# 990

# Return of Organization Exempt From Income Tax

CMB No. 1545-0047

018

Open to Public Inspection

Department of the Treasury Premai Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information. 20 18 2018, and ending For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization. Center for Technology & Innovation Check if applicable: 16-1482563 Coing business as Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 607-723-8600 321 Water Street initial return City or town, state or province, country, and ZIP or foreign postal code Fundingsumitemanate Binghamton, NV, 13901 Amended return H(a) Is this a group resum for suppressibles? \_\_\_ Yes Application pending Fixame and address of principal officer H(b) Are all subprometes included? \_\_: Yes \_\_\_ No ti "No," attacir u ist. (see instructions: £ 4947(a)(1, cر ✓ 501(c)(3) J 501(b) ( Tax-eventot status H(c) Group exemption number 🕨 Website: 3 M State of legal domicie: Association Li Year of formation Form of organizations 🗸 Corporation Summary Part t Briefly describe the organization's mission or most significant activities: snowcase Upstate NY innovations - past, present and future. Activities include documentation (oral history, archives, artifacts), renovation of ice-cream factory as TechWorks!, and Activities & Governance testing of visitors experiences and programs. Check this box ▶ \_ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) . . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of Individuals employed in calendar year 2018 (Part V. line 2a) 5 0 6 200 Total number of volunteers (estimate if necessary) . . . 7a Ü Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 38 7b Current Year 64,705 Contributions and grants (Part VIII, line 1h) . 52,072 8 ROTHER 5,806 6,057 Program service revenue (Part VIII, line 2g) ø G Investment income (Part VIII, column (A), lines 3, 4, and 7d) C 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . () C 44 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 70,611 58,129 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 13 Benefits paid to or for members (Part IX, column (A), line 4) Ü Ð 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 7,900 2,800 15 Professional fundraising fees (Part IX, column (A), line 11e) . 16a Total fundraising expenses (Part IX, column (D), line 25) b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 47,287 69.005 17 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 55,187 71,805 18 Revenue less expenses. Subtract line 18 from line 12 2,942 -1,29419 Beginning of Current Year 8 8 1,044,634 1,010,777 20 Total assets (Part X. line 16) 21 Total habilities (Part X, line 26) . 32,000 6,000 119 Net assets or fund balances. Suptract line 21 from line 20 378,777 1.038634 22

Signature Block Part I Under penulties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the dest of my knowledge, and belief, it is true, correct, and complists. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign  |
|-------|
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| Here  |
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Date Signisture of officer LACKICEEL MARK A Type or print name and little

Optio Promoter's signature Stating perpendicular name Check Paid self-empicyed Preparer Fami's FiN 🕨 Use Only Firm's market

Phone no Piere a address 🗲 May the IRS discuss this return with the preparer shown above? (see instructions) Yes \_ No

| Page | 2 |
|------|---|
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|-----------|--|
| Part I    | 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: To document and present in context the inventions and industrial innovations of New York's Southern Tier  |
|           | 10 document and present in context the inventoris and industrial minutes and industrial solutions of the inventorial and industrial minutes and industrial minut |
|           |  |
|           |  |
| 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?   |
|           |  |
|           | 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 \$ 5,095 including grants of \$ ) (Revenue \$ 1,296)  |
|           | Collection Management  |
|           | Flights, Cameras, Action - exhibit of Dodge photography collection - opens Jan 2018  |
|           | TechWorks! debut of IBM 1401 system printer - 1960s IBM 1403in action Feb 2018   |
|           | MH60R helicopter avionics demonstrator returned to action - May 2018   |
|           | GAT-1 instrument flight trainer - donated by Wings of Eagle museum - Sept 2018   |
|           | Tony Sale Award for restorations of flight simulation computers - Computer Conservation Society UK & Google UK Nov 2018  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
| 4b        | (Code: ) (Expenses \$ 11,362 including grants of \$ 5,000) (Revenue \$ 10,031)   |
|           | Outreach/Event   |
|           | Global Game Jam - co-hosted with SUNY Broome Community College - Jan 2018  |
|           | Eric Ross - Music of the Future -concert electronic music, interpretive dance - Feb 2018   |
|           | Sound Structure + Site - Mendi & Obadaike - event co-hosted with Binghamton University Feb 2018  Baby It's CODE Inside - coding workshop co-hosted with Women in Technology @ Binghamton University, sponsored by AAUW   |
|           | Binghamton Historical Soundwalk - May 2018 - co-hosted with Binghamton University, sponsored by Whiting Foundation, May 2018   |
|           | Binghamton Bridge Pedal - August 2018 - co-hosted with Binghamton Metropolitan Transit Authority & Southern Tier Bicycle Club  |
|           | Apollo 7 50th anniversary celebration - October 2018   |
|           | Code Your Own Video Games - Unity software workshops - October-November 2018 - sponsored by BAE Systems, Endicott  |
|           | Here in the Heart of NY Map Mural dedication - Nov 2018 - mural sponsored by AARP Livable Communities Programs   |
|           | From Apollo 8 to Today - 50 years of Central NY technology in Space - co-hosted with Lockheed Martin, Owego  |
|           | 76.200\  |
| 4c        | (Code: ) (Expenses \$ 22,162 including grants of \$ 5,840 ) (Revenue \$ 24,390 )   |
|           | TechWorks! Development  Installation of Here in the Heart of NY Map Mural - 18,000 square miles of US Geological Survey topographic data on 300 sq ft mural  |
|           | Structural engineering condition survey of Center's vintage ice cream factory  |
|           | Design of TechWorks! Central Block renovation - Phase 1 Weather proofing - Constructruction Bid Sets-RFP October 2018  |
|           | Design of TechWorks! Central Block renovation - Phase 2 River View Terrace - for City Code compliance review   |
|           | City issues Building Permit for TechWorks! Central Block Renovation Phase 1 and Phase 2 - Nov 2018   |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           | Other and services (Deposits in Schodule O.)   |
| 4d        | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )   |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ )  |

| Part l | V 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   | 1               |  |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | ✓               |  |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |                 | ✓  |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   |                 | ✓  |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | - 5 |                 | ✓  |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |                 | <b>✓</b>   |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |                 | <b>√</b>   |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   | ✓               |  |
| 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   |                 | ✓  |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  | 111111111111111 | ✓  |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | ✓               |  |
| 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 |                 | <b>✓</b>   |
| 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 |                 | ✓  |
| 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 | ✓               |  |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |                 | ✓  |
| 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 |                 | ✓  |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a |                 | ✓  |
| 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 |                 | <b>√</b>   |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |                 | <b>√</b>   |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |                 | <del>                                     </del> |
| 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 |                 | 1  |
| 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  |                 | ✓  |
| 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  |                 | ✓  |
| 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  |                 | ✓  |
| 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  |                 | 1  |
| 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  |                 | ✓  |
| 20 a   | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.   | 20a |                 | ✓_   |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .   | 20b |                 | ļ  |
| 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  |                 | 1  |

| Part | V Checklist of Required Schedules (continued)   | -           |               | ·<br>    |
|------|---|-------------|---------------|----------|
|      |   | ,           | 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          |               | ✓        |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.   | 23          |               | ✓        |
| 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         |               | ✓        |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b         | -             | <b>✓</b> |
| C    | 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         |               | <u>√</u> |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d         |               | <b>√</b> |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a         |               | ✓_       |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | 25b         |               | <b>√</b> |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | 26          |               | ✓        |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27          |               | 1        |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |             |               |          |
| a    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a         |               | <b>✓</b> |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b         |               | ✓        |
| c    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c         |               | ✓        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29          | <b>√</b>      |          |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30          | ✓             |          |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31          |               | ✓        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32          |               | <u> </u> |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33          |               | <u> </u> |
| 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          |               | <u> </u> |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a         |               | <b>✓</b> |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b         |               | <b>✓</b> |
| 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          |               | ✓        |
| 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          |               | <b>√</b> |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | 38          | ✓             |          |
| Part | 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  | · ·         |               |          |
|      |   | September 1 | Yes           | No       |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Compared to the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |             |               |          |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b   C    Did the organization comply with backup withholding rules for reportable payments to vendors and  | •           |               |          |
| С    | reportable gaming (gambling) winnings to prize winners?   | 1c          | sationio.     | <b>✓</b> |
|      | Topolitation gaining (gaintoining) withings to prize without 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.   |             | n <b>99</b> 0 | (2018)   |

| Part \  | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |  | r              |
|---------|--|------------|--|----------------|
|         | The state of the s |            | Yes  | No             |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |            |  |                |
|         | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0   | 2b         | wisienieni                                       |                |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 20         |  |                |
| _       | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         | ¥1.; 10. s =; 1                                  | 1              |
| 3a      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         |  | 1              |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |            |  |                |
|         | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a         | a annone   | <b>_</b>       |
| b       | If "Yes," enter the name of the foreign country: ▶   |            |  |                |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  | <b>5</b> - |  | 7              |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a<br>5b   |  | <b>√</b>       |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5c         |  | 1              |
| C       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 30         |  | <del>  •</del> |
| 6a      | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a         |  | 1              |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |            |  |                |
|         | gifts were not tax deductible?   | 6b         |  | <b>  √</b>     |
| 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  | 7a         |  | 1              |
| _       | and services provided to the payor?  | 7b         |  | 1              |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |            |  | ┼ <u></u>      |
| С       | required to file Form 8282?  | 7c         |  | <b>✓</b>       |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |            |  |                |
| e       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |  | <b>√</b>       |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |  | <u> </u>       |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |  | \ <u>\</u>     |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |  | <b>√</b>       |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |            |  | 1              |
|         | sponsoring organization have excess business holdings at any time during the year?   | 8          |  | <b>'</b>       |
| 9       | Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  | 9a         |  | 1              |
| a       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         | <del>                                     </del> | 1              |
| b<br>10 | Section 501(c)(7) organizations. Enter:  |            |  |                |
| a       | Initiation fees and capital contributions included on Part VIII, line 12   |            |  |                |
| 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  | 4          |  |                |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources   |            | 1  |                |
|         | against amounts due or received from them.)  | 12a        |  | 1              |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  | 12.6       |  |                |
| b       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |  |                |
| 13<br>a | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |  | 1              |
| 44      | Note. See the instructions for additional information the organization must report on Schedule O.  |            |  |                |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   |            |  |                |
| -       | the organization is licensed to issue qualified health plans   | 4          |  |                |
| C       | Enter the amount of reserves on hand   |            |  |                |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        | -  | 1              |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b        | 1  | <b> </b> ✓     |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 15         |  | 1              |
|         | excess parachute payment(s) during the year?   | 1.5        |  | +              |
| 40      | If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16         | r main all i                                     | 1              |
| 16      | If "Yes," complete Form 4720, Schedule O.  |            |  |                |
|         | 11 100, 0000000000000000000000000000000  |            | 00   | 0.0040         |

