| | | | EXTENDED TO MAY 15, 2025 Return of Organization Exempt Fro | 5 m Ir | noomo Tay | , | OMB No. 1545-0047 |
|---------------|------------------|---|---|-----------|--|--------------|------------------------------|
| F au | . Q | 90 | | | | | 2022 |
| FO | | 50 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it m | | | tions) | Ζυζυ |
| | | of the Treasury nue Service | Go to www.irs.gov/Form990 for instructions and the la | - | | | Open to Public Inspection |
| | | | | | UN 30, 202 | 24 | mepeenen |
| B | Check if | C Name o | i organization | 0 0 | D Employer ider | | ion number |
| , | ⊐Addre | | | | | | |
| | Chang | | CCSU FOUNDATION, INC. | | | | |
| Ļ | | e Doing b | usiness as | | 23-735 | | ; |
| F | returr]Final | | and street (or P.O. box if mail is not delivered to street address) Roon BOX 612 | n/suite | E Telephone nur 860-83 | | /11 |
| | returr termii | 2 | | | | 2-07 | 20,653,942. |
| | ated Amer | ded NTETAT | own, state or province, country, and ZIP or foreign postal code BRITAIN, CT 06050 | | G Gross receipts \$ | n rotu | |
| F | returr Appli | | nd address of principal officer: JENNIFER DESTEFANI | | H(a) Is this a grou for subordina | | |
| | tion pendi | | AS C ABOVE | | H(b) Are all subordina | | ···· = = |
| 1 | Tax-ex | empt status: | | 527 | | | t. See instructions |
| | Nebsi | | | | H(c) Group exem | | |
| K | orm o | f organization: | X Corporation Trust Association Other I | L Year o | of formation: 197 | 4 м s | tate of legal domicile: CT |
| | art I | Summary | | | | | |
| • | 1 | Briefly describ | e the organization's mission or most significant activities: SEE SCH | EDU | LE O | | |
| ŭ | | | | | | | |
| Governance | 2 | Check this bo | assets | | | | |
| 0 No | 3 | | ing members of the governing body (Part VI, line 1a) | | | 3 | 14 |
| کہ ص | 4 | Number of inc | 4 | 14 | | | |
| Activities & | 5 | | of individuals employed in calendar year 2023 (Part V, line 2a) | | 5 | 1 | |
| tivit | 6 | | of volunteers (estimate if necessary) | | | 6 | <u>45</u> 0. |
| Act | | | d business revenue from Part VIII, column (C), line 12 | | | 7a 7b | 0. |
| | | inet unrelated | business taxable income from Form 990-T, Part I, line 11 | <u></u> | Prior Year | | Current Year |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | 2,563,170 | 5. | 2,275,221. |
| anc | 9 | | ce revenue (Part VIII, line 2g) | | 426,53 | 3. | 175,513. |
| Revenue | 10 | • | come (Part VIII, column (A), lines 3, 4, and 7d) | | 2,882,45 | | 5,198,359. |
| ň | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,62 | | -2. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,874,78 |). | 7,649,091. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 4,108,24 | 1. | 3,370,925. |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | |). | 0. |
| ŝ | 15 | Salaries, other | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | 95,31 | | 50,914. |
| Expenses | 16a | | undraising fees (Part IX, column (A), line 11e) | | |). | 0. |
| xpe | b | | ng expenses (Part IX, column (D), line 25) 0 • | _ | 1 1 5 5 0 1 | | |
| ш | 17 | - | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,466,210 | | 1,586,705. |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,669,764 | | 5,008,544. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | 205,02 | | 2,640,547. |
| ts ol | | T . t . t t . <i>(</i> | | | ginning of Current Ye | | End of Year |
| Net Assets or | 20 | Total assets (F | | | <u>96,202,48</u> 2,300,54 | | L02,355,827. 1,891,739. |
| Vet / | 21 22 | | (Part X, line 26) fund balances. Subtract line 21 from line 20 | | 93,901,94 | | L00,464,088. |
| P | art II | Signature | | • | <u>,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - | ,, |
| | | - | I declare that I have examined this return, including accompanying schedules and | stateme | nts, and to the best o | f my kn | owledge and belief. it is |
| | | | Declaration of preparer (other than officer) is based on all information of which pr | | | , | <u> </u> |

| Sign | Signature of officer | Date | | | | | | | | |
|------------|--|------------------------------|----------------------------------|--|--|--|--|--|--|--|
| Here | JENNIFER DESTEFANI, EXECU | | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN | | | | | | | |
| Paid | LAURA KIELCZEWSKI | LAURA KIELCZEWSKI | 12/20/24 self-employed P00740769 | | | | | | | |
| Preparer | Firm's name COHNREZNICK LLP | | Firm's EIN 22-1478099 | | | | | | | |
| Use Only | Firm's address 350 CHURCH STREET | , 12TH FLOOR | | | | | | | | |
| | HARTFORD, CT 0610 | Phone no. $959 - 200 - 7000$ | | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | |
| LHA For | LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | | | | | | |

| | 1 990 (2023) THE CCSU FOUNDATION, INC. 23-7354328 | Page |
|----|---|----------|
| Pa | rt III Statement of Program Service Accomplishments | X |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: | |
| • | THE CCSU FOUNDATION, INC. WAS CREATED IN 1971, AT THE REQUEST OF THE | |
| | UNIVERSITY, AS A VEHICLE TO OBTAIN PRIVATE CONTRIBUTIONS TO SUPPORT | |
| | EDUCATIONAL PROGRAMS AND RESEARCH AT CENTRAL CONNECTICUT STATE | |
| | UNIVERSITY. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | XN |
| | 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? | XN |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| 4- | revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,410,440. including grants of \$ 2,359,392.) (Revenue \$ | |
| 4a | (Code:) (Expenses \$2,410,440. including grants of \$2,359,392.) (Revenue \$ STUDENT SUPPORT-TO ADMINISTER SCHOLARSHIP FUNDS IN KEEPING WITH THE | |
| | SPECIFIC REQUESTS OF THE DONOR. | |
| | BIECHTIC REQUESTS OF THE DONOK. | |
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| | | |
| 4b | (Code:) (Expenses \$1,026,951. including grants of \$718,441.) (Revenue \$ | |
| 4b | (Code:) (Expenses \$1,026,951. including grants of \$718,441.) (Revenue \$ AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN | |
| 4b | AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN | |
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| | AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN FUNDING WOULD NOT OTHERWISE BE AVAILABLE. | |
| | AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN FUNDING WOULD NOT OTHERWISE BE AVAILABLE | |
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| | AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN FUNDING WOULD NOT OTHERWISE BE AVAILABLE. | |
| 4c | AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN FUNDING WOULD NOT OTHERWISE BE AVAILABLE. | |
| 4c | AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN FUNDING WOULD NOT OTHERWISE BE AVAILABLE. | <u>г</u> |
| 4c | AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN FUNDING WOULD NOT OTHERWISE BE AVAILABLE. | |
| 4c | AUXĪLIARY-TO AŠSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJĒCTS WHEN FUNDING WOULD NOT OTHERWISE BE AVAILABLE. | |
| 4c | AUXILIARY-TO ASSIST UNIVERSITY WITH SPECIAL AUXILIARY PROJECTS WHEN FUNDING WOULD NOT OTHERWISE BE AVAILABLE. | |

 Form 990 (2023)
 THE CCSU FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|--------------|---|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 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 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | v |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| ' | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| U | Schedule D, Part III | 8 | x | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| - | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| 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 | | | v |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | <u> </u> |
| | 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | x | |
| 1 2 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| 40 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | v | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 10 | | х |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | | 20a 20b | | |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | <u> </u> |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | x | |
| 332003 | 12-21-23 | | | (2023) |

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| FOUL | 990 | 120231 |

| | | | Yes | No |
|--------|---|------------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | <u> </u> |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | |
| 26 | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 00 | | x |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | v |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | <u>28a</u> | | |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | <u>x</u> |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 0. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | – | | <u> </u> |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | 00 | | L |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | . , , | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| 5 | (gambling) winnings to prize winners? | 1c | х | |
| 332004 | ↓ 12-21-23 | | | (2023) |
| | 5 | | | ,/ |

