TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2022

Prepared for	Cuny School of Labor and Urban Studies Foundation, Inc. 25 West 43rd Street, 19th Floor New York, NY 10036
Prepared by	Efpr Group, Cpas, PLLC 6390 Main Street Suite 200 Williamsville, NY 14221
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2021 calendar year, or tax year beginning $$ J U $$ L $$, $$ $$ $$ $$ $$ $$ $$ $$ and $$ $$	ات ending	IUN 30, 2022	
3 C	heck if pplicab	CUNY SCHOOL OF LABOR AND URBAN STUDIES	 S	D Employer identific	cation number
	Addre chang	FOUNDATION, INC.			
	Name chang	Doing business as	36-49467	85	
	Initial return Final return		Room/suite	E Telephone numbe 646-313-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	937,403.
	Amen	ded NEW YORK NY 10036		H(a) Is this a group re	
	Application			for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	7	list. See instructions
		te: HTTPS://SLU.CUNY.EDU/		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year		A State of legal domicile: NY
	ırt I	Summary	<u> </u>	•	<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	JLE O	
Governance		,			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	ssets.
ove	l	- · · · · · · · · · · · · · · · · · · ·		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
s &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
vitie	6	Total number of volunteers (estimate if necessary)			0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		887,663.	753,697.
enn	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,635.	16,401.
ш		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) .		900,298.	770,098.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		167,387.	248,391.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\scriptscriptstyle \perp}$		0.	0.
ens.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	1,069.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		167,387.	249,460.
	19	Revenue less expenses. Subtract line 18 from line 12		732,911.	520,638.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Ssel Bala	l	Total assets (Part X, line 16)		770,885.	1,261,802.
erA	l	Total liabilities (Part X, line 26)		0. 770,885.	12,000. 1,249,802.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		110,005.	1,249,002.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ante and to the heet of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Knowledge and Delici, it is
,	001100	and complete. Becautation of property (early analytically to based on an information of win	non propuror	nao any knowleage.	
Sigr	1	Signature of officer		Date	
Her		ARTHUR CHELIOTES, CHAIRPERSON			
ici	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN
Paid	l	DAVID A. URBAN CPA DAVID A. URBAN C	CPA 0	09/30/22 if self-employ	P00630018
	arer	Firm's name FFPR GROUP, CPAS, PLLC	<u> </u>		47-4526160
	Only	Firm's address 6390 MAIN STREET SUITE 200		1 AIII O EIIV	
-	,	WILLIAMSVILLE, NY 14221		Phone no. (7	16) 634-0700
140	tho II	RS discuss this return with the preparer shown above? See instructions		11 110110 1101 (7	X Ves No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROMOTE THE IMAGE AND GENERAL WELFARE OF SCHOOL OF LABOR AND URBAN
	STUDIES. ALSO PROVIDES FINANCIAL SUPPORT TO THE COLLEGE BY HOLDING,
	ADMINISTERING AND DISPOSING OF GIFTS AND GRANTS FOR THE BENEFIT OF THE
	COLLEGE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 248,391. including grants of \$ 248,391.) (Revenue \$ 1 THE SLU FOUNDATION OPERATIONS TO FOSTER AND SUPPORT THE ACTIVITIES AND
	PURPOSES OF SLU; TO ENCOURAGE GIFTS, GRANTS, CONTRIBUTIONS AND
	DONATIONS OF REAL AND PERSONAL PROPERTY, AND OTHER FORMS OF SUPPORT, TO
	OR FOR THE BENEFIT OF SLU; TO SOLICIT, RECEIVE, HOLD, INVEST,
	ADMINISTER AND DISPOSE OF GIFTS, GRANTS, CONTRIBUTIONS AND DONATIONS,
	AND TO ACT WITHOUT PROFIT AS TRUSTEE OF EDUCATIONAL OR CHARITABLE
	TRUSTS, OF BENEFIT TO AND IN KEEPING WITH THE MISSION OF SLU; AND TO
	ADVANCE SLU'S MISSION, INCLUDING IN PARTICULAR SPONSORSHIP OF SPECIFIC
	PROJECTS AND PROGRAMS RECOMMENDED BY SLU, BY MAKING EXPENDITURES TO OR
	FOR THE BENEFIT OF SLU.
4b	(Code:) (Expenses \$
70	(COURTING A COURTING A
4c	(Code:) (Expenses \$
	Others are green as wises (Describe on Calcabula O.)
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 248,391.
<u>4e</u>	Total program service expenses ► 248,391. Form 990 (2021)
	Form 990 (2021)