| Part    | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S  | See ins | tructi                                  | "No"<br>ions.  |
|---------|--|---------|---|----------------|
|         | Check if Schedule O contains a response or note to any line in this Part VI  | <u></u> |   |                |
| Section | on A. Governing Body and Management  |         |   | <del>,</del>   |
|         |  |         | Yes                                     | No             |
| 1a      | Enter the number of voting members of the governing body at the end of the tax year 1a 7   |         |   |                |
|         | If there are material differences in voting rights among members of the governing body, or   |         |   |                |
|         | if the governing body delegated broad authority to an executive committee or similar   |         |   |                |
|         | committee, explain in Schedule O.  |         |   |                |
| b       | Enter the number of voting members included in line 1a, above, who are independent . 1b  |         |   |                |
| 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       |   | <b>√</b>       |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?         | 3       |   | 1              |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |   | 1              |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |   | 1              |
| 6       | Did the organization have members or stockholders?   | 6       |   | $\overline{}$  |
| 7a      | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  | 7a      |   | 1              |
|         | one of more members of the governing warpy.  | 7.0     |   | <del>  •</del> |
| þ       | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | 7b      |   | 1              |
|         | stockholders, or persons other than the governing body?  | 7.5     |   |                |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during   |         |   |                |
|         | the year by the following:   | 8a      | ./                                      | P              |
| a       | The governing body?  | 8b      | ٧                                       |                |
| b       | Each committee with authority to act on behalf of the governing body?  | 0.0     |   | <del>-</del>   |
| 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 in Schedule O                 | 9       |   | <b>✓</b>       |
| Secti   | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue Co   |   |                |
|         |  |         | Yes                                     | No             |
| 10a     | Did the organization have local chapters, branches, or affiliates?   | 10a     |   | <b>/</b>       |
| b       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b     |   |                |
| 11a     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | ✓                                       |                |
| b       | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         |   |                |
| 12a     | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | ✓                                       |                |
| b       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | ✓                                       |                |
| c       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  | 12¢     |   | 1              |
| 13      | Did the organization have a written whistleblower policy?  | 13      |   | 1              |
| 14      | Did the organization have a written document retention and destruction policy?   | 14      |   | 1              |
| 15      | Did the process for determining compensation of the following persons include a review and approval by   |         |   |                |
| 1.0     | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |         |   |                |
| а       | The organization's CEO, Executive Director, or top management official   | 15a     | , | <b>V</b>       |
| b       | Other officers or key employees of the organization  | 15b     |   | 1              |
|         | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |   |                |
| 46-     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   |         |   |                |
| 16a     | with a taxable entity during the year?   | 16a     |   | 1              |
| 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     |   |                |
| Secti   | on 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-   |         |   | 501(c)         |
|         | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   |         |   |                |
|         | ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)   |         |   |                |
| 19      | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int   | terest  | polic                                   | y, and         |
|         | financial 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 re-   | COICIS  |   |                |

Form 990 (2018)

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

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

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

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

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

| Check this box if neither the organization n | or any relate  | d org:   | anız                  |                    | in ci<br>Ci   | ompe   | nsa        | ited any curren                               | t officer, director                             | , or trustee.  |
|--|--|----------|-----------------------|--------------------|---------------|--|------------|---|---|--|
| (A)<br>Name and Title                        | (B)<br>Average<br>hours per  | box,     | unles                 | Pos<br>eck<br>s pe | ition<br>more | than of the thick the thic | an<br>tee) | (D)  Reportable compensation from             | <b>(E)</b> Reportable compensation from related | <b>(F)</b> Estimated amount of other                                     |
|  | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) |          | Institutional trustee | Officer            | Key employee  | Highest compensated employee   | Former     | the<br>the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)                | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Roger Westgate Board President           | 3  |          |                       | 1                  |               |  |            |   |   |  |
| (2) Mark Kriebel<br>Freasurer/Secretary      | 1  | · /      |                       | 1                  |               |  |            |   |   |  |
| (3) Erik Antonsson                           | 0.5  | 1        |                       |                    |               |  |            |   |   |  |
| (4) Paul Ceruzzi                             | 0.5  | <b>/</b> |                       |                    |               |  |            |   |   |  |
| (5) Farouk El-Baz                            | 0.5  |          |                       |                    |               |  |            |   |   |  |
| (6) Charles Goodwin                          | 0.5  | 1        |                       |                    |               |  |            |   |   |  |
| (7) Kenneth Mansfield                        | 0.5  | 1        |                       |                    |               |  |            |   |   |  |
| (8) Emily V. Wade                            | 0.5  | · /      |                       |                    |               |  |            |   |   | <u> </u>   |
| (9) Susan Sherwood                           | 25   |          |                       | 1                  |               |  |            | 2,800   |   |  |
| (10)   |  |          |                       |                    |               |  |            |   |   | ****   |
| (11)   |  |          |                       |                    |               |  |            |   |   |  |
| (12)   |  |          |                       |                    |               |  |            |   |   |  |
| (13)   |  |          |                       |                    |               |  |            |   |   |  |
| (14)   |  |          |                       |                    |               |  |            |   |   |  |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                       |                                   |  |           |  |                              |  |                         |                            |                            |                              |
|---|--|-----------------------|-----------------------------------|--|-----------|--|------------------------------|--|-------------------------|----------------------------|----------------------------|------------------------------|
|   | (C) Position   |                       |                                   |  |           |  |                              |  |                         |                            |                            |                              |
|   | (A)  | (B)                   | (do n                             | ot ch  |           |  | than c                       | one  | (D)                     | (E)                        | .                          | (F)                          |
|   | Name and title   | Average<br>hours per  |                                   |  |           |  | is both<br>or/trust          |  | Reportable compensation | Reportab<br>compensation   | ,                          | Estimated<br>amount of       |
|   |  | week (list any        | <b></b>                           | ····   | r—        |  | _                            |  | from                    | related                    |                            | other                        |
|   |  | hours for related     | Individual trustee<br>or director | Institutional trustee                            | Officer   | Key e  | ighe                         | Former   | the organization        | organizatio<br>(W-2/1099-M |                            | compensation<br>from the     |
|   |  | organizations         | ecto                              | ıtioı  | *         | 풀  | st c                         | P 42   | (W-2/1099-MISC)         | ,                          |                            | organization                 |
|   |  | below dotted<br>line) | ~ 7                               | nal ti   |           | employee   | [ 필                          |  |                         |                            |                            | and related<br>organizations |
|   |  | 11107                 | stee                              | ust.   | ĺ         | O)   | ens                          |  |                         |                            |                            | J                            |
|   |  |                       | "                                 | 98   |           |  | Highest compensated employee |  |                         |                            |                            |                              |
| (4.5)   |  |                       |                                   |  |           | ┪  |                              |  |                         |                            |                            |                              |
| (15)  |  |                       |                                   |  |           |  |                              |  |                         |                            | ļ                          |                              |
| (4.6)   |  |                       |                                   |  |           |  |                              | -  | 1                       |                            |                            |                              |
| (16)  |  |                       |                                   |  |           |  |                              |  |                         |                            |                            |                              |
| (4.7)   |  |                       |                                   |  |           |  | -                            |  |                         |                            |                            |                              |
| (17)  |  |                       | ł                                 |  |           |  |                              |  |                         |                            |                            |                              |
| (4.0)   |  |                       |                                   |  | $\vdash$  | <del> </del>                                     |                              |  |                         |                            |                            |                              |
| (10)  |  |                       |                                   |  |           |  |                              |  |                         |                            |                            |                              |
| (40)  |  |                       |                                   | <u> </u>   |           | <del> </del>                                     |                              |  |                         |                            |                            |                              |
| 713/  |  |                       |                                   |  |           |  |                              |  |                         |                            |                            |                              |
| (20)  |  | <u> </u>              |                                   |  |           |  | <del> </del> -               | <del>                                     </del> |                         |                            |                            |                              |
| 1201  |  |                       | 1                                 |  |           |  |                              |  |                         |                            |                            |                              |
| (21)  |  |                       |                                   | <b></b>  | _         | <b>-</b>   |                              | <del>                                     </del> |                         |                            |                            | ·                            |
| 12:17   |  |                       |                                   |  |           |  |                              |  | ]                       |                            |                            |                              |
| (22)  |  |                       |                                   |  | <b></b> - | <del>                                     </del> | 1                            |  |                         |                            |                            |                              |
| (4.6)   |  |                       | 1                                 |  |           |  |                              |  |                         |                            |                            |                              |
| (23)  |  |                       |                                   | <del>                                     </del> | $\vdash$  |  |                              | -  |                         |                            |                            |                              |
| 3   |  |                       | 1                                 |  |           |  |                              |  |                         |                            |                            |                              |
| (24)  |  |                       |                                   |  |           |  |                              |  |                         |                            |                            |                              |
| 32-7/   |  |                       | 1                                 |  |           |  |                              |  |                         |                            |                            |                              |
| (25)  |  | 1                     |                                   | T  |           |  |                              |  |                         |                            |                            |                              |
| 32  |  |                       | 1                                 |  |           |  |                              | l  |                         |                            |                            |                              |
| 1b  | Sub-total  |                       |                                   |  |           |  |                              | <b>&gt;</b>                                      |                         |                            |                            |                              |
| C   | Total from continuation sheets to Part   | VII, Section          | n A                               |  |           |  |                              |  |                         |                            |                            |                              |
| d   | Total (add lines 1b and 1c)  |                       |                                   |  |           |  |                              | ▶  |                         | <u> </u>                   |                            |                              |
| 2   | Total number of individuals (including bu  | t not limited         | d to th                           | 1056   | e lis     | ted  | above                        | e) w   | vho received m          | ore than \$1               | 00,000                     | of                           |
|   | reportable compensation from the organ   | ization ►             |                                   |  |           |  |                              |  |                         |                            |                            |                              |
|   |  |                       |                                   |  |           |  |                              |  |                         |                            |                            | Yes No                       |
| 3   | Did the organization list any former of  | fficer, direc         | tor, o                            | or tr  | rust      | ee,  | key e                        | emţ  | ployee, or high         | est compe                  | ensated                    |                              |
|   | employee on line 1a? If "Yes," complete  | Schedule J            | for s                             | uch  | ind       | livid  | ual                          |  |                         |                            |                            | 3 /                          |
| 4   | For any individual listed on line 1a, is the   | sum of re             | porta                             | ble  | con       | npe  | nsatic                       | on a   | and other comp          | ensation fr                | om the                     |                              |
|   | organization and related organizations   | greater th            | an \$                             | 150,   | ,000      | )? /   | f "Ye                        | S, "   | complete Sch            | nedule J fo                | or such                    |                              |
|   | individual   |                       |                                   |  |           |  |                              |  |                         |                            |                            | 4   🗸                        |
| 5   | Did any person listed on line 1a receive   | or accrue co          | ompe                              | nsa  | tion      | fro  | m any                        | y ur   | related organi:         | zation or inc              | dividual                   |                              |
|   | for services rendered to the organization  | ? If "Yes," (         | comp                              | lete   | Sci       | hed  | ule J i                      | for :  | such person             | · · · ·                    |                            | 5 /                          |
| Section   | on B. Independent Contractors  |                       |                                   |  |           |  |                              |  |                         |                            |                            |                              |
| 1   | Complete this table for your five highest  | compensat             | ted in                            | dep  | enc       | lent   | contr                        | act  | tors that receive       | ed more tha                | an \$100,0                 | 000 of                       |
|   | compensation from the organization. Re-  | port compe            | ensati                            | on f   | or t      | he c   | alenc                        | lar :  | year ending wi          | th or within               | tne orga                   | inization's tax              |
|   | year.  |                       |                                   |  |           |  |                              | 1  |                         |                            | T                          |                              |
|   | (A)<br>Name and business add   | rece                  |                                   |  |           |  |                              |  | (B) Description of s    | services                   | l c                        | (C)<br>ompensation           |
|   | ivalite and business aut   |                       |                                   |  |           |  |                              | ┼  |                         |                            |                            |                              |
|   |  |                       |                                   |  |           |  |                              | ┼  |                         |                            |                            |                              |
|   |  |                       |                                   |  |           |  |                              | $\vdash$   |                         |                            |                            |                              |
|   |  |                       |                                   |  |           |  |                              | +  |                         |                            | ļ                          |                              |
|   |  |                       |                                   |  |           |  |                              | +-   |                         |                            |                            | · WI                         |
|   | Table of the second of the sec | oro (inalitati        | na h                              |  |           | lim:   | tod +                        |  | hose listed ab          | ove) who                   |                            |                              |
| 2   | Total number of independent contractor received more than \$100,000 of compensations.  | ors (INCIUDI          | uy D'<br>tha ≏                    | ut ľ<br>rach                                     | iŲ[       | nifil<br>eoit                                    | ıbu ((<br>▶                  | Ų EI   | iiose listeu ad         | OVE) WITO                  |                            |                              |
|   | received more than a rou, out of compen-   | pation ilotti         | ale A                             | · yai  | 11Ld      | HUII   |                              |  |                         |                            | <u>រូបជាបាយបាយប៉ុន្</u> តែ |                              |