14061220 147227 8314826-0314826.0990 2023.05010 THE CCSU FOUNDATION, INC. 83148261

| Form 990 (2023) THE CCSU FOUNDATION, INC. 23-7354328 Page | | | | | | | |
|---|--|-----------|-----|--------|--|--|--|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
| | | | Yes | No | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | | v | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | v | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 4- | | x | | | |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | | | | |
| a | If "Yes," enter the name of the foreign country | | | | | | |
| 50 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | | X | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 50 50 | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | - 50 | | | | | |
| ou | any contributions that were not tax deductible as charitable contributions? | 6a | | x | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | |
| | were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | |
| | to file Form 8282? | 7c | | x | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | |
| h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| а | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | |
| | amounts due or received from them.) | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 158 | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | |
| 5 | organization is licensed to issue qualified health plans | | | | | | |
| с | Enter the amount of reserves on hand | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | | | |
| 15 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | |
| - | excess parachute payment(s) during the year? | 15 | | x | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | _ | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | |
| | If "Yes," complete Form 6069. | | | | | | |
| 332005 | j 12-21-23 | Form | 990 | (2023) | | | |

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X

 Form 990 (2023)
 THE CCSU FOUNDATION, INC.
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 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | Yes | No | | | | | |
|----------|---|-----------------------|---------------|--------|--------|--|--|--|--|--|
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | | | | | | | |
| b | b Enter the number of voting members included on line 1a, above, who are independent 1b 14 | | | | | | | | | |
| 2 | id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| 2 | officer, director, trustee, or key employee? | | | | | | | | | |
| 3 | | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | X | x | | | | | |
| 4 | | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | X X | | | | | |
| 6 | • | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body? | - | 7a | x | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockholders, or | | | | | | | | |
| | persons other than the governing body? | | 7b | | X | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by the following: | | | | | | | | |
| а | The governing body? | | 8a | Х | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched at the | | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | 9 | | X | | | | | |
| Sect | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | | | | | | | |
| | | , | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | X | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10 | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | | | | | | | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | , | | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | х | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>//</i> " | | | | | | | | | |
| U | on Schedule O how this was done | , | 120 | х | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | X | | | | | | |
| 13 14 | Did the organization have a written document retention and destruction policy? | | | X | | | | | | |
| | | | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | ii by independent | | | | | | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 45 | | x | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | | X | | | | | |
| D | Other officers or key employees of the organization | | 15k | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year? | | 16a | | x | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization's | | | | | | | | |
| | exempt status with respect to such arrangements? | | 16k | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $_CT$ | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990-T (section 501 | l(c)(3)s only | availa | ble | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | n on Schedule O) | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | y, and fina | ncial | | | | | | |
| | statements available to the public during the tax year. | | ,, | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and records | | | | | | | | |
| | BEKKA PODGORSKI - 860-832-0711 | | | | | | | | | |
| | P O BOX 612, NEW BRITAIN, CT 06050 | | | | | | | | | |
| | | | | | (202 | | | | | |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | | (C) | | | | | (D) | (F) | | |
|-----------------------------------|------------------------|---|---|---------|--------------|---------------------------------|------------|---------------------------------|----------------------------------|--------------------------|--|
| Name and title | Average | Position (do not check more than one | | | | one | Reportable | Estimated | | | |
| | hours per | box, | box, unless perso officer and a dire | | | s both | ı an | compensation | compensation | amount of | |
| | week | | | uau | | l/iius | | from | from related | other | |
| | (list any hours for | irecto | | | | | | the | organizations (W-2/1099-MISC/ | compensation from the | |
| | related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | organization | |
| | organizations | ruste | al trus | | yee | mpen | | 1099-NEC) | 1000 NEO | and related | |
| | below | Individual trustee or director | Institutional trustee | ar | Key employee | est co oyee | er | | | organizations | |
| | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | C C | |
| (1) JENNIFER DESTEFANI | 4.00 | | | | | | | | | | |
| INTERIM EXCUTIVE DIRECTOR | 36.00 | | | Х | | | | 0. | 41,152. | 8,933. | |
| (2) ANABELLE DIAZ-SANTIAGO | 0.50 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (3) ANTHONY S. TORSIELLO | 0.50 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (4) CHARLES JONES JR | 0.50 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (5) CURTIS WIGGINS | 0.50 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (6) JAMES NEALY | 0.50 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (7) JANET NAHORNEY | 0.50 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (8) JOSEPH MATTHEW JR | 0.50 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (9) KRISTINE LARSEN | 0.50 | | | | | | | | | _ | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (10) MARC LENNON | 0.50 | | | | | | | | | - | |
| OUTGOING DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (11) MARIA FALVO | 0.50 | | | | | | | | • | • | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (12) MICHAEL SHIPPAM | 4.00 | | | 37 | | | | | 0 | 0 | |
| OUTGOING EXECUTIVE DIRECTOR | 36.00 | | | Х | | | | 0. | 0. | 0. | |
| (13) RACHEL MULI | 2.00 | 77 | | v | | | | 0. | 0. | 0 | |
| TREASURER (14) RICHARD D. DONOVAN | 2.00 | Х | | Х | | | | 0. | 0. | 0. | |
| | 2.00 | x | | х | | | | 0. | 0. | 0. | |
| VICE CHAIR (15) RICHARD SPADA | 0.50 | Δ | | Δ | | | | U • | 0. | 0. | |
| DIRECTOR | 0.30 | x | | | | | | 0. | 0. | 0. | |
| (16) ULULY MARTINEZ | 2.00 | Δ | | | | | | 0. | 0. | 0. | |
| CHAIR | 2.00 | x | | х | | | | 0. | 0. | 0. | |
| (17) WALDERMAR KOSTRZEWA | 0.50 | ~ | | Δ | | | | 0. | 0. | 0. | |
| PAST CHAIR | 0.50 | х | | х | | | | 0. | 0. | 0. | |
| | 1 | 17 | | 27 | | | l | 0. | 0. | Form 990 (2023) | |
| 332007 12-21-23 | | | | | | | | | | (2023) | |

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2023.05010 THE CCSU FOUNDATION, INC. 83148261

| Form 990 (2023) THE CCSU | | | | | | | | | 23-73 | 3543 | 328 | Page | 8 |
|---|--|-------|-----------------------|-----------------|-------------------------|------------------|------------|---|---|----------------------|----------------------------------|--|------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highes: (A) (B) (C) Name and title Average Position | | | | | | | | (D) | s <u>(continued)</u> (E) | | | (F) | |
| Name and title | Average hours per week (list any hours for related organizations below line) | box, | Institutional trustee | ieck r s per | more son is recto | than c s both | an tee) | Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | Reportable compensatic from relatec organization (W-2/1099-MIS 1099-NEC) | on d ns SC/ | am comp fro orga and | imated ount of other oensation om the anization related nizations | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | |
| | | | | | | | | | | | | | — |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | _ | | | | | | | | | _ |
| 1b Subtotal | | | | | | | | 0. | 41,1 | 52. | ε | 3,933 | |
| c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c) | | | | | | | | 0. | 41,1 | 0. 52. | 6 | 0 8,933 | |
| 2 Total number of individuals (including but n compensation from the organization | | | | | | | | eceived more than \$100, | 000 of reportable | Э | | | 0 |
| Did the organization list any former officer, | director trust | oo k | | mol | | a or | hia | hest compensated emp | | 1 | | Yes No | 5 |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | • | | 3 | X | |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | 0,000? If "Yes, | " coi | mple | te S | Sche | edule | J f | or such individual | | | 4 | x | |
| 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com | • | | | | | | | • | | | 5 | x | |
| Section B. Independent Contractors 1 Complete this table for your five highest co | mpensated inc | leper | nden | t co | ontra | actor | rs th | nat received more than \$ | 100,000 of comp | pensat | ion fro | m | |
| the organization. Report compensation for (A) | | ear e | ndin | g wi | ith c | or wit | thin | (B) | | | (C | | — |
| Name and business | address | | | | | | | Description of s | ervices | C | ompen | sation | |
| ONE CONSTITUTION PLAZA, H | IARTFORD | , | СТ | 0 (| 61 | 03 | _ | LEGAL CONSUL | TATION | | 120 |),140 | • |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| • Total number of independent contractors (| noludina hut - | otlin | aitor | to * | hee | | tod | abova) who received | are then | | | | |
| 2 Total number of independent contractors (i \$100,000 of compensation from the organi | • | JUIII | med | iu t | 1 inos | | rea | abovej who received mo | | | - · · · | 00 | C ` |
| | | | | | | | | | | | ⊦orm | 990 (2023 | 3) |

