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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**HUDSON COUNTY COMMUNITY COLLEGE FOUNDATION**

Number and street (or P O box, if mail is not delivered to street address)

70 SIP AVENUE

Room/suite

City or town, state or country, and ZIP + 4

JERSEY CITY**NJ 07306****D** Employer identification number**22-3716420****E** Telephone number**201-360-4006****F** Group Exemption Number

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual

Other (specify) ▶

I Website: ▶ **www.hccc.edu****J** Organization type (check only one) ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **320,662****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	67,906	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4	38,927	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	213,829	
	b	Less direct expenses other than fundraising expenses	6b	22,239	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	191,590		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	Other revenue (describe ▶ OGDEN, UT)	8			
	Total revenue. Add lines 1, 2, 3, 4, 5a, 5c, 6c, 7c, and 8	9	298,423		
Expenses		Grants and similar amounts paid (attach schedule)	10	176,091	
		Benefits paid to or for members	11		
		Salaries, other compensation, and employee benefits	12		
		Professional fees and other payments to independent contractors	13	3,700	
		Occupancy, rent, utilities, and maintenance	14	7,742	
		Printing, publications, postage, and shipping	15	8,677	
		Other expenses (describe ▶ See Statement 2)	16	53,050	
		Total expenses. Add lines 10 through 16	17	249,260	
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	49,163
		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,334,641
20		Other changes in net assets or fund balances (attach explanation)	20	0	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,383,804	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,296,438	1,338,400
23 Land and buildings	8,330	44,075
24 Other assets (describe ▶ See Statement 3)	42,273	7,250
25 Total assets	1,347,041	1,389,725
26 Total liabilities (describe ▶ See Statement 4)	12,400	5,921
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,334,641	1,383,804

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

Form **990-EZ** (2008)

99 19

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 SCHOLARSHIPS AND AWARDS TO HUDSON COUNTY COLLEGE STUDENTS

28a	185,356
-----	---------

29

29a

30

30a

31 Other program services (attach schedule)

31a

32 Total program service expenses (add lines 28a through 31a)

32	185,356
----	---------

(a) Name and address

(a)	(b) Title and average hours per week devoted to position
1	President, 10
2	President, 10
3	President, 10
4	President, 10
5	President, 10
6	President, 10
7	President, 10
8	President, 10
9	President, 10
10	President, 10
11	President, 10
12	President, 10
13	President, 10
14	President, 10
15	President, 10
16	President, 10
17	President, 10
18	President, 10
19	President, 10
20	President, 10
21	President, 10
22	President, 10
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92	President, 10
93	President, 10
94	President, 10
95	President, 10
96	President, 10
97	President, 10
98	President, 10
99	President, 10
100	President, 10

(c) Compensation
(If not paid,
enter -0-)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense
account and
other allowances

See Statement 6

Form 990-EZ (2008)

HUDSON COUNTY COMMUNITY COLLEGE

22-3716420

Page 3

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NJ	
42a The books are in care of	FOUNDATION	
70 SIP AVE		
Located at	JERSEY CITY, NJ	
Telephone no	201-360-4006	
ZIP + 4	07306	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Form 990-EZ (2008)

HUDSON COUNTY COMMUNITY COLLEGE

22-3716420

Page 4

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

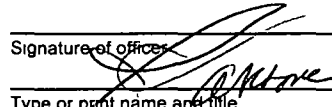

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date <u>2/4/09</u>	
Paid Preparer's Use Only	Preparer's signature 	Date <u>1/30/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		Phone no ▶
	<u>KATHLEEN M. CLAYTON</u>	<u>SGA Group, PC</u>		<u>732-381-8887</u>
	<u>100 Walnut Avenue, Suite 103</u>	<u>Clark, NJ 07066</u>		
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ (2008)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	266,923	379,375	378,219	505,183	281,735	1,811,435
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	68,045	106,832	125,143	140,063	145,018	585,101
4 Total. Add lines 1-3	334,968	486,207	503,362	645,246	426,753	2,396,536
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)						48,566
6 Public support. Subtract line 5 from line 4						2,347,970

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	334,968	486,207	503,362	645,246	426,753	2,396,536
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,446	22,284	31,259	38,911	38,927	141,827
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,538,363
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.4994 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	80.7830 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 GALA EVENT	(b) Event #2 GOLF EVENT	(c) Other Events 3	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	86,870	41,000	48,394	176,264
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	86,870	41,000	48,394	176,264
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses			13,239	13,239
	8 Direct expense summary Add lines 4 through 7 in column (d)				13,239
	9 Net income summary Combine lines 3 and 8 in column (d)				163,025

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue			32,900	32,900
Direct Expenses	2 Cash prizes			9,000	9,000
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				9,000
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				23,900

- 9 Enter the state(s) in which the organization operates gaming activities **NJ**
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain

- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**b** An outside facility

13a	100.00 %
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records.Name ► **FOUNDATION****70 SIP AVE**Address ► **JERSEY CITY****NJ 07306****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$**c** If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager informationName ► **JOSEPH SANSONE**

Gaming manager compensation ► \$

Description of services provided ► **ADMINISTERS SALE OF RAFFLE TICKETS**☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes No