| Pari   | VIII   | Statement of Revenue Check if Schedule O cont | ains a res  | ponse or note to       | any line in this     | Part VIII                              |   | $\sqcap$   |
|--|--------|---|-------------|------------------------|----------------------|--|---|--|
|  |        | CHOCK II CONCORD CONTROL                      | u   0       |                        | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512–514 |
| nts<br>nts   | 1a     | Federated campaigns                           | . 1a        |                        |                      |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b      | Membership dues                               |             |                        |                      |  |   |  |
|  | C      | Fundraising events                            |             |                        |                      |  |   |  |
|  | d      | Related organizations                         |             |                        |                      |  |   |  |
|  | e      | Government grants (contribution               |             |                        |                      |  |   |  |
| E S  | f      | All other contributions, gifts, gr            |             |                        |                      |  |   |  |
| ₽£   |        | and similar amounts not included a            | L           | 64,705                 |                      |  |   |  |
| a de   | g      | Noncash contributions included in lin         |             |                        |                      |  |   |  |
|  | h      | Total. Add lines 1a-1f                        | · · ·       |                        | 64,705               |  |   |  |
| nue  |        |   |             | Business Code          |                      |  |   |  |
| eve  | 2a     | Event Revenue                                 |             |                        | 4,289                |  | 0                                       |  |
| ě  | b      | Sales Revenue                                 |             |                        | 1,517                | 1,517                                  | <u>c</u>                                |  |
| Ž  | C      |   |             |                        |                      |  |   |  |
| Š  | d      |   |             |                        |                      |  |   |  |
| Iran   | e<br>f | All other program service re                  |             |                        | ·                    |  |   |  |
| Program Service Revenue                                | g      | Total. Add lines 2a–2f                        |             |                        | 5,806                |  |   |  |
|  | 3      | Investment income (include                    |             |                        | 0,000                |  | ,                                       |  |
|  |        | and other similar amounts)                    |             |                        | 0                    |  |   |  |
|  | 4      | Income from investment of tax                 | x-exempt b  | ond proceeds ▶         | 0                    |  |   |  |
|  | 5      |   |             | <u>.</u> . <b>&gt;</b> | 0                    |  | •                                       |  |
|  |        |   | (i) Real    | (ii) Personal          |                      |  |   |  |
|  | 6a     | Gross rents                                   |             |                        |                      |  |   |  |
|  | b      | Less: rental expenses                         |             |                        |                      |  |   |  |
|  | С      | Rental income or (loss)                       |             |                        |                      |  |   |  |
|  | d      | Net rental income or (loss)                   |             | ,                      | 0                    |  |   |  |
|  | 7a     | GIOSS WILDRING HOLL STIES OF                  | Securities  | (ii) Other             |                      |  |   |  |
|  |        | assets other than inventory                   |             |                        |                      |  |   |  |
|  | b      | Less: cost or other basis                     |             |                        |                      |  |   |  |
|  |        | and sales expenses .                          | ·           |                        |                      |  |   |  |
|  | C      | Gain or (loss)                                | <del></del> | <u> </u>               | 0                    |  |   |  |
|  | d      | Net gain or (loss)                            |             | <u>.</u> . <b>&gt;</b> |                      |  |   |  |
| nue  | 8a     | Gross income from fundrai                     | sina        |                        |                      |  |   |  |
| E E  | - Oa   | events (not including \$                      | 01119       |                        |                      |  |   |  |
| Other Reve   |        | of contributions reported on                  | line 1c).   | }                      |                      |  |   |  |
| 7  |        |   |             |                        |                      |  |   |  |
| Ť  | b      | Less: direct expenses                         | b           |                        |                      |  |   |  |
| Q  |        | Net income or (loss) from for                 |             | events . ►             | 0                    |  |   |  |
|  |        | Gross income from gaming                      |             |                        |                      |  |   |  |
|  |        | See Part IV, line 19                          | · · · a     |                        |                      |  |   |  |
|  | b      | Less: direct expenses                         |             |                        |                      |  |   |  |
|  |        | Net income or (loss) from g                   |             | ivities ▶              | 0                    |  |   |  |
|  | 10a    | Gross sales of invento                        | -           |                        |                      |  |   |  |
|  |        |   | · · · a     |                        |                      |  |   |  |
|  | b      | Less: cost of goods sold .                    |             |                        |                      |  |   |  |
|  | С      | Net income or (loss) from s                   |             |                        |                      |  |   |  |
|  |        | Miscellaneous Revenue                         | <del></del> | Business Code          |                      |  |   |  |
|  | 11a    |   |             |                        | -                    |  |   |  |
|  | b      |   |             |                        | <del></del>          | <del> </del>                           |   |  |
|  | C      | AB  |             |                        |                      |  |   |  |
|  | d      | All other revenue                             |             |                        | 0                    |  |   |  |
|  | 12     | Total revenue. See instruc                    |             |                        | 70,511               | 1                                      | (                                       |  |
|  | 1 15   | LANGE CARLES AND HIGH RE                      |             |                        | التربيت ا            |  |   |  |