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| Forn | 1 99 | 0 (2 | | | | ND | ATION,] | INC. | | 23-7354 | 328 Page |
|---|--|----------------------|---|-------------|--------------|----------|------------------|-----------------------------|--|---------|--|
| Pa | rt V | /111 | Statement of Rev | venue |) | | | | | | |
| | | | Check if Schedule O o | contains | a respons | se or | note to any line | e in this Part VIII | (B) | (2) | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue excluded from tax under sections 512 - 514 |
| ង ស | 1 | а | Federated campaigns | | . 1a | | | | | | |
| ran | | b Membership dues 1b | | | | | | | | | |
| ي ق ق | | с | Fundraising events | | | | 47,656. | | | | |
| äifts ar A | | | Related organizations | | | | | | | | |
| n S. | | | Government grants (contr | | | | 28,751. | | | | |
| i si | | f | All other contributions, gifts, | grants, a | ind | | | | | | |
| but | | | similar amounts not included | l above . | . 1f | | 2,198,814. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | g | Noncash contributions included in | lines 1a-1f | 1g \$ | | 29,854. | | | | |
| <u> </u> | | h | Total. Add lines 1a-1f | | | | | 2,275,221. | | | |
| | | | | | | 1 | Business Code | | | | |
| e | 2 | а | PROGRAM REVENUE | | | | 900099 | 175,513. | 175,513. | | |
| ervi | | b | | | | | | | | | |
| - Se | | С | | | | | | | | | |
| Jev | | d | | | | _ | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| <u>а</u> | | | All other program service | | | | | 175 513 | | | |
| | 3 | | Total. Add lines 2a-2f | | | | | 175,513. | | | |
| | 3 | | Investment income (incluc other similar amounts) | | | | | 4,316,663. | | | 4316663. |
| | other similar amounts)Income from investment of tax-exempt bond pro | | | | -, -, -, -, | | | | | | |
| | 5 | | Royalties | | • | | 1 | | | | |
| | • | | | | (i) Real | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | | d | Net rental income or (loss) |) | | | | | | | |
| | 7 | а | Gross amount from sales of | (i |) Securities | s | (ii) Other | | | | |
| | | | assets other than inventory | 7a 1 | 3,860,67 | 1. | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| anu | | | and sales expenses | | 2,978,97 | | | | | | |
| evenue | | | Gain or (loss) | 7c | 881,69 | | | | | | |
| | | | Net gain or (loss) | | | | | 881,696. | | | 881,696. |
| Other R | 8 | а | Gross income from fundraisin including \$ | 47,65 | 6. of | | | | | | |
| | | | contributions reported on | | | | 25,874. | | | | |
| | | h | Part IV, line 18 Less: direct expenses | | | 8a 8b | 25,874. | | | | |
| | | | Net income or (loss) from | | | | 23,070. | -2. | | | -2. |
| | 9 | | Gross income from gamin | | | | | | | | |
| | 5 | - | Part IV, line 19 | | | 9a | | | | | |
| | | b | Less: direct expenses | | | 9b | | | | | |
| | | | Net income or (loss) from | | ····· ∟ | | | | | | |
| | 10 | | Gross sales of inventory, I | | | | | | | | |
| | | | and allowances | | | l0a | | | | | |
| | | b | Less: cost of goods sold | | | 0b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | | | | | |
| S | | | | | | I | Business Code | | | | |
| Miscellaneous Revenue | 11 | а | | | | _ | | | | | |
| scellaneo Revenue | | b | | | | _ _ | | | | | |
| Sev l | | С | | | | | | | | | |
| Mis | | | All other revenue | | | | | | | | |
| | | | Total. Add lines 11a-11d | | | | | 7 640 001 | 175 512 | | E1003E7 |
| | 12 | | Total revenue. See instructio | JIIS | <u></u> | | | 7,649,091. | 175,513. | 0. | 5198357. Form 990 (2023 |
| 33200 | 9 12- | -21- | 23 | | | | | | | | FUTH 222 (2023 |

THE CCSU FOUNDATION, INC.

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Form 990 (2023)

THE CCSU FOUNDATION, Part IX Statement of Functional Expenses

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

INC.

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | nplete column (A). | |
|----------|--|---------------------|-----------------------------|---------------------------------|-------------------------|
| | | (A) | (B) | (C) | (D) |
| 7b, | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | F 00 010 | F 00 010 | | |
| | and domestic governments. See Part IV, line 21 | 789,319. | 789,319. | | |
| 2 | Grants and other assistance to domestic | 0 501 606 | 0 501 606 | | |
| | individuals. See Part IV, line 22 | 2,581,606. | 2,581,606. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 50,914. | | 50,914. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 93,418. | 93,418. | | |
| с | Accounting | 203,810. | - | 203,810. | |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 437,758. | | 437,758. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 3 | column (A), amount, list line 11g expenses on Sch O.) | 171,924. | 88,933. | 82,991. | |
| 12 | Advertising and promotion | 171,924. 13,207. | 88,933. 10,253. | 82,991. 2,954. | |
| 13 | Office expenses | 25,678. | | 25,678. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 203,926. | 161,146. | 42,780. | |
| 18 | Payments of travel or entertainment expenses | | / | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | · · · · [| | | | |
| 20 21 | Payments to affiliates | | | | |
| 21 | Depreciation, depletion, and amortization | | | | |
| 22 23 | . [| 9,617. | 916. | 8,701. | |
| 23 24 | Other expenses. Itemize expenses not covered | 5,017. | 510. | 0,7010 | |
| 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) SUPPLIES & EQUIPMENT | 201,786. | 189,684. | 12,102. | |
| a | SUBSCRIPTIONS AND SOFTW | 107,276. | 53,642. | 53,634. | |
| b | | 48,888. | 35,750. | 13,138. | |
| c | STIPENDS AND CONTRACT S | 27,909. | | | |
| d | MEMBER PROGRAM | | 13,904. | 14,005. | |
| | All other expenses | 41,508. | 41,508. | | ^ |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,008,544. | 4,060,079. | 948,465. | 0 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | 600 (000) |

332010 12-21-23

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11 2023.05010 THE CCSU FOUNDATION, INC. 83148261

Form 990 (2023)

33

Assets

Liabilities

Net Assets or Fund Balances

| | | 2023) | | CCSU | FOUNDATION, | INC. |
|----|------|-------------------|---------|-------------|--------------------------|----------------|
| Pa | rt X | Balance Sheet | | | | |
| | | Check if Schedule | O conta | ins a respo | onse or note to any line | in this Part X |

| 1 | Cash - non-interest-bearing | | | 2,659,939. | 1 | 1,883,310. |
|-----|--|--|---------------------------------------|--------------------------------|-----|-----------------------------------|
| 2 | Savings and temporary cash investments | | | 868. | 2 | 1,041,665. |
| 3 | Pledges and grants receivable, net | | | 490,209. | 3 | 875,324. |
| 4 | Accounts receivable, net | | | | 4 | |
| 5 | Loans and other receivables from any current or | | | | | |
| | trustee, key employee, creator or founder, substa | antial co | ontributor, or 35% | | | |
| | controlled entity or family member of any of thes | | 5 | | | |
| 6 | Loans and other receivables from other disqualifi | ied pers | sons (as defined | | | |
| | under section 4958(f)(1)), and persons described | in secti | ion 4958(c)(3)(B) | | 6 | |
| 7 | Notes and loans receivable, net | | | | 7 | |
| 8 | Inventories for sale or use | | | | 8 | |
| 9 | _ | | | 37,860. | 9 | 6,299. |
| 10a | Land, buildings, and equipment: cost or other | | | | | |
| | basis. Complete Part VI of Schedule D | 10a | 532,266. | | | |
| b | Less: accumulated depreciation | 10b | | <u>183,876.</u> 92,017,598. | 10c | 532,266. 97,135,679. |
| 11 | Investments - publicly traded securities | Investments - publicly traded securities | | | | |
| 12 | Investments - other securities. See Part IV, line 1 | 1 | | | 12 | |
| 13 | Investments - program-related. See Part IV, line 1 | 1 | | | 13 | |
| 14 | Intangible assets | | 14 | | | |
| 15 | Other assets. See Part IV, line 11 | 812,135. | 15 | 881,284. | | |
| 16 | Total assets. Add lines 1 through 15 (must equa | 96,202,485. | 16 | 102,355,827. | | |
| 17 | Accounts payable and accrued expenses | 2,203,500. | 17 | 1,785,596. | | |
| 18 | Grants payable | | | | 18 | |
| 19 | Deferred revenue | | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete F | Part IV o | of Schedule D | | 21 | |
| 22 | Loans and other payables to any current or form | er office | er, director, | | | |
| | trustee, key employee, creator or founder, substa | | | | | |
| | controlled entity or family member of any of thes | e perso | ns | | 22 | |
| 23 | Secured mortgages and notes payable to unrelate | | · · · · · · · · · · · · · · · · · · · | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| 25 | Other liabilities (including federal income tax, pay | | | | | |
| | parties, and other liabilities not included on lines | 17-24). | Complete Part X | 07 041 | | 100 140 |
| | of Schedule D | | | <u>97,041.</u> 2,300,541. | 25 | <u>106,143.</u> 1,891,739. |
| 26 | | | 77 | 2,300,541. | 26 | 1,891,739. |
| | Organizations that follow FASB ASC 958, chec | ck here | X | | | |
| | and complete lines 27, 28, 32, and 33. | | | 0 001 E11 | | 2 270 020 |
| 27 | Net assets without donor restrictions | | | 2,221,511. | 27 | <u>2,379,030</u> . 98,085,058. |
| 28 | | | ···· | 91,680,433. | 28 | 90,005,050. |
| | Organizations that do not follow FASB ASC 95 | 58, cheo | ck here | | | |
| | and complete lines 29 through 33. | | | | | |
| 29 | | | | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| 31 | Retained earnings, endowment, accumulated inc | | ····· | 93,901,944. | 31 | 100 464 088 |
| 32 | Total net assets or fund balances | 93,901,944. | 32 | 100,464,088. | | |

