Net cash provided by (used in) investing activities		8,905	(2,233)
Net increase (decrease) in cash and equivalents		(84,925)	1,315,588
Cash and equivalents at beginning of year		1,891,460	575,872
Cash and equivalents at end of year	<u>\$</u>	1,806,535	1,891,460
		•	
Supplemental schedule of cash flow information:	•		
Donated space and services revenue	\$	261,791	128,256
Donated space		24,990	23,324
Donated services expense		236,801	104,932
Donated space and services expense	\$	261,791	128,256
*	=		

# Notes to Financial Statements June 30, 2017 and 2016

#### (1) Nature of Organization

The Medgar Evers College Educational Foundation, Inc.'s (the Foundation) purpose is to support and advance the activities and missions of Medgar Evers College (the College) of The City University of New York (CUNY) in its academic, cultural, research and public service programs; and to promote and encourage interest and support for these programs serving the students, faculty, administrative staff, alumni and others in the College community. Although the Foundation is a separate and independent legal entity, it carries out operations which are integrally related to CUNY and therefore, is discretely presented as a part of CUNY's financial reporting entity.

The Foundation was organized exclusively for charitable, educational and scientific purposes and shall not facilitate any activities impermissible by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code (the Code) as a publicly supported organization described in Section 509(a) of the Code.

#### (2) Summary of Significant Accounting Policies

#### (a) Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

#### (b) Basis of Presentation

The Foundation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. Net assets of the Foundation and changes therein are classified and reported as follows:

<u>Unrestricted net assets</u> - The part of net assets that is neither permanently nor temporarily restricted by externally imposed stipulations.

<u>Temporarily restricted net assets</u> - Net assets resulting from contributions and other inflows of assets whose use by the Foundation is limited by externally imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Foundation pursuant to those stipulations. When such stipulations end or are fulfilled, such temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities.

<u>Permanently restricted net assets</u> - Net assets resulting from contributions and other inflow of assets whose use by the Foundation is limited by externally imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Foundation's Board of Directors.

Notes to Financial Statements, Continued

#### (2) Summary of Significant Accounting Policies, Continued

#### (c) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### (d) Cash and Equivalents

For purposes of the statements of cash flows, the Foundation considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

#### (e) Investments

The Foundation's investments are held by CUNY in an investment pool which is under the control of the Committee on Fiscal Affairs of the Board of Trustees of CUNY (the Committee). Several investment advisory firms are engaged to assist the Committee in its Investment Pool portfolio management, which is comprised of cash and cash equivalents, corporate bonds, equities, mutual funds, U.S. agency mortgage-backed securities, U.S. government bonds and foreign bonds. Realized and unrealized gains and losses are included in the statements of activities as changes in unrestricted net assets, unless their use is temporarily or permanently restricted by explicit donor stipulations or by law.

#### (f) Revenues

Contributions, including unconditional promises to give, are recognized as revenue in the period in which the gift is made. Promises to give are recorded at their estimated net realizable value discontinued to present value.

All grants and contributions are considered to be available for unrestricted use unless specifically restricted by the donor or subject to other legal restrictions. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. However, if a restriction is fulfilled in the same time period in which the contribution is received, the Foundation reports the support as unrestricted.

Revenue collected prior to year-end, relating to future events of the subsequent year, are recorded as deferred revenue.

#### (g) Functional Expenses

The costs of providing the programs and services have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

#### (h) Subsequent Events

The Foundation has evaluated subsequent events through the date of the report which is the date the financial statements were available to be issued.

Notes to Financial Statements, Continued

#### (2) Summary of Significant Accounting Policies, Continued

#### (i) Income Taxes

The Foundation is exempt from federal 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 its financial statements. U.S. Forms 990 filed by the Foundation are subject to examination by taxing authorities.

#### (3) Cash and Equivalents and Investments

#### (a) Custodial Credit Risk - Deposits

Custodial credit risk of deposits is the risk that the Foundation's deposits may not be returned in the event of a bank failure. At June 30, 2017, \$1,101,029 of the Foundation's bank balance of \$1,851,029 was exposed to custodial credit risk as it was uninsured and uncollateralized.

The Foundation does not have a deposit policy.

#### (b) Custodial Credit Risk - Investments

Custodial credit risk as it relates to investments is the risk that in the event of failure of the counterparty of a transaction, the Foundation will not be able to recover the value of its investment portfolio that is in the possession of that failed counterparty. At June 30, 2017, the Foundation's entire investment portfolio balance of \$469,139 was exposed to custodial credit risk, as it was uninsured and uncollateralized.