Form **990** (2018)

| Part                    | Statement of Functional Expenses of 501(c)(3) and 501(c)(4) organizations must com-   | polote all columns A  | ll other organization | s must complete co    | lumn (A).          |
|-------------------------|---|-----------------------|-----------------------|-----------------------|--------------------|
| section                 | Check if Schedule O contains a respons  | se or note to any lin | e in this Part IX     |                       |                    |
| Do no                   | t include amounts reported on lines 6b, 7b,   | (A) Total expenses    | (B) Program service   | (C)<br>Management and | (D)<br>Fundraising |
| 3b, 9b                  | , and 10b of Part VIII.   | Total Oxponoce        | expenses              | general expenses      | expenses           |
| 1                       | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                       |                       |                    |
| 2                       | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                       |                       |                    |
| 3                       | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   |                       |                       |                       |                    |
| 4<br>5                  | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  | 2,800                 | 0                     | 2,800                 |                    |
| 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<br>8                  | Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                       |                       |                    |
| 9<br>10<br>11<br>a<br>b | Other employee benefits   |                       |                       |                       |                    |
| c<br>d<br>e<br>f<br>g   | Accounting  | 22,809                | 26,480                | 253                   |                    |
| 12                      | Advertising and promotion   | 994                   | 994                   | O                     |                    |
| 13                      | Office expenses   | 6,558                 | 3,130                 | 3,248                 |                    |
| 14                      | Information technology  | 4,007                 | 218                   | 3,789                 | ·                  |
| 15                      | Royalties   |                       |                       |                       |                    |
| 16                      | Occupancy   | 13,446                | 328                   | 13,118                |                    |
| 17                      | Travel  | 3,465                 | 3,127                 | 338                   |                    |
| 18                      | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                       |                       |                    |
| 19<br>20                | Conferences, conventions, and meetings  | 979                   | 295                   | 684                   |                    |
| 21                      | Payments to affiliates  |                       |                       |                       |                    |
| 22                      | Depreciation, depletion, and amortization   |                       |                       |                       |                    |
| 23                      | Insurance   | 5,981                 | 100                   | 5,881                 |                    |
| 24                      | Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If   |                       |                       |                       |                    |
|                         | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                       |                       |                    |
|                         |   | 4 750                 | 950                   | 507                   |                    |
| a                       | Collection purchase   | 1,457<br>4,150        |                       |                       |                    |
| b                       | Food & beverage   | 275                   |                       |                       |                    |
| C                       | New York State CHAR 500 filing fee  | 280                   |                       | <del></del>           |                    |
| d                       | Artifact transport  | 680                   |                       | 1                     |                    |
| е<br>25                 | All other expenses  Total functional expenses. Add lines 1 through 24e  | 71,805                |                       | <del>`</del>          |                    |
| 25<br>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) | , ,,,,,,,             |                       |                       |                    |

| 2 Savings and temporary cesh investments  | P        | art X | Balance Sheet  |             |             |                                     |
|---|----------|-------|--|-------------|-------------|-------------------------------------|
| 1   |          |       | Check if Schedule O contains a response or note to any line in this Pa   | <u>rt X</u> | <u>.</u>    | <u> </u>                            |
| 2 Savings and temporary cesh investments  |          |       |  | (A)         |             |                                     |
| 2 Savings and temporary cash investments  | $\neg$   | 1     | Cash—non-interest-bearing  | 588         |             | 5,495                               |
| 3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees and sponsoring organizations for section 150(c)(8) voluntary employees and sponsoring organizations of section 150(c)(8) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments—publicity traceds securities 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assests 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)   |          |       | Savings and temporary cash investments   |             | 2           |                                     |
| 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(fif(1)), secsons described in section 4958(fi(18), and contributing employers and sponsoring organizations of saction 5016(gif) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid exponses and deferred charges 9 Prepaid exponses and deferred charges 9 Prepaid exponses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 1 Less: accumulated depreciation 1 10b   |          |       |  |             | 3           |                                     |
| Tuslees, key employees, and highest compensated employees. Complete Part II of Schedule 1  6 Loans and other receivables from other disqualified persons (as defined under section 4956(q)(3)(8), and contributing employees and sponsoring organizations of section 4956(q)(3)(8), and contributing employees and sponsoring organizations of section 5010(8) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net Inventories for sale or use Prepade dexpenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D b Less: accumulated depreciation 11 Investments – publicly traded securities 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Acid line 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Esprow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, land of the payables of the payables to unrelated third parties 22 Secured mortgages and notes payable to unrelated third parties. 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 third parties. 26 Organizations that to flow SFAS 117 (ASC 958), check here I and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Organizations that to not foliow SFAS 117 (ASC 958), check here I and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Total net assets or fund belances. 31 Total net assets or fund belances. 32 Total fine the payable of the payable of t |          | -     |  |             | 4           |                                     |
| trustees, key employees, and highest compensated employees. Complete Part II of Scheckule 1.  6 Loans and other receivables from other disqualified persons (as defined under section 4858(6)(ff)), persons described in section 4858(6)(8)(B), and contributing employees and sponsoring organizations of section 5015(6)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.  7 Notes and loans receivable, net  | 1        |       |  |             |             |                                     |
| 4958(N(I)), persons described in section 4958(c)(3)(B, and contributing employers and sponsoring organizations of section 501c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  |          | ·     | trustees, key employees, and highest compensated employees.  |             | 5           |                                     |
| organizations (see instructions). Complete Part II of Schedule L  | i        | 6     | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary |             |             |                                     |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part N of Schedule D b Less: accumulated depreciation 11 Investments – publicly traced securities 12 Investments – publicly traced securities 12 Investments – program-related. 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 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustaes, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 21 Secured mortgages and notes payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 31 Capital stock or trust principal, or current funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets fund balances 34 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Load and assets fund balances 36 Load and assets fund balances 37 Load assets fund balances 38 Load assets fund balances 39 Load assets 30 Load assets 30 Load assets 31 Load assets 32 Load assets 32 Load assets 33 Load assets 34 Load assets 35 Load assets 36 Load assets 37 Load assets 37 Load assets 38 Load assets 39 Load assets 39 Load assets 30 Load assets 30 Load assets 31 Load assets 32 Load assets 33 Load as | ţ        |       | organizations (see instructions). Complete Part II of Schedule L   |             |             |                                     |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part N of Schedule D b Less: accumulated depreciation 11 Investments – publicly traced securities 12 Investments – publicly traced securities 12 Investments – program-related. 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 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustaes, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 21 Secured mortgages and notes payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 31 Capital stock or trust principal, or current funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets fund balances 34 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Load and assets fund balances 36 Load and assets fund balances 37 Load assets fund balances 38 Load assets fund balances 39 Load assets 30 Load assets 30 Load assets 31 Load assets 32 Load assets 32 Load assets 33 Load assets 34 Load assets 35 Load assets 36 Load assets 37 Load assets 37 Load assets 38 Load assets 39 Load assets 39 Load assets 30 Load assets 30 Load assets 31 Load assets 32 Load assets 33 Load as | se       | 7     | Notes and loans receivable, net  |             |             |                                     |
| 9 Prepaid experiese and deterried cost or other basis. Complete Part IV of Schedule D  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments—publicity traded securities  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  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  22 Secured mortgages and notes payable to unrelated third parties  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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  7 Torganizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Total net assets or fund balances  32 Total liabilities and ten assets fund balances  33 Total net assets or fund balances  34 Total liabilities and ten assets fund  | A        | 8     | Inventories for sale or use  |             | _           |                                     |
| ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments — publicity traded securities 11 Investments — publicity traded securities 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 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 20 Corganizations that follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 31 Total net assets or fund balances 32 Total labilities and net assets/fund balances 33 Total net assets or fund balances 34 Total leassets or fund balances 35 Total net assets or fund balances 36 Total liabilities and net assets/fund balances   |          | 9     | Prepaid expenses and deferred charges  |             | 9           |                                     |
| 11   Investments—publicly traded securities   11   12   11   12   11   12   11   12   13   11   12   13   11   12   13   11   13   13   |          | 10a   |  |             |             |                                     |
| 11   Investments — publicly traded securities   11   12   11   12   11   13   13   14   11   13   14   11   14   11   15   15   15   15   |          | b     | Less: accumulated depreciation 10b   | 446,348     | 10c         | 452,760                             |
| 12   Investments – other securities. See Part IV, line 11   12   13   Investments – program-related. See Part IV, line 11   13   14   Intangible assets   14   15   Other assets. See Part IV, line 11   16   16   Total assets. See Part IV, line 11   16   17   18   1,044,63*   17   Accounts payable and accrued expenses   18   19   Deferred revenue   19   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Tax-exempt bond liabilities   20   21   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   25   Chher liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   25   32,000   26   6,000   26   Congalizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.   27   Unrestricted net assets   27   28   Permanently restricted net assets   28   Permanently restricted net assets   28   Permanently restricted net assets   28   Parties and through 34   30   Capital stock or trust principal, or current funds   31   31   32   Retained earnings, endowment, accumulated income, or other funds   32   33   Total leases and net assets/fund balances   1,019,777   34   1,044,83   34   1,044,83   34   1,044,83   34   1,044,83   34   1,044,83   35   1,019,777   34   1,044,83   34   1,044,83   34   1,044,83   35   1,019,777   34   1,044,83   34   1,044,83   34   1,044,83   34   1,044,83   34   1,044,83   34   1,044,83   34   1,044,83   34   1,044,83   34   1,044,83   1,044,83   1,044,83   1,044,83   1,044,83   1,044,83   1,044,83   1,044,83   1,0   |          |       |  |             | 11          |                                     |
| 13  |          |       | Investments—other securities. See Part IV, line 11   |             | 12          |                                     |
| 14  |          |       |  |             | 13          |                                     |
| 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans 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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 31 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 35 Inda liabilities and net assets/fund balances 36 Inda 4 Total liabilities and net assets/fund balances 37 Inda liabilities and net assets/fund balances 38 Inda 4 Total liabilities and net assets/fund balances 39 Inda 4 Total liabilities and net assets/fund balances 30 Inda 4 Total liabilities and net assets/fund balances  |          |       |  |             | 14          |                                     |
| 16 Total assets. Add lines 1 through 15 (must equal line 34)  |          |       |  | 564,429     | 15          | 586,379                             |
| 17 Accounts payable and accrued expenses 32,000 17 6,001 18 Grants payable 118 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 3 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans 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 third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 32,900 26 6,000 27 Unrestricted net assets 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 37 Total liabilities and net assets/fund balances 1,010,777 34 1,044,63 1,010,777 34 1,044,63 1,010,777 34 1,044,63 1,010,777 34 1,044,63 1,010,777 34 1,044,63 1,010,777 34 1,044,63 1,010,777 34 1,044,63 1,010,777 34 1,010,777 34 1,044,63 1,010,777 34 1,010,7 |          | 1     |  | 1,010,777   | 16          | 1,044,634                           |
| 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 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 third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 36 1,010,777 34 1,044,63   |          |       | Accounts payable and accrued expenses  | 32,000      | 17          | 6,000                               |
| 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 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 third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34. 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 36 1,019,777 34 1,019,777 34 1,044,63  |          | 18    |  |             |             |                                     |
| 20 Escrow or custodial account liability. Complete Part IV of Schedule D.  21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  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 third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here Imade and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  34 Total liabilities and net assets(fund balances).  35 Total liabilities and net assets(fund balances).  36 Total liabilities and net assets(fund balances).  37 Total liabilities and net assets(fund balances).  38 Total liabilities and net assets(fund balances).  39 Total liabilities and net assets(fund balances).  30 Total liabilities and net assets(fund balances).  31 J038.63  |          | 19    |  |             |             |                                     |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  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 third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Permanently restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  34 Total liabilities and net assets/fund balances  1,019,777 34 1,044,63   |          | 20    | Tax-exempt bond liabilities  |             |             |                                     |
| 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   |          | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D.   |             | 21          |                                     |
| trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  | ŝ        | 22    | Loans and other payables to current and former officers, directors,  |             |             |                                     |
| Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.  Retained earnings, endowment, accumulated income, or other funds  Total liabilities and net assets/fund balances  1019,777 34 1,038,63  | 1        |       | trustees, key employees, highest compensated employees, and  |             |             |                                     |
| Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.  Retained earnings, endowment, accumulated income, or other funds  Total liabilities and net assets/fund balances  1019,777 34 1,038,63  | <u>a</u> |       |  |             |             |                                     |
| Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  | Ĭ        | 23    | Secured mortgages and notes payable to unrelated third parties   |             |             |                                     |
| parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25   |          | 24    | Unsecured notes and loans payable to unrelated third parties   |             | 24          |                                     |
| of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  |          | 25    | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X                |             |             |                                     |
| Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets   |          |       |  |             | 25          |                                     |
| complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  |          | 26    | Total liabilities. Add lines 17 through 25   | 32,000      | 26          | 6,000                               |
| 34 Total liabilities and net assets/fund balances   | - 89     |       | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.  |             |             |                                     |
| 34 Total liabilities and net assets/fund balances   | ng.      | 27    | Unrestricted net assets  |             | 27          |                                     |
| 34 Total liabilities and net assets/fund balances   | æ        | 1     |  |             | 28          | ·                                   |
| 34 Total liabilities and net assets/fund balances   | Ē        | Ţ     | Permanently restricted net assets  | 978,777     | 29          | 1,038,634                           |
| 34 Total liabilities and net assets/fund balances   | Ş        |       | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and  |             |             |                                     |
| 34 Total liabilities and net assets/fund balances   | 노        |       |  |             |             |                                     |
| 34 Total liabilities and net assets/fund balances   | 3        | 30    |  |             | 30          |                                     |
| 34 Total liabilities and net assets/fund balances   | Se       |       | Paid-in or capital surplus, or land, building, or equipment fund   |             | 31          |                                     |
| 34 Total liabilities and net assets/fund balances   | AS       | i     |  |             |             |                                     |
| 34 Total liabilities and net assets/fund balances   | ₹<br>E   |       |  |             | <del></del> | 1                                   |
|   | # in     |       | Total liabilities and net assets/fund balances   | 1,010,777   | 34          | 1,044.634<br>Form <b>990</b> (2018) |