(B) End of year

(A) Beginning of year

Form 990 (2023)

102,355,827.

96,202,485. 33

12

Total liabilities and net assets/fund balances

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| Form | 1990 (2023) THE CCSU FOUNDATION, INC. | 23- | 7354328 | Pa | _{ige} 12 | | | | |
|------|--|----------|---------------------|----------|-------------------|--|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | X | | | | |
| | | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,64 | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | <u>5,00</u> 2,64 | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 93,90 | | | | | | |
| 5 | Net unrealized gains (losses) on investments 5 | | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 3 | 9,9 | 06. | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | | |
| | column (B)) | 10 | 100,46 | 4,0 | 88. | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | |
| | | | _ | Yes | No | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | └── | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | | | | | |
| | consolidated basis, or both: | | | | | | | | |
| | X 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 oversight of the | | | l | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | X | <u> </u> | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | <u>-</u> - | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | <u>3a</u> | <u> </u> | <u> </u> | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | | |

Form **990** (2023)

332012 12-21-23

13 14061220 147227 8314826-0314826.0990 2023.05010 THE CCSU FOUNDATION, INC. 83148261

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 | |
|-------------------|--|
| 2023 | |

Open to Public Inspection

Name of the organization

| Name | e of t | he organization | | | | | | Employer | identification number | |
|-------------|--------|--|-------------------------|---|-------------------------------------|------------------|-----------------|----------------------|----------------------------|--|
| | | THE | CCSU FOUND | ATION, INC. | | | | | 3-7354328 | |
| Par | tl | Reason for Public C | Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | s. | | |
| The o | rgani | zation is not a private found | | | | | | | | |
| 1 [| | A church, convention of chu | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | | |
| 4 [| | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| _ | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | |
| _ | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 [| | A federal, state, or local gov | ernment or governm | nental unit described in | section 17 | ′0(b)(1)(A) | (v). | | | |
| 7 | X | An organization that normal | - | ntial part of its support fi | rom a gove | ernmental | unit or from th | ne general j | oublic described in | |
| г | _ | section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 8 L | | A community trust describe | | | - | | | | | |
| 9 [| | An agricultural research org | | | | - | | - | - | |
| | | or university or a non-land-g | rant college of agricu | ulture (see instructions). | Enter the I | name, city | , and state of | the college | e or | |
| 40 [| _ | university: | | U | | | | | d anna a stada faran | |
| 10 [| | An organization that normal | | | | | | | | |
| | | activities related to its exem | | • | . , | | | | • | |
| | | income and unrelated busin See section 509(a)(2). (Cor | | (less section 511 tax) inc | in busines | ses acqui | red by the org | anization a | anter Julie 30, 1975. | |
| 11 | | An organization organized a | • • | vely to test for public sa | fotv Soo | section 50 |)9(a)(4) | | | |
| 12 | | An organization organized a | | | • | | | rrv out the | purposes of one or | |
| | | more publicly supported or | - | - | - | | | • | | |
| | | lines 12a through 12d that | - | | | | | | | |
| а | | Type I. A supporting orga | ••• | | | | | - | giving | |
| | | the supported organizatio | on(s) the power to reg | gularly appoint or elect a | majority o | of the direc | tors or trustee | es of the su | upporting | |
| | | organization. You must c | omplete Part IV, Se | ctions A and B. | | | | | | |
| b | |] Type II. A supporting orga | anization supervised | or controlled in connect | ion with its | s supporte | d organizatio | n(s), by hav | ving | |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | ion with, a | and functional | ly integrate | ed with, | |
| | _ | its supported organization | | - | | | | | | |
| d | | Type III non-functionally | | | | | | - | | |
| | | that is not functionally int | | | • | | - | an attentiv | /eness | |
| | | requirement (see instructi | , | • | | | | | | |
| е | L | Check this box if the orga | | | | | турет, туре | п, туре п | | |
| f | Ento | functionally integrated, or r the number of supported o | | | | | | | | |
| | | ide the following information | • | d organization(s). | | | | | | |
| | |) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount of | monetary | (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | structions) | support (see instructions) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

| Schedule | A (Fori | n 990 |) 2023 |
|----------|---------|-------|--------|
| Part II | Su | ppor | t Sc |

THE CCSU FOUNDATION, INC.

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 faile to qualify under the tests listed below, places complete Part III.)

fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | |
|------|--|----------------------|----------------------|-----------------------|----------------------|---------------------------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2534105. | 3109966. | 3506217. | 2563176. | 2275221. | 13988685. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2534105. | 3109966. | 3506217. | 2563176. | 2275221. | 13988685. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| _ | column (f) | | | | | | 12000605 |
| | Public support. Subtract line 5 from line 4. ction B. Total Support | | | | | | 13988685. |
| | •• | () 0040 | (1) 0000 | () 0001 | (1) 0000 | () 0000 | (0.7.1.) |
| | ndar year (or fiscal year beginning in) | (a) 2019 2534105. | (b) 2020 3109966. | (c) 2021 3506217. | (d) 2022 2563176. | (e) 2023 | (f) Total 13988685. |
| | Amounts from line 4 | 2554105. | 3103300. | 3300ZI/. | 2303170. | 22/3221. | 13300003. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 1627902. | 2603617. | 8057093. | 4387852. | 1316663 | 20993127. |
| ~ | and income from similar sources | 102/902. | 2003017. | 0057095. | 4307032. | 4510005. | 20995127. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | 5,536. | 2,628. | | 8,164. |
| 10 | business is regularly carried on | | | 5,550. | 2,020. | | 0,104. |
| 10 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 56,059. | 42,161. | | | | 98,220. |
| 11 | | 30,035. | 42,1010 | | | | 35088196. |
| 12 | Gross receipts from related activities, | | | | | 12 | 897,175. |
| 13 | First 5 years. If the Form 990 is for th | | | fourth or fifth tax y | | | 007,1730 |
| 15 | organization, check this box and sto | 0 | | , | · | ()() | |
| Se | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | | column (f)) | | 14 | 39.87 % |
| 15 | Public support percentage from 2022 | | • | | | 15 | 47.47 % |
| | a 33 1/3% support test - 2023. If the o | | | | | · · · · · · · · · · · · · · · · · · · | |
| | stop here. The organization qualifies | | | | | | V |
| k | 33 1/3% support test - 2022. If the o | | - | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| - | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | ····· | |
| k | 0 10% -facts-and-circumstances test | - | - | | | | |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the facts-and-circl | | | | | | |
| 18 | Private foundation. If the organization | | | | | | s |
| | | | | | | | (Form 990) 2023 |

332022 12-21-23

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| Schedule A | | | | | FOUNDATION | | |
|------------|---------|------------|---------|----------|------------------|---------------|------|
| Part III | Support | Schedule f | or Orga | nization | s Described in S | ection 509(a) |)(2) |

THE CCSU FOUNDATION, INC.