#### (4) Investments and Investment Income

The Foundation's investments in the investment pool comprise assets which are pooled and invested by and under the control of the Committee on Fiscal Affairs of the Board of Trustees of CUNY. Pooled investments include equity and fixed income securities. Investments as of June 30, 2017 and 2016, are comprised of the following:

2017 2016 \$ 469.139 427.403

Investments in CUNY investment pool

Notes to Financial Statements, Continued

#### (4) Investments and Investment Income, Continued

The following table summarizes the activity for financial instruments in 2017 and 2016:

Balance at July 1, 2015	\$ 437,515
Interest and dividends	2,233
Realized gain	2,616
Unrealized loss	<u>(14,961</u> )
Balance at June 30, 2016	427,403
Interest and dividends	1,095
Realized gain	4,821
Unrealized gain	45,820
Withdrawals	(10,000)
Balance at June 30, 2017	\$ <u>469,139</u>

A summary of investment gain (loss) for the years ended June 30, 2017 and 2016 is as follows:

	<u>2017</u>	<u>2016</u>
Interest and dividends	\$ 1,095	2,233
Realized gains	4,821	2,616
Unrealized gain (loss)	<u>45,820</u>	( <u>14,961</u> )
Total investment gain (loss)	\$ <u>51,736</u>	(10,112)

#### (5) Related Party Transactions

The Foundation sustained liabilities due to related parties in the amount of \$215,150 at June 30, 2017. This amount was subsequently paid during the following year. The Foundation was due \$8,438 at June 30, 2016 from the Medgar Evers College Auxiliary Enterprises Corporation for funds collected for the GALA event.

#### (6) Donated Space and Services

The Foundation recognizes donations of services if the services received: (a) create or enhance nonfinancial assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. The Foundation operates on the campus of the College and, as such, utilizes space and certain services made available to it. Donated space and services and promises to give services that do not meet the above criteria are not recognized. The estimated cost savings of \$261,791 and \$128,256 for the years ended June 30, 2017 and 2016, respectively, have been recorded as donated space and services and are recognized as both revenues and expenses in the accompanying statements of activities.

Notes to Financial Statements, Continued

#### (7) Restrictions on Net Assets

During the years ended June 30, 2017 and 2016, temporarily restricted net assets were released from restrictions by incurring expenses for the following donor restricted purposes:

	<u>2017</u>	<u>2016</u>
Scholarships and awards	\$ 153,875	179,480
Programmatic support	863,751	<u>319,271</u>
Total	\$ <u>1,017,626</u>	<u>498,751</u>

Temporarily restricted net assets at June 30, 2017 and 2016, are available for the following purposes:

	<u>2017</u>	<u>2016</u>
Community and departmental programs	\$ 1,073,953	1,605,391
Scholarships	568,361	298,319
Total	\$ 1,642,314	1,903,710

Permanently restricted net assets at June 30, 2017 and 2016, are available for the following purposes:

	<u>2017</u>	<u>2016</u>
Programmatic support	\$ 193,566	172,663
Scholarships and awards	<u>174,630</u>	155,772
Total	\$ <u>368,196</u>	<u>328,435</u>

#### (8) Endowment Funds

#### Interpretation of Relevant Law

The Board of Directors of the Foundation has interpreted New York Prudent Management of Institutional Funds (NYPMIFA) as requiring the preservation of the value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary, and except in those cases where the law allows appropriation for spending of the original gift amounts. As a result of this interpretation, the Board classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations of investment returns to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified as permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Board in a manner consistent with the standard of prudence prescribed by NYPMIFA.

Notes to Financial Statements, Continued

#### (8) Endowment Funds, Continued

#### Return Objectives and Risk Parameters

The Foundation utilizes a total return investment approach with its asset allocation diversified over multiple asset classes. Endowment return objectives are to equal or exceed, on an inflation-adjusted basis, composite benchmark results of approximately 5% over the long-term with a conservative to moderate level of risk. In order to achieve this objective, the Foundation follows the strategy of weighing the asset allocation to higher yielding asset classes, including equities and alternative investments, with marginally higher risk characteristics. The total return objective includes the funding of both the current year spending rate amount and the amount required to be retained pursuant to the Board's interpretation of law.

#### **Spending Rate Policy**

The Board utilizes a spending rate of 5% of the fair value of the endowment funds at the beginning of the fiscal year to determine its annual drawdown from the endowment.

The following is a reconciliation of the activity in the endowment funds for the years ended June 30, 2017 and 2016:

		 <u>2017</u>	<u>2016</u> )
Balance at beginning of year		\$ 328,435	336,206 )
Interest and dividends		835	1,715
Realized gain		3,708	2,143
Unrealized gain (loss)		<u>35,218</u>	<u>(11,629</u> )
Balance at end of year	. •	\$ <u>368,196</u>	<u>328,435</u>

All of the Foundation's endowment funds are permanently restricted in nature. There were no cumulative losses absorbed by the unrestricted net assets at June 30, 2017 and 2016.