| Page 12 | Page | 12 |
|---------|------|----|
|---------|------|----|

| Part :     | XI Reconciliation of Net Assets   |             |      |             |  |
|------------|---|-------------|------|-------------|--|
|            | Check if Schedule O contains a response or note to any line in this Part XI                               | <del></del> |      |             | _ ✓  |
| 1          | Total revenue (must equal Part VIII, column (A), line 12)   |             |      |             | ),51 <u>1</u>                                |
| 2          | Total expenses (must equal Part IX, column (A), line 25)  |             |      |             | 1,805  |
| 3          | Revenue less expenses. Subtract line 2 from line 1  |             |      |             | 1,294  |
| 4          | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                 |             |      | 978         | 3,777  |
| 5          | Net unrealized gains (losses) on investments  |             |      |             |  |
|            | Donated services and use of facilities  |             |      |             |  |
| 7          | Investment expenses   |             |      |             |  |
| 8          | Prior period adjustments  |             |      |             |  |
| 9          | Other changes in net assets or fund balances (explain in Schedule O)                                      | <u> </u>    |      |             | 6,95 <u>0</u>                                |
| 10         | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line            |             |      |             |  |
|            | 33, column (B))   | )           |      | 1,04        | 4,63 <u>4</u>                                |
| Part       | XII Financial Statements and Reporting  |             |      |             | <b></b> 1                                    |
|            | Check if Schedule O contains a response or note to any line in this Part XII                              |             | • •  | <del></del> |  |
|            |   |             |      | Yes         | No   |
| 1          | Accounting method used to prepare the Form 990:  Cash Accrual Other                                       |             |      |             |  |
|            | If the organization changed its method of accounting from a prior year or checked "Other," explain        | n in        |      |             |  |
|            | Schedule O.   |             |      |             |  |
| 2a         | Were the organization's financial statements compiled or reviewed by an independent accountant?           |             | 2a   |             | <u>,                                    </u> |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were compiled       | d or        |      |             |  |
|            | reviewed on a separate basis, consolidated basis, or both:  |             |      |             |  |
|            | Separate basis Consolidated basis Both consolidated and separate basis                                    |             |      |             |  |
| b          | Were the organization's financial statements audited by an independent accountant?                        |             | 2b   |             | <b>√</b>                                     |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were audited of     | on a        |      |             |  |
|            | separate basis, consolidated basis, or both:  |             |      |             |  |
|            | Separate basis Consolidated basis Both consolidated and separate basis                                    |             |      |             |  |
| С          | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs   | sight       |      |             |  |
| •          | of the audit, review, or compilation of its financial statements and selection of an independent accounta | nt?         | 2c   |             |  |
|            | If the organization changed either its oversight process or selection process during the tax year, expla  | in in       |      |             |  |
|            | Schedule O.   |             |      |             |  |
| За         | As a result of a federal award, was the organization required to undergo an audit or audits as set for    | th in       |      |             |  |
|            | the Single Audit Act and OMB Circular A-133?  |             | 3a   |             | _√_  |
| b          | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo  | the         |      |             |  |
|            | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit    | ts.         | 3b   |             |  |
| ********** |   |             | Form | 990         | (2018  |

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

Department of the Treasury Internal Revenue Service

## **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.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 16-1482563 Center for Technology & Innovation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: 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.) ☐ 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.) 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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part iV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (vi) Amount of (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported organization (ii) EIN isted in your governing support (see other support (see (described on lines 1-10 above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

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

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

Section A. Public Support

| Secu  | on A. Public Support   |                         |                 |                 |  |                             |                 |
|-------|--|-------------------------|-----------------|-----------------|--|-----------------------------|-----------------|
| Calen | dar year (or fiscal year beginning in)                                   | (a) 2014                | <b>(b)</b> 2015 | (c) 2016        | (d) 2017   | (e) 2018                    | (f) Total       |
| 1     | Gifts, grants, contributions, and  |                         |                 |                 |  |                             |                 |
|       | membership fees received. (Do not  |                         |                 | :               |  |                             |                 |
|       | include any "unusual grants.")   |                         |                 |                 |  |                             |                 |
| 2     | Tax revenues levied for the  |                         |                 |                 |  |                             |                 |
|       | organization's benefit and either paid                                   |                         |                 |                 |  |                             |                 |
|       | to or expended on its behalf   |                         |                 |                 |  |                             |                 |
| 3     | The value of services or facilities                                      |                         |                 |                 |  |                             |                 |
|       | furnished by a governmental unit to the                                  |                         |                 |                 |  |                             |                 |
|       | organization without charge  |                         |                 |                 |  |                             |                 |
| 4     | Total. Add lines 1 through 3   |                         |                 |                 |  |                             |                 |
| 5     | The portion of total contributions by                                    |                         |                 |                 |  |                             |                 |
|       | each person (other than a  |                         |                 |                 |  |                             | •               |
|       | governmental unit or publicly  |                         |                 |                 |  |                             |                 |
|       | supported organization) included on                                      |                         |                 |                 |  |                             |                 |
|       | line 1 that exceeds 2% of the amount                                     |                         | 4-44            |                 |  |                             |                 |
|       | shown on line 11, column (f)   |                         |                 |                 |  |                             |                 |
| 6     | Public support. Subtract line 5 from line 4                              |                         |                 |                 |  |                             |                 |
|       | on B. Total Support  | 13004                   | 0 \ 0045        | (-) 0040        | (-N 0047   | /-> 0010                    | (f) T-+-1       |
|       | dar year (or fiscal year beginning in)                                   | (a) 2014                | <b>(b)</b> 2015 | (c) 2016        | (d) 2017   | (e) 2018                    | (f) Total       |
| 7     | Amounts from line 4  |                         |                 |                 | <u> </u>   |                             |                 |
| 8     | Gross income from interest, dividends,                                   |                         |                 |                 |  |                             |                 |
|       | payments received on securities loans, rents, royalties, and income from |                         |                 |                 |  |                             |                 |
|       | similar sources  |                         |                 |                 | Constitution of the Consti |                             |                 |
|       | Net income from unrelated business                                       |                         |                 |                 |  | -                           | -               |
| 9     | activities, whether or not the business                                  |                         |                 |                 |  | [                           |                 |
|       | is regularly carried on  |                         |                 |                 |  |                             |                 |
| 10    | Other income. Do not include gain or                                     |                         |                 |                 |  |                             |                 |
| 10    | loss from the sale of capital assets                                     |                         |                 |                 |  |                             |                 |
|       | (Explain in Part VI.)  |                         |                 |                 |  |                             |                 |
| 11    | Total support. Add lines 7 through 10                                    |                         |                 |                 |  |                             |                 |
| 12    | Gross receipts from related activities, etc                              | . (see instruction      | ons)            |                 |  | 12                          | :               |
| 13    | First five years. If the Form 990 is for the                             |                         |                 |                 |  | ear as a sectio             | n 501(c)(3)     |
|       | organization, check this box and stop he                                 |                         |                 |                 |  |                             |                 |
| Secti | on C. Computation of Public Suppo  | rt Percentag            | 9               |                 |  |                             |                 |
| 14    | Public support percentage for 2018 (line                                 |                         |                 | 1, column (f))  |  | 14                          | %               |
| 15    | Public support percentage from 2017 Sci                                  |                         |                 |                 |  | 15                          | <u>%</u>        |
| 16a   |  | ization did not         | check the box   | con line 13, ar | nd line 14 is 30   | 3 <sup>1</sup> /3% or more, | check this      |
|       | box and stop here. The organization qua                                  |                         |                 |                 |  |                             |                 |
| b     | 331/3% support test-2017. If the organi                                  | ization did not         | check a box o   | n line 13 or 16 | a, and line 15   | is 331/3% or m              | ore, check      |
|       | this box and stop here. The organization                                 | -                       |                 |                 |  |                             |                 |
| 17a   | 10%-facts-and-circumstances test-2                                       | <b>018.</b> If the orga | anization did n | ot check a bo   | x on line 13, 1  | 6a, or 16b, and             | line 14 is      |
|       | 10% or more, and if the organization me                                  | eets the "facts         | -and-circumsta  | ances" test, cl | neck this box a  | and <b>stop here.</b>       | Explain in      |
|       | Part VI how the organization meets the '                                 | 'facts-and-circ         | umstances" te   | st. The organi  | zation qualifies   | s as a publicly             | supported       |
|       | organization   |                         |                 |                 |  |                             |                 |
| b     | 10%-facts-and-circumstances test-2                                       | <b>017.</b> If the orga | anization did n | ot check a bo   | x on line 13, 1  | 16a, 16b, or 17             | a, and line     |
|       | 15 is 10% or more, and if the organization                               | ation meets th          | e "facts-and-o  | circumstances   | " test, check  | this box and s              | stop here.      |
|       | Explain in Part VI how the organization r                                |                         |                 |                 |  |                             |                 |
|       | supported organization   |                         |                 |                 |  |                             |                 |
| 18    | Private foundation. If the organization d                                |                         |                 |                 |  |                             |                 |
|       | instructions   |                         |                 |                 |  |                             | <b>&gt;</b>   { |