(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.)

| Sec | tion A. Public Support | | | | | | |
|-------|--|-----------------------|-----------------------|----------------------|---------------------|--------------------|---------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | he organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3) organiza | ation, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | centage | | | <u> </u> | |
| 15 | Public support percentage for 2023 (| line 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| | ction D. Computation of Inves | | • | | | <u> </u> | |
| | Investment income percentage for 2 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | | | | | | 17 is not |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2022. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | n |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | structions | |
| 33202 | 23 12-21-23 | | | | | Schedule | e A (Form 990) 2023 |
| | | | 16 | | | | |

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| dule A (Form 990) 2023 | \mathbf{THE} | CCSU | FOUNDATION, | INC. |
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| | | | | |

Part IV Supporting Organizations (continued)

1

2

1

Yes No

Voc No

Yes No

| | | | Yes | No |
|-----|---|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |

| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
|---|--|
| 2 | Did the organization operate for the benefit of any supported organization other than the supported |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, |

| supervised, or controlled the supporting organization. | |
|--|--|
| Section C. Type II Supporting Organizations | |
| | |

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

| Section D. All Type III Supporting Organizations | |
|--|--|
| | |

| | | | 163 | NO |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ructions | (see instru | during the year | Test dur | l Part T | - Integral | satisfy th | used t | organization | that the | method | at to the | the hox nex | Check | 1 |
|---|----------|-------------|-----------------|----------|----------|------------|------------|--------|--------------|----------|--------|-----------|-------------|-------|---|
|---|----------|-------------|-----------------|----------|----------|------------|------------|--------|--------------|----------|--------|-----------|-------------|-------|---|

a The organization satisfied the Activities Test. Complete line 2 below.

| b | | The organization | is the parent of | of each of its | supported of | organizations. | Complete line 3 be | elow. |
|---|--|------------------|------------------|----------------|--------------|----------------|--------------------|-------|
|---|--|------------------|------------------|----------------|--------------|----------------|--------------------|-------|

| С | | The organization | supported a | a governmental e | ntity. | Describe in Part | VI how | you supported a | governmental entity | / (see instruction <u>s).</u> | |
|---|--|------------------|-------------|------------------|--------|------------------|--------|-----------------|---------------------|-------------------------------|--|
|---|--|------------------|-------------|------------------|--------|------------------|--------|-----------------|---------------------|-------------------------------|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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| | | | | Schedule A (Forr | n 990) 2023 |
|-----------------------|--------------------|---------------|--------------|------------------|-------------|
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| | | | | | |

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|------|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amo | unt, | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |

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

(

Schedule A (Form 990) 2023

1

THE CCSU FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated

b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

THE CCSU FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
|-------|---|-------------------------------|---------------------------------------|----|---|
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 1 | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | ıs | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| с | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2019 | | | | |

Schedule A (Form 990) 2023

Current Year

20

| hedule A | (Form | 990) | 2023 | |
|----------|-------|------|------|--|
| | | | | |

Section D - Distributions

23-7354328 Page 8 THE CCSU FOUNDATION, INC. Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS 56,059. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 42,161. FORM 990 SCHEDULE A THE FOUNDATION WAS FORMED FOR THE PURPOSE OF SUPPLEMENTING INSTITUTIONAL ENRICHMENT, STUDENT SUPPORT UNIVERSITY PROGRAMS AND ACADEMIC ENRICHMENT OF CENTRAL CT STATE UNIVERSITY. IN COLLABORATION WITH THE UNIVERSITY, THE FOUNDATION SOLICITS DONATIONS OF MONIES SECURITIES OR PROPERTIES, AND ACTS AS CUSTODIAN FOR FUNDS AND PROPERTY RECEIVED. THE FOUNDATION THEN DISBURSES SUCH FUNDS, PROPERTY, OR THE INCOME THEREFROM IN AIDING, SUPPLEMENTING, IMPROVING, AND ENLARGING THE

EDUCATIONAL, CULTURAL AND RESEARCH FACILITIES AND ACTIVITIES OF THE

UNIVERSITY.

332028 12-21-23

| | | 0 | | | | OMB No. 1545-0047 |
|--------|------------------------|--|---|----------------------------|--------------------|-----------------------------------|
| | HEDULE D | | al Financial St | | | |
| (Forn | n 990) | Complete if the orga Part IV, line 6, 7, 8, 9, 10 | nization answered "Yes 11a, 11b, 11c, 11d, 11e | | | 2023 |
| | ment of the Treasury | A | ttach to Form 990. | | | Open to Public |
| - | I Revenue Service | Go to www.irs.gov/Form99 | 0 for instructions and th | ne latest information. | F armelesse | |
| Nam | e of the organization | on THE CCSU FOUNDATIO | N TNC | | | r identification number 3-7354328 |
| Par | rt I Organiza | ations Maintaining Donor Advise | | imilar Funds or Ac | | |
| | | n answered "Yes" on Form 990, Part IV, lin | | | | |
| | | | (a) Donor advise | d funds | b) Funds ar | d other accounts |
| 1 | Total number at er | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 | | f grants from (during year) | | | | |
| 4 | | t end of year | | | | |
| 5 | | on inform all donors and donor advisors in | | ld in donor advised fund | ls | |
| | are the organizatio | on's property, subject to the organization's | exclusive legal control? | | | Yes No |
| 6 | Did the organization | on inform all grantees, donors, and donor a | dvisors in writing that gra | ant funds can be used o | nly | |
| | for charitable purp | oses and not for the benefit of the donor o | r donor advisor, or for an | y other purpose conferri | ing | |
| _ | | ate benefit? | | | | Yes No |
| Par | rt II Conserv | ation Easements. Complete if the or | ganization answered "Yes | s" on Form 990, Part IV, | line 7. | |
| 1 | Purpose(s) of cons | servation easements held by the organization | on (check all that apply). | - | | |
| | | n of land for public use (for example, recrea | tion or education) | Preservation of a histo | prically impo | rtant land area |
| | | f natural habitat | | Preservation of a certi | fied historic | structure |
| | | n of open space | | | | |
| 2 | | through 2d if the organization held a qualit | fied conservation contribution | ution in the form of a co | | |
| | day of the tax year | | | | | at the End of the Tax Year |
| | | onservation easements | | | 2a | |
| | v | | | | 2b | |
| c | | vation easements on a certified historic stru | | | 2c | |
| d | | vation easements included on line 2c acqu | • | | | |
| • | | ture listed in the National Register | | | 2d | - 44 - 4 |
| 3 | | vation easements modified, transferred, rel | eased, extinguished, or t | erminated by the organi | zation durin | g the tax |
| ٨ | year | where property subject to concernation and | amont is located | | | |
| 4 5 | | where property subject to conservation eas tion have a written policy regarding the per | | ion handling of | | |
| 5 | 0 | forcement of the conservation easements it | 0, 1 | | | Yes No |
| 6 | | r hours devoted to monitoring, inspecting, | | | | |
| Ŭ | | | nandning of Violationio, an | | | o daning the year |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hanc | lling of violations, and en | forcing conservation eas | sements dur | ing the year |
| | | 5, T 5, | 5 | 5 | | 5 |
| 8 | Does each conser | vation easement reported on line 2d above | satisfy the requirements | of section 170(h)(4)(B)(i) |) | |
| | and section 170(h) |)(4)(B)(ii)? | · · · | | | Yes No |
| 9 | In Part XIII, describ | be how the organization reports conservation | on easements in its rever | nue and expense statem | ent and | |
| | balance sheet, and | d include, if applicable, the text of the footr | note to the organization's | financial statements that | at describes | the |
| | organization's acc | ounting for conservation easements. | | | | |
| Par | | ations Maintaining Collections of | | asures, or Other S | imilar As | sets. |
| | Complete if | f the organization answered "Yes" on Form | 990, Part IV, line 8. | | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | 8, not to report in its reve | enue statement and bala | ance sheet v | vorks |
| | of art, historical tre | easures, or other similar assets held for put | olic exhibition, education, | , or research in furtherar | nce of public | : |
| | · • | Part XIII the text of the footnote to its finar | | | | |
| b | - | elected, as permitted under FASB ASC 95 | | | | |
| | | sures, or other similar assets held for public | exhibition, education, or | r research in furtherance | of public se | ervice, |
| | | ing amounts relating to these items. | | | | |
| | | ded on Form 990, Part VIII, line 1 | | | • | |
| ~ | ., | | | | | |
| 2 | | received or held works of art, historical tre | | | orovide | |
| - | - | unts required to be reported under FASB A | - | | ¢ | |
| | | on Form 990, Part VIII, line 1 Form 990, Part X | | | | 57,000. |
| | | eduction Act Notice, see the Instructions | | | | edule D (Form 990) 2023 |
| | . or i aper work h | | | | JUIE | |

| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 |). |
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|-------------|---|--------------------------------|----------------------|-----------------------|---------------|------------------|----------|---------|--------------|
| 3 | Using the organization's acquisition, accessio | | - | - | | | (contir | nued) | |
| 3 | collection items (check all that apply). | on, and other records | , check any of the | Ionowing that make | Signinicant | | | | |
| а | Public exhibition | d | | change program | | | | | |
| b | Scholarly research | e | | JPPORTING A | RT OF | EDUCA | אסדידע | J | |
| c | Preservation for future generations | e | | | | <u></u> | 11 1 01 | • | |
| 4 | Provide a description of the organization's co | Illections and explain | how they further t | ne organization's ex | empt purpo | se in Part | XIII | | |
| 5 | During the year, did the organization solicit or | • | | e e | | | A | | |
| Ŭ | to be sold to raise funds rather than to be ma | | , | | | | Yes | X | No |
| Par | | | | | | | _ | | |
| | reported an amount on Form 990, Par | | on the organizatio | | | , r a. c r v , m | 10 0, 01 | | |
| 1a | Is the organization an agent, trustee, custodia | | iary for contributio | ns or other assets no | ot included | | | | |
| | on Form 990, Part X? | • | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | ····· ∟ |] 100 | L | |
| - | | | ennig tablet | | | | Amoun | t | |
| с | Beginning balance | | | | 1c | | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | 1f | | | | |
| | Did the organization include an amount on Fo | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • • • • • • • | ······ |] | | 1 |
| Par | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | years back | (e) Four | ' years | back |
| 1a | Beginning of year balance | 86,115,648. | 82,059,761. | 89,058,029 | , 72,0 | 01,822. | 67, | 198, | 144. |
| | Contributions | 623,903. | 1,018,747. | | | 590,719. | | ,049, | |
| | Net investment earnings, gains, and losses | 7,495,024. | 6,177,579. | -7,821,855 | - | 31,096. | | | 713. |
| | Grants or scholarships | 2,597,980. | 3,048,821. | | 1 | L97,595. | 1 | ,601, | 798. |
| | Other expenditures for facilities | | · · · | | | | | | |
| | and programs | 193,902. | 91,618. | 18,147 | . 2 | 268,013. | | 491, | 784. |
| f | Administrative expenses | | · | · | | | -4, | 854, | 519. |
| g | End of year balance | 91,442,693. | 86,115,648. | 82,059,761 | . 89,0 | 58,029. | | ,001 | |
| 2 | Provide the estimated percentage of the curr | i | | | , , | , | , | , | |
| | Board designated or guasi-endowment | .2090 | % | | | | | | |
| | Permanent endowment 60.2990 | % | _/* | | | | | | |
| | 20 1000 | /° | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c shou | , - | | | | | | | |
| 3a | Are there endowment funds not in the posses | • | ion that are held a | nd administered for | the | | | | |
| | organization by: | eren er ine er gamza | | | | | ١ | Yes | No |
| | (i) Unrelated organizations? | | | | | | 3a(i) | | X |
| | | | | | | | 3a(ii) | | x |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| _ | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990, | Part IV, line 11a. | See Form 990, Part > | (, line 10. | | | | |
| | Description of property | (a) Cost or ot | her (b) Cos | t or other (c) | Accumulat | ed | (d) Boo | k valu | e |
| | | basis (investm | • • • | | lepreciation | | .,==• | | |
| 1a | Land | | 53 | 2,266. | | | 53 | 2,2 | 66. |
| | Buildings | | | | | | _ | | |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | | | | | | |
| | Other | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must en | | line 10c column | (B)) | | | 53 | 2,2 | 66. |
| | | <u>quari onni 330, i all 7</u> | | | | Schedule | | - | |

| Complete if the organization answered "Yes" | | | of yoor more that we have |
|--|----------------------------|--|---------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | or-year market value |
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal . (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | · | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) | | | · |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Interference Interference< | | | |
| | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| | | | |
| (5) | | | |
| (5) (6) | | | |
| | | | |
| (6) (7) | | | |
| (6) | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col | | | |
| (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col | | | |
| (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities | | | (b) Book value |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability | | | (b) Book value |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CLASS ACCOUNTS | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CLASS ACCOUNTS (3) | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CLASS ACCOUNTS (3) (4) | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) CLASS ACCOUNTS (3) (4) (5) | | | • • |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) CLASS ACCOUNTS (3) (4) (5) (6) | | | • • |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) CLASS ACCOUNTS (3) (4) (5) (6) (7) | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) CLASS ACCOUNTS (3) (4) (5) (6) (7) (8) | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) CLASS ACCOUNTS (3) (4) (5) (6) (7) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value 106,143 |

THE CCSU FOUNDATION, INC.

332053 09-28-23

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

23-7354328 Page 3

14061220 147227 8314826-0314826.0990 2023.05010 THE CCSU FOUNDATION, INC. 83148261

| | edule D (Form 990) 2023 THE CCSU FOUNDATION, INC. | | | | 7354328 Page 4 |
|---|--|---|--|-------|---|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | ents Wit | h Revenue per Re | turn | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | l. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 12,890,897. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | 3,881,691. | | |
| b | Donated services and use of facilities | . 2b | 1,732,091. | | |
| с | Recoveries of prior year grants | . 2c | | | |
| d | | | | | |
| е | Add lines 2a through 2d | | | 2e | 5,613,782. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,277,115. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | 437,758. | | |
| b | Other (Describe in Part XIII.) | 4b | -65,782. | | |
| с | Add lines 4a and 4b | | | 4c | 371,976. 7,649,091. |
| | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | /,649,091. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme | ents Wi | th Expenses per I | | n |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents Wi | th Expenses per I | | n |
| 5 Ра 1 | rt XII Reconciliation of Expenses per Audited Financial Statem | ents Wi | th Expenses per I | | n 6,328,752. |
| | rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents Wi | th Expenses per I | Retur | n |
| 1 | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | ents Wi | th Expenses per I | Retur | n |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ents Wi | th Expenses per I | Retur | n |
| 1 2 a | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ents Wi | th Expenses per I | Retur | n |
| 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ents Wi | th Expenses per I | Retur | n 6,328,752. |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | ents Wi 2a 2b 2c 2d | th Expenses per I 1,732,091. 25,876. | Retur | n <u>6,328,752.</u> 1,757,967. |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | ents Wi | th Expenses per F | Retur | n 6,328,752. |
| 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | ents Wi | th Expenses per F | Retur | n <u>6,328,752.</u> 1,757,967. |
| 1 2 b c d 3 | Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | ents Wi | th Expenses per F | Retur | n <u>6,328,752.</u> 1,757,967. |
| 1 2 3 4 | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | ents Wi | th Expenses per I | Retur | n 6,328,752. 1,757,967. 4,570,785. |
| 1 2 3 4 3 4 | rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | ents Wi | th Expenses per F | Retur | n 6,328,752. 1,757,967. 4,570,785. 437,758. |
| 1 2 d e 3 4 b c 5 | rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | ents Wi 2a 2b 2c 2d 4a 4b | th Expenses per F | Retur | n 6,328,752. 1,757,967. 4,570,785. |

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

PART X, LINE 2:

| MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS |
|---|
| CONCLUDED THAT, AS OF JUNE 30, 2024, THERE ARE NO UNCERTAIN TAX POSITIONS |
| TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A |
| LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE |
| FOUNDATION'S FEDERAL AND STATE INFORMATIONAL RETURNS PRIOR TO FISCAL YEAR |
| 2021 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF |
| LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW |
| AUTHORITATIVE RULINGS. THE FOUNDATION HAS NO UNRECOGNIZED TAX BENEFITS AT |
| JUNE 30, 2024. |
| |

 IF THE FOUNDATION HAD UNRELATED BUSINESS INCOME TAXES, IT WOULD RECOGNIZE

 332054 09-28-23
 Schedule D (Form 990) 2023

 29
 14061220 147227 8314826-0314826.0990 2023.05010 THE CCSU FOUNDATION, INC. 83148261

| Schedule D | (Form 990) 2023 | THE | CCSU | FOUNDATION, | INC. | 23-7354328 | Page 5 |
|------------|---------------------|--------|-----------|-------------|------|------------|--------|
| Part XIII | Supplemental Inform | nation | (continue | ed) | | | |

INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE

INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE

RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION.

FORM 990 SCHEDULE D ENDOWMENT PART V

A RECLASSIFICATION AMOUNT WAS FLOWED THROUGH ADMINISTRATIVE EXPENSES LINE

FOR 2019 AND 2020 IN ORDER TO ALLIGN THE 990 WITH THE ENDING BALANCE OF

THE ENDOWMENT FUND PER THE FINANCIAL STATEMENT ENDOWMENT FOOTNOTE.