Form 990 (2021) FOUNDATION, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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	3		
4		4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		- 21
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
L	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
C	"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	25		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 • • • • • • • • • • • • • • • • • • •		
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V

		_		Yes	No						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns										
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				X						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country										
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)	-								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5а		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribut										
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods \ $	vices provided to the pay	or? 7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			l						
	to file Form 8282?		7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr				-						
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior deposit and policy of the deposit of the depos		?? 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8								
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		··· •								
а											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?										
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the										
D	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
14a	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 on Schedu			+							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X						
	If "Yes," complete Form 4720, Schedule O.										
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any			1						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										

Form 990 (2021)

36-4946785

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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 books and records			
	DOROTHY C. BENSON - 313-646-8306			
	25 WEST 43RD STREET, 19TH FLOOR, NEW YORK, NY 10036			

Form 990 (2021)

FOUNDATION, INC.

36-4946785

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organization r	or any related	orga	aniza	ation	COI	mpei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	box, unless per		(do not check more than one box, unless person is both an officer and a director/trustee)				compensation	compensation	amount of
	week	_	CCI ai	lu a u	a director/trustee)			from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trus		e e	nben		1099-NEC)	1099-1420)	and related
	below	dual t	tiona	L	nploy	st cor	_	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			g
(1) GREGORY MANTSIOS	3.00	_	_		-	<u> </u>	<u> </u>			
VICE PRESIDENT	0.00	Х		х				0.	171,026.	87,223.
(2) GLADYS PALMA DE SCHRYNEMAKERS	3.00								-	-
SECRETARY		Х		Х				0.	166,887.	85,112.
(3) DEEPAK BHARGAVA	3.00									
MEMBER	0.00	Х						0.	136,659.	69,696.
(4) GOURI SADHWANI	3.00									
DIRECTOR	0.00	Х						0.	42,596.	21,724.
(5) ARTHUR CHELIOTES	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) BURT SACKS	3.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(7) JOSH FREEMAN	3.00									
MEMBER	0.00	Х						0.	0.	0.
(8) JENNIFER JAMES	35.00									
EXECUTIVE DIRECTOR	0.00			Х				0.	0.	0.
(9) SARITA GUPTA	3.00							_	_	_
MEMBER	0.00	Х						0.	0.	0.
(10) ALETHIA JONES	3.00							_	_	_
MEMBER	0.00	Х						0.	0.	0.
(11) MICHAEL MUSURACA	3.00									
MEMBER	0.00	Х						0.	0.	0.
		-								
		-								
						\vdash				
		-								
			\vdash	\vdash		\vdash	-			_
		\mathbf{I}								
				1						

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	(C) Positio (do not check mor box, unless persor officer and a direct Officer and a direct Officer and a direct		more more erson lirecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensati from relate organizatior (W-2/1099-MI 1099-NEC	on d ns SC/	(F) Estimated amount of other compensate from the organization and relate		of tion e ion
	below line)	Individual t	Institutiona	Officer	Key employee	Highest compensated employee	Former	1000 NEO				nizatio	
1b Subtotal							▶	0.	517,1	68.	26	3,7	55.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization	II, Section A						<u> </u>	0 • 0 • eceived more than \$100	517 , 1 0,000 of reportat		26	3,7	0. 55.
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,	_	, , ,	,		3	Yes	No X
 For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or 	um of reportab 0,000? <i>If</i> "Yes,	le co	omp <i>mpl</i>	ensa ete S	atior S <i>che</i>	n and edule	d otl e <i>J f</i>	her compensation from for such individual	the organization		4	Х	
rendered to the organization? If "Yes," con Section B. Independent Contractors											5		X
Complete this table for your five highest countries the organization. Report compensation for										mpens			
(A) Name and business	address	NC	ONI	Ξ				(B) Description of s	services	С	(C omper	s) nsation	<u>1</u>
Total number of independent contractors (not lir	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization >					U						000 /	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 753,697. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 753,697. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,576. 6,576. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory $_{7a}$ 177,130. **b** Less: cost or other basis Other Revenue 7ь 167,305. and sales expenses 9,825. c Gain or (loss) ______7c 9,825. 9,825. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 770,098. 0. 16,401 Total revenue. See instructions 12