# 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.)

|       | on A. Public Support  | -                     |                                | · · · · · · · · · · · · · · · · · · · |                     | (10040           | (0 T-1-1                                     |
|-------|---|-----------------------|--------------------------------|---------------------------------------|---------------------|------------------|--|
| Calen | dar year (or fiscal year beginning in) 🕨  | (a) 2014              | <b>(b)</b> 2015                | (c) 2016                              | (d) 2017            | (e) 2018         | (f) Total                                    |
| 1     | Gifts, grants, contributions, and membership fees   |                       | i                              |                                       |                     |                  |  |
|       | received. (Do not include any "unusual grants.")  | 52,132                | 70,604                         | 60,731                                | 52,072              | 64,705           | 300,244                                      |
| 2     | Gross receipts from admissions, merchandise   |                       |                                |                                       |                     |                  |  |
|       | sold or services performed, or facilities<br>furnished in any activity that is related to the |                       |                                |                                       |                     |                  |  |
|       | organization's tax-exempt purpose   | 8,130                 | 6,631                          | 5,854                                 | 6,057               | 5,806            | 32,478                                       |
| 3     | Gross receipts from activities that are not an  |                       | i                              |                                       |                     |                  |  |
|       | unrelated trade or business under section 513   |                       |                                |                                       |                     |                  |  |
| 4     | Tax revenues levied for the   |                       |                                |                                       | İ                   |                  |  |
|       | organization's benefit and either paid to   |                       |                                | 1                                     |                     |                  |  |
|       | or expended on its behalf   |                       |                                |                                       |                     |                  |  |
| 5     | The value of services or facilities   |                       |                                |                                       |                     |                  |  |
| -     | furnished by a governmental unit to the   |                       |                                |                                       |                     | Į.               |  |
|       | organization without charge   | }                     |                                |                                       |                     |                  |  |
| 6     | Total. Add lines 1 through 5  | 60,262                | 77,235                         | 66,585                                | 58,129              | 70,511           | 332,722                                      |
| 7a    | Amounts included on lines 1, 2, and 3   |                       | 4                              |                                       |                     |                  |  |
|       | received from disqualified persons .  |                       |                                |                                       |                     |                  |  |
| b     | Amounts included on lines 2 and 3   |                       |                                |                                       |                     |                  |  |
|       | received from other than disqualified   |                       |                                |                                       |                     | 1                |  |
|       | persons that exceed the greater of \$5,000  |                       |                                |                                       |                     |                  |  |
|       | or 1% of the amount on line 13 for the year   |                       | 40,946                         |                                       |                     |                  | 40,946                                       |
| С     | Add lines 7a and 7b   |                       | 40.946                         |                                       |                     |                  | 40,946                                       |
| 8     | Public support. (Subtract line 7c from  |                       |                                |                                       |                     |                  |  |
| •     | line 6.)  |                       |                                |                                       |                     |                  | 291,776                                      |
| Secti | on B. Total Support   | I                     |                                |                                       |                     |                  |  |
|       | dar year (or fiscal year beginning in)  | (a) 2014              | <b>(b)</b> 2015                | (c) 2016                              | (d) 2017            | (e) 2018         | (f) Total                                    |
| 9     | Amounts from line 6   | 60,262                | 77,235                         | 66,585                                | 58,129              | 70,511           | 332,722                                      |
| 10a   | Gross income from interest, dividends,  |                       |                                |                                       |                     |                  |  |
|       | payments received on securities loans, rents,   |                       |                                |                                       |                     |                  |  |
|       | royalties, and income from similar sources .  | <u> </u>              |                                |                                       |                     |                  | ·  |
| b     | Unrelated business taxable income (less   |                       |                                |                                       |                     |                  |  |
|       | section 511 taxes) from businesses  |                       |                                |                                       |                     |                  |  |
|       | acquired after June 30, 1975  |                       |                                |                                       |                     |                  |  |
| С     | Add lines 10a and 10b   |                       |                                |                                       |                     |                  |  |
| 11    | Net income from unrelated business  |                       |                                | : 1                                   |                     |                  |  |
|       | activities not included in line 10b, whether  |                       |                                |                                       |                     |                  |  |
|       | or not the business is regularly carried on   |                       |                                |                                       |                     |                  |  |
| 12    | Other income. Do not include gain or  |                       |                                |                                       |                     |                  |  |
|       | loss from the sale of capital assets  |                       |                                |                                       |                     |                  |  |
|       | (Explain in Part VI.)   |                       |                                |                                       |                     |                  |  |
| 13    | Total support. (Add lines 9, 10c, 11,   |                       |                                |                                       |                     |                  |  |
|       | and 12.)  | 60,262                | 77,235                         | 66,585                                | 58,129              |                  | 332,722                                      |
| 14    | First five years. If the Form 990 is for t  |                       | i's first, secon               | d, third, fourth                      | , or fifth tax ye   | ear as a sectio  | n out(c)(3)<br>▶ □                           |
|       | organization, check this box and stop he  |                       |                                | · · · ·                               |                     | <i>.</i>         | <u>, , ,                                </u> |
| Sect  | on C. Computation of Public Suppo   | rt Percentag          | е                              | 40 - 1 (6)                            |                     | 15               | 88 %   |
| 15    | Public support percentage for 2018 (line  | 8, column (f), d      | ivided by line                 |                                       |                     | 16               | 88 %   |
| 16    | Public support percentage from 2017 Sc  | hedule A, Part        | III, line 15 .                 | <u> </u>                              |                     | [ 10 ]           | <u> 55</u> 70                                |
|       | on D. Computation of Investment In  | come Percei           | ntage                          | nulina 10. activ                      | mn (fl)             | 17               | %  |
| 17    | Investment income percentage for 2018   | (line 10c, colum      | nn (t), aivided b              | by line 13, colu                      | EFIC (1))           | 18               | <del>70</del>                                |
| 18    | Investment income percentage from 201   | / Schedule A, I       | -art III, line 1/              |                                       | <br>nd line 15 ie m |                  |  |
| 19a   | 331/3% support tests – 2018. If the organ 17 is not more than 331/3%, check this box          | and stop have         | The organization               | on qualifies as:                      | a nublicky sunn     | orted organizati | on . 🕨 🕜                                     |
|       | 17 is not more than 33'/3%, check this box  | and stoh nete:        | haak a bay an                  | ding 1/1 or ling 1                    | 10a and line 11     | is more than     | 31/3%, and                                   |
| b     | 331/3% support tests—2017. If the organi line 18 is not more than 331/3%, check this          | boy and eten to       | HEUK & DOX ON<br>PAR The order | ization qualifies                     | roa, and interio    | upported organ   | nization 🕨 🔲                                 |
|       | Private foundation. If the organization of  | box and <b>stop n</b> | bay an line of                 | 100 02106                             | shock this hav      | and see instru   | ctions 🕨 🗌                                   |
| 20    | Private foundation, if the organization of  | lid not check a       | DOX on line 14                 | , isa, or isb, o                      | JHECK THS DOX       | and see motiu    |  |

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization 16-1482563 Center for Technology & Innovation Organization type (check one): Section: Filers of: ) (enter number) organization √ 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

| Center for | Technology & Innovation   |                                  | 16-1482563  |
|------------|---|----------------------------------|---|
| Part I     | Contributors (see instructions). Use duplicate copies   | of Part I if additional space is |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| 1          | AARP Inc. Livable Communities Program 602 E Street NW Washington, DC 20049                                | \$5,840                          | Person  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| 2          | IBM Matching Grant Program/Community Grant Program PO Box 12195 Bidg 661 Research Triangle Park, NC 27709 |                                  | Person Payroll Complete Part II for noncash contributions.            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions          | (d)<br>Type of contribution   |
| 3          | Paul Komar  53 Tsula Court  Brevard, NC 28712   | \$\$                             | Person Payroil Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| 4          | Teri Goodall Komar  53 Tsula Court  Brevard, NC 28712   | \$ 8,000                         | Person Payroli Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
| 5          | Whiting Foundation  16 Court St. STE 2308  Brooklyn, NY 11241-1023  | ¢ soon                           | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution   |
|            |   | - \$                             | Person  |