Schedule D (Form 990) 2023

332055 09-28-23

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|--|---------------------|--|---|--------------------|---|---------|--|--|
| (Form 990) | | e organization answered "Yes" on | | | | r 19, | or if the | 2023 |
| Department of the Treasury | c | organization entered more than \$15 Attach to Form 990 c | | | | | | Open to Public |
| Internal Revenue Service | Go t | o www.irs.gov/Form990 for instruc | | | | ı. | | Inspection |
| Name of the organization | | U FOUNDATION, INC. | | | | | Employer ide 23-7354 | entification number |
| Part I Fundrais | | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, li | ine 1 | | |
| required to | complete this part | t | | | | | | |
| 1 Indicate whether the a Mail solicitat | 0 | e Solicitaied funds through any of the followin | 0 | | Check all that apply. overnment grants | | | |
| — | email solicitations | | | - | nment grants | | | |
| c 📃 Phone solici | tations | g 📃 Special | | | | | | |
| d In-person so | | | (: | | finana dinastana turna | | | |
| • | | or oral agreement with any individual art VII) or entity in connection with p | • | Ū | | lees, | | s 🗌 No |
| | | viduals or entities (fundraisers) pursu | | | • | ne fur | ndraiser is to b | e |
| compensated at le | ast \$5,000 by the | organization. | | | | | | |
| (i) Name and addres or entity (func | | (ii) Activity | (iii) fundr have co or con contribu | ustody itrol of | (iv) Gross receipts from activity | tò (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
| | | | | | | | | |
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| Total | | | | | | | | |
| 3 List all states in whi or licensing. | ch the organizatio | n is registered or licensed to solicit c | ontrib | utions | or has been notified | it is e | exempt from re | egistration |
| | | | | | | | | |
| | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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THE CCSU FOUNDATION, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | | (a) Event #1 GOLF TOURNAMENT | (b) Event #2 WINE TASTING | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
|---------|--|---|--|---|------------------------------------|---|
| | | | (event type) | (event type) | (total number) | |
| 00000 | 1 | Gross receipts | 59,535. | 13,995. | | 73,530 |
| | 2 | Less: Contributions | 38,751. | 8,905. | | 47,656 |
| | 3 | Gross income (line 1 minus line 2) | 20,784. | 5,090. | | 25,874 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | 1,825. | | | 1,825 |
| | 6 | Rent/facility costs | 8,036. | | | 8,036 |
| | 7 | Food and beverages | 10,044. | 5,971. | | 16,015 |
| L | 0 | Entertainment | | | | |
| | | | | | | |
| | 9 | Other direct expenses | | | | 25 876 |
| | 9 10 | Other direct expenses Direct expense summary. Add lines 4 through | h 9 in column (d) | | | |
| | 9 10 | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I | h 9 in column (d) ine 3, column (d) | | | |
| | 9 10 11 | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I | h 9 in column (d) ine 3, column (d) | n 990, Part IV, line 19, or r | | -2 |
| . ar | 9 10 11 | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I II Gaming. Complete if the organization | h 9 in column (d) ine 3, column (d) | | | - 2 |
| . ar | 9 10 11 rt I | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | h 9 in column (d) ine 3, column (d) answered "Yes" on Form | n 990, Part IV, line 19, or ro (b) Pull tabs/instant | eported more than | - 2 |
| | 9 10 11 rt I | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I II Gaming. Complete if the organization | h 9 in column (d) ine 3, column (d) answered "Yes" on Form | n 990, Part IV, line 19, or ro (b) Pull tabs/instant | eported more than | - 2 |
| | 9 10 <u>11</u> rt I | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | h 9 in column (d) ine 3, column (d) answered "Yes" on Form | n 990, Part IV, line 19, or ro (b) Pull tabs/instant | eported more than | - 2 |
| | 9 10 11 rt I 2 3 | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes | h 9 in column (d) ine 3, column (d) answered "Yes" on Form | n 990, Part IV, line 19, or ro (b) Pull tabs/instant | eported more than | 25,876 -2 (d) Total gaming (add col. (a) through col. (c |
| . ar | 9 10 11 rt I 2 3 4 | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes | h 9 in column (d) ine 3, column (d) answered "Yes" on Form | n 990, Part IV, line 19, or ro (b) Pull tabs/instant | eported more than | - 2 |
| | 9 10 <u>11</u> rt I 2 3 4 5 | Other direct expenses | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | eported more than | - 2 (d) Total gaming (add col. (a) through col. (c |
| | 9 10 <u>11</u> rt I 2 3 4 5 | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | eported more than (c) Other gaming | - 2 (d) Total gaming (add col. (a) through col. (d |
| | 9 10 11 rt I 2 3 4 5 6 | Other direct expenses | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | eported more than (c) Other gaming | - 2 (d) Total gaming (add col. (a) through col. (c |

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

332082 09-13-23

Schedule G (Form 990) 2023

No

No

| chedule G (Form 990) 2023 | THE CCSU FOUNDATION, | INC. | 23-7354328 Page 3 |
|--|--|---|---------------------------------|
| | t gaming activities with nonmembers? | | Yes No |
| Is the organization a grantor, b | peneficiary or trustee of a trust, or a member o | of a partnership or other entity formed | |
| to administer charitable gamin | g? | | Yes No |
| Indicate the percentage of gan | ning activity conducted in: | | |
| | | | |
| | | | |
| Enter the name and address o | f the person who prepares the organization's | gaming/special events books and record | S: |
| Name | | | |
| Address | | | |
| a Does the organization have a c | contract with a third party from whom the orga | anization receives gaming revenue? | Yes 🗌 No |
| b If "Yes " enter the amount of a | aming revenue received by the organization | \$ and the am | ount |
| of gaming revenue retained by | | | Sunt |
| c If "Yes," enter name and addre | | | |
| | so of the third party. | | |
| Name | | | |
| Adduce | | | |
| Address | | | |
| Gaming manager information: | | | |
| Name | | | |
| Gaming manager compensation | on \$ | | |
| | | | |
| Description of services provide | ed | | |
| | | | |
| | | | |
| | | | |
| Director/officer | | ndent contractor | |
| Mandatory distributions: | | | |
| | der state law to make charitable distributions | from the gaming proceeds to | |
| retain the state gaming license | | | Yes No |
| ••• | ons required under state law to be distributed | | |
| organization's own exempt act | • | to other exempt organizations of spont in | T the |
| | formation. Provide the explanations require | ed by Part I, line 2b, columns (iii) and (v): | and Part III, lines 9, 9b, 10b, |
| | , as applicable. Also provide any additional in | | , |
| , , , | <u>/ </u> | | |
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| 83 09-13-23 | | | Schedule G (Form 990) 2023 |
| | 33 | | . , , , , |
| L220 147227 83148 | | 5010 THE CCSU FOUNDAT | FION, INC. 831482 |

14061220 147227 8314826-0314826.0990

| | a (Form 990) |
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| Dart IV | Quantan |

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| 32084 04-01-23 | | Schedule G (Form 99 |

| SCHEDULE I (Form 990) Department of the ¹ Internal Revenue S | Treasury | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. | | | | | | |
|--|---|--|------------------------------------|-----------------------------|--|---|---------------------------------------|--|
| Name of the o | proanization | | GO 10 WWW.II S | s.gov/P0111990101 | the latest morna | | | Inspection Employer identification number |
| | THE CCSU | FOUNDATIO | N, INC. | | | | | 23-7354328 |
| Part I G | eneral Information on Grants a | nd Assistance | | | | | | |
| criteria u <u>2 Describ</u> | e organization maintain records t used to award the grants or assis e in Part IV the organization's pro | stance? | oring the use of grant | funds in the United | l States. | - | | X Yes No |
| | rants and Other Assistance to I ecipient that received more than \$ | | | | | anization answered "Y | 'es" on Form 990, Part | IV, line 21, for any |
| | ne and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1615 STANLE | STATE UNIVERSITY EY STREET N, CT 06050 | 06-1303381 | 501(C)(3) | 789,319. | 0. | | | SUPPORT CCSU PROGRAMS |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Enter to | otal number of section 501(c)(3) a | nd government org | ganizations listed in the | e line 1 table | | | | |

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

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| UITION & FEES AT CCSU | 1621 | 0. | 2,581,603. | | SCHOLARSHIP ASSISTANCE |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION MONITORS GRANTS IN CONJUNCTION WITH THE UNIVERSITY

INSTITUTIONAL ADVANCEMENT AND POST-AWARD GRANT OFFICES. THE FOUNDATION

COORDINATES WITH THESE OFFICES DURING ALL PHASES OF THE LIFE OF THE GRANT,

INCLUDING APPLICATION THROUGH EXPENDITURE REPORTING TO THE GRANTOR.