Pai	t IX Statement of Functional Expens	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	248,391.	248,391.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
^	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	- _ -				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	944.		944.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TAX & LICENSES	125.		125.	
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	249,460.	248,391.	1,069.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

Part X | Balance Sheet

Pa	πx	Balance Sheet		
		Check if Schedule O contains a response or note to any line in the		
			(A) (B) Beginning of year End of year	
	1	Cash - non-interest-bearing	150,181. 1 613,5	48
	2	Savings and temporary cash investments		
	3	Pledges and grants receivable, net		
	4	Accounts receivable, net		
	5	Loans and other receivables from any current or former officer, di		
		trustee, key employee, creator or founder, substantial contributor	r, or 35%	
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as of	lefined	
		under section 4958(f)(1)), and persons described in section 4958	(c)(3)(B) 6	
ţ	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use		
Ä	9	Prepaid expenses and deferred charges		
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation 10b	10c	
	11	Investments - publicly traded securities	620,704. 11 648,2	54
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11		
	14	Intangible assets		
	15	Other assets. See Part IV, line 11	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		02
	17	Accounts payable and accrued expenses		00
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedu		
ģ	22	Loans and other payables to any current or former officer, director		
Liabilities		trustee, key employee, creator or founder, substantial contributor		
abi			22	
=	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	25	Other liabilities (including federal income tax, payables to related		
		parties, and other liabilities not included on lines 17-24). Complete	e Part X	
		of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25	0. 26 12,0	00
		Organizations that follow FASB ASC 958, check here		
ces		and complete lines 27, 28, 32, and 33.		
<u>a</u>	27	Net assets without donor restrictions		19
Ва	28	Net assets with donor restrictions		21
ဋ		Organizations that do not follow FASB ASC 958, check here		
Ę		and complete lines 29 through 33.		
S	29	Capital stock or trust principal, or current funds	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		
As	31	Retained earnings, endowment, accumulated income, or other fu		
Net Assets or Fund Balances	32	Total net assets or fund balances		02
_	33	Total liabilities and net assets/fund balances		

Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,4	
3	Revenue less expenses. Subtract line 2 from line 1	3	52	0,6	38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77	0,8	85.
5	Net unrealized gains (losses) on investments	5	-4	1,7	21.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,24	9,8	02.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:	, , , , , , , , , , , , , , , , , , , ,			
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	_	За		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		.		
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

CUNY SCHOOL OF LABOR AND URBAN STUDIES

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION, INC. 36-4946785 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")				887,663.	753,697.	1,641,360.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3				887,663.	753,697.	1,641,360.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
_6	Public support. Subtract line 5 from line 4.						1,641,360.		
Sec	ction B. Total Support				_				
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4				887,663.	753,697.	1,641,360.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources				7,039.	6,576.	13,615.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						1,654,975.		
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop	here					<u> </u>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2021 (14	%		
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2021. If the								
	stop here. The organization qualifies								
b	33 1/3% support test - 2020. If the						s box		
	and stop here. The organization qual						▶□		
17a	10% -facts-and-circumstances tes	· ·	•				*		
	and if the organization meets the fact	:s-and-circumstand	es test, check thi	s box and stop h	ere. Explain in Part	VI how the organiza	ition		
	meets the facts-and-circumstances to	-	•		-				
b	10% -facts-and-circumstances tes	_					0% or		
	more, and if the organization meets the		•				. —		
	organization meets the facts-and-circ			·	,				
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

FOUNDATION, INC.

36-4946785 Page 3 Schedule A (Form 990) 2021 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) % 15 16 16 Public support percentage from 2020 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	40		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2021

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Pa	rt IV Supporting Organizations (continued)		, ,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NI-
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and or type it 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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

CUNY SCHOOL OF LABOR AND URBAN STUDIES

Schedule A (Form 990) 2021

36-4946785 Page 6 FOUNDATION, INC.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990) 2021

36-4946785 Page 7

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

CUNY SCHOOL OF LABOR AND URBAN STUDIES FOUNDATION. INC.

36-4946785 Page 8 FOUNDATION, INC. Schedule A (Form 990) 2021 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, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

36-4946785

Department of the Treasury Internal Revenue Service

Name of the organization

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

CUNY SCHOOL OF LABOR AND URBAN STUDIES

FOUNDATION, INC.