Name of organization

Center for Technology & Innovation

Employer identification number

16-1482563

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|---------------------------|---|---|----------------------|
| <b>T</b> ps.              | Electrical/electronics hardware, components, tools Steel shelving, 3 IBM steel workbenches, Garden tools/equipment Buschmann family - Avon Road, Binghamton, NY | \$5,000                                   | August 2018          |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| 2                         | Christman Player Piano + piano rolls - excellent condition Richard Harrington, Johnson City, NY   | \$5,000                                   | April 2018           |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| 3                         | General Aviation Trainer - GAT-1 (mid-1960s) Wings of Eagle Museum, Horseheads, NY  | \$  | September 2018       |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |   | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |   | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |   | \$  |                      |
|                           | · · · · · · · · · · · · · · · · · · ·   |   |                      |

#### SCHEDULE D (Form 990)

**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.

OMB No. 1545-0047 2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Center for Technology & Innovation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X

| Part    | III Organizations Maintaining Co   | ollections of A                 | rt, Hist   | orical T   | reasures,      | or Oth    | ner Similar As         | sets (       | conti    | nued)        |
|---------|--|---------------------------------|------------|------------|----------------|-----------|------------------------|--------------|----------|--------------|
| 3       | Using the organization's acquisition, acc                                      | ession, and oth                 | er record  | ds, chec   | k any of the   | e follow  | ing that are a s       | ignifica     | ant us   | e of its     |
|         | collection items (check all that apply):                                       | •                               |            |            |                |           |                        |              |          |              |
| а       | ✓ Public exhibition  |                                 | d 5        | ☑ Loan     | or exchang     | e progr   | ams                    |              |          |              |
| b       | ✓ Scholarly research   |                                 |            |            |                |           |                        |              |          |              |
|         | Preservation for future generations  |                                 |            |            | <b></b>        |           |                        |              |          |              |
| 4       | Provide a description of the organization                                      | n's collections a               | nd explai  | in how th  | hey further    | the orga  | anization's exer       | npt pu       | rpose    | in Part      |
| -4      | XIII.  |                                 |            |            | •              | _         |                        |              |          |              |
| 5       | During the year, did the organization so                                       | licit or receive o              | lonations  | s of art.  | historical tr  | easures   | . or other simil       | ar           |          |              |
| J       | assets to be sold to raise funds rather the                                    | an to be maintai                | ned as p   | art of the | e organizati   | on's col  | lection?               |              | Yes      | ☑ No         |
| D - 114 |  |                                 |            |            |                |           |                        | <u></u>      |          |              |
| Part    | Complete if the organization ar  | gennemes.<br>newered "Vee"      | on For     | ~ aan E    | Part IV line   | a a or r  | renorted an ar         | nount        | on Fr    | orm          |
|         |  | isweied res                     | OHIOH      | 11 330, 1  | diriv, iiic    | , O, OI I | cponed an a            | i i O Gi i i | 0.,,,    | ,,,,,        |
|         | 990, Part X, line 21.  Is the organization an agent, trustee, ca               | ustadian as othe                | r intorm   | odianı fe  | r contribut    | ione or   | other seeds n          | ot           |          |              |
| 1a      | Is the organization an agent, trustee, concluded on Form 990, Part X?          | ustodian or othe                | er interni | eciary ic  | or continua    | OHS OF    | Other assets in        | Οι<br>—      | Vaa      | □ No         |
|         |  |                                 |            |            |                |           |                        |              | 168      | □ NO         |
| b       | If "Yes," explain the arrangement in Part                                      | XIII and complet                | te the fol | lowing to  | able:          |           | 1                      | mount        |          | <del> </del> |
|         |  |                                 |            |            |                |           | -                      |              |          |              |
| C       | Beginning balance  |                                 |            |            |                | 1c        | 1                      | ••••         |          |              |
| d       | Additions during the year  |                                 |            |            |                | 1d        |                        |              |          |              |
| е       | Distributions during the year  |                                 |            |            |                | 1e        |                        |              |          |              |
| f       | Ending balance   |                                 |            |            |                | 1f        |                        |              |          |              |
| 2a      | Did the organization include an amount of                                      | on Form 990, Pa                 | rt X, line | 21, for e  | scrow or ct    | ustodial  | account liability      | /? ∐         | Yes      | ∐ No         |
| b       | If "Yes," explain the arrangement in Part                                      | XIII. Check here                | if the ex  | planatio   | n has been     | provide   | d on Part XIII .       |              |          |              |
| Par     | V Endowment Funds.   |                                 |            |            |                |           |                        |              |          |              |
|         | Complete if the organization ar  | nswered "Yes"                   | on Forr    | n 990, F   | Part IV, line  | e 10.     |                        |              |          |              |
|         |  | (a) Current year                | (b) Pric   |            | (c) Two year   | s back    | (d) Three years bac    | k (e) F      | our yea  | rs back      |
| 1a      | Beginning of year balance  |                                 |            |            |                |           |                        |              |          |              |
| b       | Contributions  |                                 |            | _          |                |           |                        |              |          |              |
| c       | Net investment earnings, gains, and  |                                 |            |            |                |           |                        |              |          |              |
| _       | losses   |                                 |            |            |                |           |                        |              |          |              |
| d       | Grants or scholarships   |                                 |            |            |                |           |                        |              |          |              |
| e       | Other expenditures for facilities and  |                                 |            |            |                | - 1       |                        |              | -        |              |
|         | programs   |                                 |            |            |                |           |                        |              |          |              |
| £       | Administrative expenses  |                                 |            |            |                |           |                        |              |          |              |
| f       | End of year balance  |                                 |            |            |                |           |                        |              |          |              |
| g       | Provide the estimated percentage of the  | current year en                 | d halance  | e /line 10 | i column (a    | )) held a |                        |              |          |              |
| 2       | Board designated or quasi-endowment  |                                 |            | o tillo rg | ,, oo.a (a     | ,,,       | •••                    |              |          |              |
| a       | Permanent endowment  | %                               | -/0        |            |                |           |                        |              |          |              |
| b       |  | - 70 %                          |            |            |                |           |                        |              |          |              |
| С       | Temporarily restricted endowment   |                                 | 10.04      |            |                |           |                        |              |          |              |
| ۵.      | The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p | snould equal it                 | o organia  | zation th  | at are held    | and adi   | ministered for t       | he           |          | •            |
| 3a      |  | )055 <del>65</del> 51011 01 111 | e organiz  | zation tin | at are note    | una aa    | Timing colour for the  |              | Ye       | s No         |
|         | organization by:   |                                 |            |            |                |           |                        | 3a           |          | <del></del>  |
|         | (i) unrelated organizations  |                                 |            |            |                |           |                        |              |          | 1-           |
|         | (ii) related organizations   |                                 |            |            |                |           |                        | 3 <u>a</u>   |          | <del></del>  |
| b       | If "Yes" on line 3a(ii), are the related orga                                  | anizations listed               | as requir  | rea on Si  | cneaule K?     | • • •     |                        | _3           | <u>n</u> |              |
| 4       | Describe in Part XIII the intended uses o                                      |                                 | n s endo   | wment      | unas.          |           |                        |              |          |              |
| Par     | VI Land, Buildings, and Equipm   | ent.                            | . –        | 000        | David N. / Car |           | 0                      | Dave         | V lim    | . 10         |
|         | Complete if the organization a   |                                 |            |            |                |           |                        |              |          |              |
|         | Description of property  | (a) Cost or oth                 |            |            | or other basis |           | Accumulated preciation | (d)          | Book va  | llue         |
|         |  | (investme                       | ant)       | (0         | other)         | Ge        | production             |              |          |              |
| 1a      | Land   |                                 |            |            |                |           |                        |              |          |              |
| b       | Buildings  |                                 | 0          |            | 446,348        |           |                        |              |          | 446,348      |
| С       | Leasehold improvements   |                                 | 0          |            | 6,412          |           |                        |              |          | 6,412        |
| d       | Equipment  |                                 |            |            |                |           |                        |              |          |              |
| e       | Other  |                                 |            |            |                |           |                        |              |          |              |
| Total.  | Add lines 1a through 1e. (Column (d) mus                                       | st equal Form 99                | 90, Part ) | (, columi  | n (B), line 10 | )c.)      | ▶                      |              |          | 452,760      |

| Part VII       | Investments—Other Securities.  |  |  |
|----------------|--|--|--|
|                | Complete if the organization answered "Yes" on Form 99                     |  |  |
|                | (a) Description of security or category<br>(including name of security)    | (b) Book value                         | (c) Method of valuation:<br>Cost or end-of-year market value   |
| (1) Financial  | derivatives  |  |  |
| (2) Closely-h  | eld equity interests   |  |  |
| (3) Other      |  |  |  |
| (A)            |  |  |  |
| (B)            |  |  |  |
| (C)            |  |  |  |
| (D)            |  |  |  |
| (E)            |  |  |  |
| (F)            |  |  |  |
| (G)            |  |  |  |
| (H)            |  |  |  |
|                | b) must equal Form 990, Part X, col. (B) line 12.)                         |  |  |
| Part VIII      | Investments—Program Related.   | 50 D-+ U/ P 11-                        | C F 000 P-+ V R 12   |
|                | Complete if the organization answered "Yes" on Form 99                     | }                                      |  |
|                | (a) Description of investment  | (b) Book value                         | (c) Method of valuation:<br>Cost or end-of-year market value   |
| (1).           |  |  |  |
| (2)            |  |  |  |
| (3)            |  |  | -  |
| (4)            | 1  |  |  |
| (5)            |  |  |  |
| (6)            |  |  |  |
| (8)            |  |  |  |
| (9)            |  | - "" "                                 |  |
|                | b) must equal Form 990, Part X, col. (B) line 13.)                         |  |  |
| Part IX        | Other Assets.  |  | Less H. Martin B. Control of the Con |
|                | Complete if the organization answered "Yes" on Form 99                     | 90, Part IV, line 11d.                 | See Form 990, Part X, line 15.   |
|                | (a) Description  |  | (b) Book value   |
| (1) Collection | on value of 12-31-2017   |  | 564,   |
| (2) Purchas    | ed and Donated Artifacts in 2018   |  | 21,:   |
| (3)            |  |  |  |
| (4)            |  |  |  |
| (5)            |  | ******                                 |  |
| (6)            |  |  |  |
| (7)            |  |  |  |
| (8)            |  |  |  |
| (9)            | (1) IF 000 D 1/4 1/00 P 4/5  |  | 50   |
|                | mn (b) must equal Form 990, Part X, col. (B) line 15.)                     | <u> </u>                               | 🛚 586,   |
| Part X         | Other Liabilities.   | On Bart IV line 11e                    | or 11f Son Form 000 Bart V   |
|                | Complete if the organization answered "Yes" on Form 99                     | 90, Part IV, line Tre                  | or 111. see Form 990, Part X,  |
| 1              | line 25. (a) Description of liability (b) Book value                       |  |  |
| 1.             | (a) Description of liability (b) Book value                                | 11 11 11 11 11 11 11 11 11 11 11 11 11 |  |
| (1)            |  |  |  |
| (3)            |  |  |  |
| (4)            |  |  |  |
| (5)            |  |  |  |
| (6)            |  |  |  |
| (7)            |  |  |  |
| (8)            |  |  |  |
| (9)            |  | Britte Hillian Landen                  |  |
|                | b) must equal Form 990, Part X, col. (B) line 25.)                         |  |  |
|                | uncertain tax positions. In Part XIII, provide the text of the footnote to | the organization's fina                | incial statements that reports the   |
|                | liability for uncertain tax positions under FIN 48 (ASC 740). Check here   |  |  |