MANAGEMENT EVALUATES THE STATUS OF OUTSTANDING GRANTS DURING REGULAR

MEETINGS WITH UNIVERSITY STAFF.

| SCHEDULE | Μ |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

23

| Complete if the organizations answered "Yes" | " on Form 990, Part IV, lines 29 or 30. |
|--|---|
| Attach to Forn | n 990. |

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

Name of the organization

| Employer | identification number |
|----------|-----------------------|
| 2 | 3-7354328 |

ſ ΖU **Open to Public**

| _ | THE CCSU | FOUNDATION, | INC. |
|--------|-------------------|-------------|------|
| Part I | Types of Property | | |

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of det noncash contribut | | | 3 |
|-------------|---|--------------------------------------|---|---|--|-------|--------|-------|
| 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 | X | 3 | 29,854. | FWV | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other () | | | | | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | - | | | | | | |
| | for which the organization completed Form 828 | 83, Part V, D | onee Acknowledg | ement 29 | | | | |
| | Desires the second state of the | | | entral in Deut III - 4 11 | 1 00 H | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | | |
| | must hold for at least 3 years from the date of | _ | | | | 00- | | Х |
| | exempt purposes for the entire holding period? | | | | | 30a | | |
| | If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p | oliov that | quiros the review | of any popularid contribut | ions? | 24 | x | |
| 31 220 | | | | | | 31 | | |
| 32 8 | Does the organization hire or use third parties of contributions? | | - | | | 32a | x | |
| h | If "Yes," describe in Part II. | | | | | JZa | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | a type of property | for which column (a) is chec | ked | | | |
| | describe in Part II. | | | | | | | |
| For P | Paperwork Reduction Act Notice see the Inst | ructions for | Form 990 | | Schedule M | (Eorn | - 000) | 2023 |

hedule M (Form 990) 2023

LHA 332141 09-11-23

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

<u>SCHEDULE M, PART I,</u> COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

THE UNIVERSITY IS USED (THROUGH THE INSTITUTIONAL ADVANCEMENT DEPT) то

SOLICIT NONCASH (STOCK) CONTRIBUTIONS.

Schedule M (Form 990) 2023

332142 09-11-23

| SCHEDULE O | Supplemental Information to Form 990 or 990 | -EZ | | |
|--|--|-------------|--|--|
| (Form 990) | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | | | |
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | | |
| Name of the organization | THE CCSU FOUNDATION, INC. | Emple 23 | | |
| FORM 990, PART | I, LINE 1, DESCRIPTION OF ORGANIZATION MISS | ION: | | |

THE CCSU FOUNDATION, INC. WAS CREATED IN 1971, AT THE REQUEST OF THE

UNIVERSITY, AS A VEHICLE TO OBTAIN PRIVATE CONTRIBUTIONS TO SUPPORT

EDUCATIONAL PROGRAMS AND RESEARCH AT CENTRAL CONNECTICUT STATE

UNIVERSITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INSTITUTIONAL ENRICHMENT-ASSIST UNIVERSITY IN FUNDING SPECIAL

INSTITUTIONAL ENRICHMENT PROJECTS WHEN FUNDING WOULD NOT OTHERWISE BE

AVAILABLE.

EXPENSES \$ 154,438. INCLUDING GRANTS OF \$ 67,051. REVENUE \$ 175,513.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION ENGAGED ALACARTE-SOLUTIONS FOR ACCOUNTING AND HUMAN

RESOURCES FOR FINANCIAL SERVICES.

FORM 990, PART VI, SECTION A, LINE 7A:

ORGANIZATIONS AND INDIVIDUALS WITHIN THE UNIVERSITY HAVE THE AUTHORITY TO

APPOINT SPECIFIC EX-OFFICIO POSITIONS TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

DISTRIBUTED TO FINANCE COMMITTEE OF BOARD OF DIRECTORS FOR REVIEW AND

APPROVAL AND SUBMITTED TO BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING

WITH IRS.

332211 11-14-23

LHA

FORM 990, PART VI, SECTION B, LINE 12C: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

OMB No. 1545-0047

Open to Public Inspection Employer identification number 23-7354328

39

| Name of the organization THE CCSU FOUNDATION, INC. | Employer identification number 23-7354328 |
|--|---|
| THE GOVERNING BODY IS REQUIRED TO REVIEW THE CONFLICTS OF | |
| AND DISCLOSE ANY CONFLICTS OF INTEREST. THIS IS DONE ON AN | |
| CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS SIGNED BY EA | |
| AND RETAINED BY CCSU FOUNDATION, INC. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE AUDITED FIN | NANCIAL |
| STATEMENTS, FORM 990 AND BYLAWS ARE MADE AVAILABLE TO THE | PUBLIC ONLINE. |
| ANY OTHER DOCUMENTS SUCH AS THE CONFLICT OF INTEREST POLIC | CY ARE MADE |
| AVAILABLE UPON REQUEST. | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN VALUE OF THIRD PARTY TRUSTS | 39,906. |
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| SCHEDULE R |
|------------|
| (Form 990) |

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

23 Open to Public Inspection

Employer identification number 23-7354328

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

Name of the organization

Department of the Treasury Internal Revenue Service

THE CCSU FOUNDATION, INC.

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|---------------------------|--|
| | | | | | |
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Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | | g) 512(b)(13) rolled ity? |
|--|-------------------------|---|-------------------------------|--|-------------------------------------|-----|---|
| | | | | 501(c)(3)) | | Yes | No |
| CENTRAL CT STATE UNIVERSITY - 06-1303381 | | | | | | | |
| 1615 STANLEY STREET | | | | | | | |
| NEW BRITAIN, CT 06050 | EDUCATION | CONNECTICUT | 501(C)(3) | LINE 6 | N/A | | Х |
| | - | | | | | | |
| | - | | | | | | |
| | - | | | | | | |

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 THE CCSU FOUNDATION, INC.

23-7354328 Page 2

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | () | h) | (i) | (j) | (k) |
|--|------------------|---|--------------------|--|----------------|-----------------------------------|---------|---------------------|---|------------------------------|----------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total | Share of end-of-year assets | Disprop | ortionate tions? | Code V-UBI amount in box 20 of Schedule | General managi partner | or Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | o |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(t contr ent | (i) ction b)(13) rolled tity? |
|---|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|------------------------------|---|
| | | country) | | | | | | Yes | No |
| | | | | | | | | | |
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Schedule R (Form 990) 2023 THE CCSU FOUNDATION, INC.

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

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | X |
| | Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| | Loans or loan guarantees by related organization(s) | 1e | | X |
| | | | | |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| Т | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | X | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| | Sharing of paid employees with related organization(s) | 10 | X | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | X |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х |
| s | Other transfer of cash or property from related organization(s) | 1s | | Х |
| 2 | If the answer to any of the above is "Yes." see the instructions for information on who must complete this line. including covered relationships and transaction thresholds. | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1) | | | |
| <u>(2)</u> | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| (5) | | | |
| _(6) | | | |

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Schedule R (Form 990) 2023 THE CCSU FOUNDATION, INC.

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

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

| (a) | (b) | (c) | (d) | 1. | 2 | (f) | (g) | (r | 1 | (i) | (j) | | (k) |
|-------------------------------|-------------------|-------------------|--|-----------------------|-------------|-------|-------------|-------------------------------|------|--|---------------|---------------|-------------------|
| (a) Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are | e) e all | | | | Dor- | Code V-LIBI | (J) Gener: | | (יי) ercentade |
| of entity | T Timary activity | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partne 501(org | c)(3) | total | end-of-year | Disprotion tion allocat | ate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | manag | ing r2 C | wnership |
| , | | country) | excluded from tax under sections 512-514) | Yes | | | | Yes | No | (Form 1065) | Yes | | • |
| | | | | 165 | NO | | | 165 | NU | (| 1621 | | |
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Schedule R (Form 990) 2023

Provide additional information for responses to questions on Schedule R. See instructions.

| 2165 09-28-23 | | | | | | Schedu | e R (Form | n 990) 2023 |
|-------------------------|-----------|------------|-------|------|----------|--------|-----------|-------------|
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