Organization type (check one):						
Filers of: Section:						
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Only	y a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General F	tuie					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special R	ules					
s	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
C li	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
y is p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "N	lo" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2021)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- \$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 337,195.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$9,780.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 250,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16	Nume, dudicos, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021) Name of organization Employer identification number CUNY SCHOOL OF LABOR AND URBAN STUDIES FOUNDATION, 36-4946785 INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

CUNY SCHOOL OF LABOR AND URBAN STUDIES

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization FOUNDATION, INC. Employer identification number 36-4946785

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered Tes Off Official 330, Fartiv, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Tracquires or C	Other Similar Assets
Ра	till Organizations Maintaining Collections or Complete if the organization answered "Yes" on Form		Other Sillinar Assets.
10			and balance sheet works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	•	
	,	,	'
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in turn	therance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		L
•			
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under FASB A	-	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		🖊 🔻

CUNY SCHOOL OF LABOR AND URBAN STUDIES

FOUNDATION, INC. Schedule D (Form 990) 2021

36-4946785 Page 2

Pai	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at make si	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizat	ion's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang							D, Part IV,	line 9, or	
	reported an amount on Form 990, Par			· ·						
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	ssets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	-	•							Amount	
С	Beginning balance						1c			
	Additions during the year									
	5									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						•			
	rt V Endowment Funds. Complete if									
	·	(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance									
b	[
С										
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f										
g										
2	Provide the estimated percentage of the curre	ent vear end balanc	:e (line 1	a column (a)) held as:	<u>l</u>			1	
– a		one your one balanc	%	9, 00.0	a,, 1101a ao.					
b		%	_^~							
	Term endowment ▶ 9									
Ū	The percentages on lines 2a, 2b, and 2c shou	-								
3a	Are there endowment funds not in the posses	•	ation tha	at are held a	and administe	ered for th	ne organi	zation		
	by:								Γ	Yes No
	(i) Unrelated organizations									
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the								. 00	
÷	rt VI Land, Buildings, and Equipm		WITICITE	iurius.						
1 31	Complete if the organization answered		0. Part I\	/. line 11a. S	See Form 990	0. Part X.	line 10.			
	Description of property	(a) Cost or o	-		or other		cumulate	ed	(d) Book	value
	bescription of property	basis (investr			(other)		reciation		(a) B 001	value
12	Land	,	,	54010	()	350	. 25.4011			
	Land									
	Buildings Leasehold improvements							-		
	Equipment							- -		
	Other		V colur	nn (P) line 1	100)	l				0.

Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021 FOUNDATION	, INC.	3	36-4946785 _{Page}
Part V	III Investments - Other Securities.			
	Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Finar	ncial derivatives			
	ely held equity interests			
(3) Othe				
(A)	'			
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
	l. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part V	Investments - Program Related.			
	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<u>`</u> _	ol. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description	· · · · · ·	(b) Book value
(1)	· ·	•		1 ,
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	/ // / / / / / / / / / / / / / / / / /	451		
	olumn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		<u> </u>
Part X			44 446 5 222 5	0.5
	Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
<u>1. </u>	(a) Description of liability			(b) Book value
(1) F	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (h) must equal Form 990 Part X col. (R) lii	ne 25 l		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X FOUNDATION, INC.

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Pa	rt XI Reconciliation	n of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturn.	,
	Complete if the o	rganization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and	d other support per audited financial statements			1	728,377.
2	Amounts included on lin	e 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (los	ses) on investments	2a	-41,721.		
b	Donated services and us	se of facilities	2b			
С		grants				
d		(III.)				
е	Add lines 2a through 2d				2e	-41,721.
3	Subtract line 2e from line	e 1			3	770,098.
4		orm 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses no	ot included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part)	(III.)	4b			
С	Add lines 4a and 4b				4c	0.
5		3 and 4c. (This must equal Form 990, Part I, line 12.)			5	770,098.
Pa	rt XII Reconciliatio	n of Expenses per Audited Financial Stater	nents Wit	th Expenses per	Return	•
	Complete if the o	rganization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and loss	es per audited financial statements			1	249,460.
2	Amounts included on lin	e 1 but not on Form 990, Part IX, line 25:				
а	Donated services and us	se of facilities	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part >	(III.)	2d			
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line	e 1			3	249,460.
4	Amounts included on Fo	orm 990, Part IX, line 25, but not on line 1:				
а	Investment expenses no	ot included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part >	(III.)	4b			
С					4c	0.
5	Total expenses. Add line	es 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	249,460.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM 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.