| Part     | XI Reconciliation of Revenue per Audited Financial Stateme                        |                                 | Return.                         |
|----------|---|---------------------------------|---------------------------------|
|          | Complete if the organization answered "Yes" on Form 990,                          |                                 | - 1                             |
| 1        | Total revenue, gains, and other support per audited financial statements          |                                 | 1                               |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:               |                                 |                                 |
| а        | Net unrealized gains (losses) on investments                                      | 2a                              |                                 |
| b        | Donated services and use of facilities  | 2b                              |                                 |
| С        | Recoveries of prior year grants   | 2c                              |                                 |
| d        | Other (Describe in Part XIII.)  | 2d                              |                                 |
| е        | Add lines 2a through 2d   |                                 | 2e                              |
| 3        | Subtract line 2e from line 1  |                                 | 3                               |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:              |                                 | 1000                            |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b                  | 4a                              |                                 |
| b        | Other (Describe in Part XIII.)  | 4b                              |                                 |
| C        | Add lines 4a and 4b   |                                 | 4c                              |
| 5        | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line        | 12.)                            | 5                               |
| Part     |   | nents With Expenses p           | er Return.                      |
|          | Complete if the organization answered "Yes" on Form 990,                          | Part IV, line 12a.              |                                 |
| 1        | Total expenses and losses per audited financial statements                        |                                 | 1                               |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:                 |                                 |                                 |
| а        | Donated services and use of facilities  | 2a                              |                                 |
| b        | Prior year adjustments  | 2b                              |                                 |
| Ç        | Other losses  | 2c                              |                                 |
| d        | Other (Describe in Part XIII.)  | 2d                              |                                 |
| е        | Add lines 2a through 2d   |                                 | 2e                              |
| 3        | Subtract line 2e from line 1  |                                 | 3                               |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:                |                                 |                                 |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b                  | 4a                              |                                 |
| b        | Other (Describe in Part XIII.)  | 4b                              |                                 |
| С        | Add lines 4a and 4b   |                                 | 4c                              |
| 5        | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin        | e 18.)                          | 5                               |
| Part     | XIII Supplemental Information.  |                                 |                                 |
| Provid   | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an | d 4; Part IV, lines 1b and 2l   | b; Part V, line 4; Part X, line |
|          | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part       |                                 |                                 |
| Part III | Line 4 The Center's collection continues to expand in fulfillment of our corpor   | ate mission "to document" a     | and "present in context"        |
|          |   |                                 |                                 |
| innova   | tions from central NYS. Collecting priorities are directed at documenting less    | er-known inventions and co      | mpanies, as well as iconic      |
|          |   |                                 |                                 |
| artifac  | s with revitalization potential. 2018 highlights: Tony Sale Award from the UK (   | Computer Conservation Soci      | ety - Google UK for             |
|          |   |                                 |                                 |
| restora  | tion of three Link flight simulation computers and visitor experiences; MH60R     | ? helicopter avionics demons    | strator returned to service     |
|          |   | •                               |                                 |
| for vis  | tor use, Exhibit of Dodge photography collection with catalog developed by S      | UNY Broome Community Co         | ollege faculty & students.      |
|          |   |                                 |                                 |
| Bingha   | mton University students of Engineering, History, English, and Computer Sci       | ence, as well as multiple con   | nmunity service groups          |
|          |   |                                 |                                 |
| work v   | ith TechWorks! volunteers to advance Center's goals and mission.                  |                                 |                                 |
|          |   |                                 |                                 |
| The Co   | nter's acquisition philosophy focuses on artifacts with the potential to be retu  | irned to functionality, as a ci | itical feature in their ability |
|          |   |                                 |                                 |
| to insp  | ire technical creativity of future generations.                                   |                                 |                                 |
|          |   |                                 |                                 |
|          |   |                                 |                                 |
|          |   |                                 |                                 |
|          |   |                                 |                                 |
|          |   |                                 |                                 |
|          |   |                                 |                                 |
|          |   |                                 |                                 |

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number

|               | for Technology & Innovation  |                               |  |  |                              | 16-148256     | i3  |
|---------------|--|-------------------------------|--|--|------------------------------|---------------|---|
| Part          |  |                               | ······································           |  |                              |               |   |
|               |  | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c)<br>Noncash con<br>amounts repo<br>Form 990, Part \ | orted on                     |               | (d)<br>f determining<br>tribution amounts |
| 1             | Art-Works of art   |                               |  |  |                              |               |   |
| 2             | Art—Historical treasures   |                               |  |  |                              |               |   |
| 3             | Art—Fractional interests   |                               |  |  |                              |               |   |
| 4             | Books and publications   |                               |  |  |                              |               |   |
| 5             | Clothing and household   |                               |  |  |                              |               |   |
|               | goods  |                               |  |  |                              |               |   |
| 6             | Cars and other vehicles  |                               |  |  |                              |               |   |
| 7             | Boats and planes   |                               |  |  |                              |               |   |
| 8             | Intellectual property  |                               |  |  |                              |               |   |
| 9             | Securities-Publicly traded   |                               |  |  |                              |               |   |
| 10            | Securities-Closely held stock .  |                               |  |  |                              |               |   |
| 11            | Securities - Partnership, LLC,   |                               |  |  |                              |               |   |
|               | or trust interests   |                               |  |  |                              | ************  |   |
| 12            | Securities-Miscellaneous   |                               |  |  |                              |               |   |
| 13            | Qualified conservation   |                               |  |  |                              |               |   |
|               | contribution—Historic  |                               |  |  |                              |               |   |
|               | structures   |                               |  |  |                              |               |   |
| 14            | Qualified conservation contribution—Other                              |                               |  |  |                              |               |   |
| 15            | Real estate-Residential  |                               |  |  |                              |               |   |
| 16            | Real estate - Commercial   |                               |  |  |                              |               |   |
| 17            | Real estate—Other  |                               |  |  |                              |               | ***                                       |
| 18            | Collectibles   |                               |  |  |                              |               |   |
| 19            | Food inventory   | <u></u>                       |  |  |                              |               |   |
| 20            | Drugs and medical supplies   |                               |  |  | <del></del>                  |               |   |
| 21            | Taxidermy  |                               |  |  |                              |               |   |
| 22            | Historical artifacts   | ✓                             | 6,000 items                                      |  | \$15,000                     | Estimated m   | arket value                               |
| 23            | Scientific specimens   |                               |  |  |                              |               |   |
| 24            | Archeological artifacts  |                               |  |  |                              | <u> </u>      |   |
| 25            | Other ► ()   |                               |  |  | <del></del>                  |               |   |
| <del>26</del> | Other ► ()   |                               |  |  |                              |               |   |
| 27            | Other ()   |                               |  |  |                              |               |   |
| _28           | Other ► (  | <u> </u>                      |  |  | utiona for                   | <del> </del>  |   |
| 29            | Number of Forms 8283 received which the organization completed         | by the or                     | ganization during the tax to                     | year for contrib                                       | utions for                   | 29            |   |
|               | which the organization completed                                       | 1 FUIII 020                   | S, Fait IV, Donee Acknowle                       | agement  |                              |               | Yes No                                    |
|               |  |                               |  |  | David I live                 | . 1 thus is a |   |
| 30a           | During the year, did the organiza 28, that it must hold for at least t | ition receiv                  | e by contribution any properties                 | erty reported in                                       | ran i, iines<br>id which iei | o't required  |   |
|               | to be used for exempt purposes   | .nree years<br>for the enti   | ire holding period?                              | CONTRIBUTION, ar                                       | IG WITICIT IS                | rrequired     | 30a ✓                                     |
| h             | If "Yes," describe the arrangement                                     |                               |  |  |                              |               |   |
| b             | Does the organization have a   |                               |  | es the review  | of any n                     | onstandard    |   |
| 31            | contributions?   |                               |  |  |                              |               | 31 🗸                                      |
| 32a           | Does the organization hire or us contributions?                        | e third par                   | ties or related organization                     | es to solicit, pro                                     | cess, or se                  | · · ·         | 32a ✓                                     |
| b             | If "Yes," describe in Part II.   |                               |  |  |                              |               |   |
| 33            | If the organization didn't report ar                                   | n amount in                   | column (c) for a type of pro                     | perty for which  | column (a)                   | is checked,   |   |

describe in Part II.

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

## 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.

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

16-1482563 Center for Technology & Innovation Part III, line 4d Other program services - Design and development of TechWork! at 321 Water Street, Binghamton NY to showcase Upstate New York industries, inventories, and innovations - past present, and future. Part IV, line 11b The Center does not have an investment portfolio. Part XI, line 9 Upgrades to building valued at cost of construction \$6,412 Collection asset value increased by \$21,950 through donations and purchase. Part VI, line 19 Financial documents including IRS 990s, are posted on organization's own website, www.ctandi.org