CUNY SCHOOL OF LABOR AND URBAN STUDIES 36-4946785 Page 5 Schedule D (Form 990) 2021 FOUNDATION Part XIII Supplemental Information (continued) FOUNDATION, INC.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

CUNY SCHOOL OF LABOR AND URBAN STUDIES

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATIO	N, INC.						36-494	16785
Part I General Information on Grants a	ınd Assistance							
1 Does the organization maintain records criteria used to award the grants or assis	stance?						on Yes	X No
2 Describe in Part IV the organization's pro							V. II. Od 6	
Part II Grants and Other Assistance to recipient that received more than to					anization answered "	Yes" on Form 990, Part I	√, line 21, for any	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			l he line 1 table					

CUNY SCHOOL OF LABOR AND URBAN STUDIES FOUNDATION, INC.

36-4946785

Page 2

Schedule I (Form 990) 2021 FOUNDATION,	INC.				36-4946785	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is need	duals. Complete if the ded.	e organization answ	ered "Yes" on Form	990, Part IV, line 22.		_
(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	71	248,391.	0.			
Part IV Supplemental Information. Provide the information	n required in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CUNY SCHOOL OF LABOR AND URBAN STUDIES FOUNDATION, INC.

Employer identification number 36-4946785

	·		Yes	No
1 a	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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	ı	I

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

Schedule J (Form 990) 2021

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GREGORY MANTSIOS	(i)	0.	0.	0.	0.	0.		0.
VICE PRESIDENT	(ii)	171,026.	0.	0.	0.	87,223.		
(2) GLADYS PALMA DE SCHRYNEMAKERS	(i)	0.	0.	0.	0.	0.		0.
SECRETARY	(ii)	166,887.	0.	0.	0.	85,112.		
(3) DEEPAK BHARGAVA	(i)	0.	0.	0.	0.	0.		0.
MEMBER	(ii)	136,659.	0.	0.	0.	69,696.	206,355.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

CUNY SCHOOL OF LABOR AND URBAN STUDIES

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Name of the organization

CUNY SCHOOL OF LABOR AND URBAN STUDIES FOUNDATION, INC.

Employer identification number 36-4946785

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE THE IMAGE AND GENERAL WELFARE OF SCHOOL OF LABOR AND URBAN
STUDIES. ALSO PROVIDES FINANCIAL SUPPORT TO THE COLLEGE BY HOLDING,
ADMINISTERING AND DISPOSING OF GIFTS AND GRANTS FOR THE BENEFIT OF THE
COLLEGE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY A BOARD MEMBER AND PROVIDED TO THE BOARD BEFORE
BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE
RISE TO CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS , CONFLICTS OF INTEREST POLICY , AND FINANCIAL
REPORTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

CUNY SCHOOL OF LABOR AND URBAN STUDIES FOUNDATION, INC.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 36-4946785

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)			assets	Direct controlling entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organizati	ion answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	related tax-exe	empt	
(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	Direc	(f) at controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
CUNY SCHOOL OF LABOR AND URBAN STUDIES -								
13-3893536, 25 WEST 43RD STREET, 19TH FLOOR, NEW YORK, NY 10036	EDUCATION	NEW YORK	IRC SEC 115					x

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		I 20 of Schedule	managii	
		country)		excluded from tax under sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	0

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	(i Sec 512(k contr enti	tion b)(13) rolled ity?
		country)		J. 1.25.4		45515		Yes	No
									<u> </u>
								 	
									<u> </u>

Schedule R (Form 990) 2021

Yes No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or	more r	related organizations listed	d in Parts II-IV?							
а	 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) 										
b	Gift, grant, or capital contribution to related organization(s)				1b		Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		Х				
d	Loans or loan guarantees to or for related organization(s)				1d		Х				
е	Loans or loan guarantees by related organization(s)				1e		Х				
f	Dividends from related organization(s)				1f		Х				
g	Sale of assets to related organization(s)				1g		Х				
	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х				
_	,										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
	o Sharing of paid employees with related organization(s)										
р	p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q		Х				
_											
r	Other transfer of cash or property to related organization(s)				1r		Х				
s	Other transfer of cash or property from related organization(s)				1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must con										
	(a) (b) Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount inv	olved						
<u>(1)</u>											
(2)											
(3)											
. ,											
<u>(4)</u>											
<u>(5)</u>											
<u>(6)</u>											
13216	63 11-17-21			Schedule F	(For	n 990	2021				

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

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

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