15a

X

17a

X

Federal Statements

22-3716420

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Description of Property	Name and Address	Relationship to Organization		Class of Activity	Date of Gift		Purpose
		Cash Contribution	Noncash Contribution		Book Value	FMV Explanation	
SCHOLARSHIPS		144,091					
BOOK AWARDS		25,000					
CULINARY SCHOOL KNIVES		7,000					
Total		176,091					

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
GALA EVENT	\$
EVENT EXPENSES	10,148
GOLF EVENT	
EVENT EXPENSES	18,555
NIGHT AT THE RACES	
EVENT EXPENSES	6,373
RAFFLE EVENT	
RAFFLE COSTS	1,030
DONOR DINNER	
EVENT COSTS	7,588
Expenses	
ADMINISTRATIVE COSTS	91
OTHER PROGRAM COSTS	9,265
Total	\$ <u>53,050</u>

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Pledges Receivable	\$ 38,317	\$
Accounts Receivable	500	4,750
Prepaid Expenses and Deferred Charges	3,456	2,500
	<u>42,273</u>	<u>7,250</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$	\$ 3,421
Deferred Revenue	12,400	2,500
	<u>12,400</u>	<u>5,921</u>

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

ORGANIZED FOR THE BENEFIT AND SUPPORT OF HUDSON COUNTY
COLLEGE AND ITS STUDENTS

Federal Statements

22-3716420

FYE: 6/30/2009

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ARNOLD ALSTON 190 RIVER RD SUMMIT, NJ 07901	BOARD MEMBER	1	0	0	0
MARK BANN 30 MONTGOMERY ST JERSEY CITY, NJ 07302	BOARD MEMBER	1	0	0	0
DONNETT BARNETT VERLEY 27-02 FAIR LAWN AVE FAIR LAWN, NJ 07410	BOARD MEMBER	1	0	0	0
ORLANDO BRU 2112 BERGENLINE AVE UNION CITY, NJ 07087	BOARD MEMBER	1	0	0	0
BRIAN CAMPBELL 591 AVENUE C BAYONNE, NJ 07002	BOARD MEMBER	1	0	0	0
JEANNE CRETELLA 79 AUDREY ZAPP DR JERSEY CITY, NJ 07304	BOARD MEMBER	1	0	0	0
JOSEPH CUNDARI 13 FRANK E RODGERS BLVD N HARRISON, NJ 07029	BOARD MEMBER	1	0	0	0
STEVE DEJESUS 55 PARK AVE LYNDHURST, NJ 07071	BOARD MEMBER	1	0	0	0
ANGEL DENIS 18 VISTA DR HAMILTON SQUARE, NJ 08690	BOARD MEMBER	1	0	0	0

Federal Statements

22-3716420

FYE: 6/30/2009

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BENJAMIN DINEEN 857 BERGEN AVE JERSEY CITY, NJ 07306	BOARD MEMBER	1	0	0	0
PATRICK DISANTO 3100 BERGENLINE AVE UNION CITY, NJ 07087	BOARD MEMBER	1	0	0	0
RICHARD DWYER 60 SOUTH NEWMAN ST HACKENSACK, NJ 07601	BOARD MEMBER	1	0	0	0
JAMES EGAN 454 MORRIS AVE SPRINGFIELD, NJ 07081	BOARD MEMBER	1	0	0	0
LISA EPSTEIN 22 DEFOREST AVE EAST HANOVER, NJ 07936	BOARD MEMBER	1	0	0	0
KAREN FAHRENHOLZ 63 SHERMAN PL JERSEY CITY, NJ 07307	BOARD MEMBER	1	0	0	0
DR. GLEN GABERT 70 SIP AVE JERSEY CITY, NJ 07306	BOARD MEMBER	5	0	0	0
CHANDA GIBSON 30 HUDSON ST JERSEY CITY, NJ 07302	TREASURER	2	0	0	0
SCOTT HARWOOD 29 JOURNAL SQUARE JERSEY CITY, NJ 07306	BOARD MEMBER	1	0	0	0

Federal Statements

22-3716420

FYE: 6/30/2009

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LOU HENDI 70 VALLEY VIEW TERR MONTVALE, NJ 07645	BOARD MEMBER	1	0	0	0
JOSEPH HOTTENDORF 1325 PATERSON PLANK RD SECAUCUS, NJ 07094	BOARD MEMBER	1	0	0	0
ANTONIO IBARRIA, SR 3510 BERGENLINE AVE UNION CITY, NJ 07087	BOARD MEMBER	1	0	0	0
PHILIP JOHNSTON 322 BELLEVILLE TPK NORTH ARLINGTON, NJ 07031	VICE CHAIR	2	0	0	0
AMY KAUFFMAN SWEENEY 1596 GROUSE LN MOUNTAINSIDE, NJ 07092	SECRETARY	2	0	0	0
FREDA KAVANAGH 2 EXCHANGE PL JERSEY CITY, NJ 07302	BOARD MEMBER	1	0	0	0
RICHARD MACKIEWICZ 625 WASHINGTON ST HOBOKEN, NJ 07030	BOARD MEMBER	1	0	0	0
MARIANO MOLINA 70 SIP AVE JERSEY CITY, NJ 07306	BOARD MEMBER	1	0	0	0
JOSEPH NAPOLITANO 216 CENTRAL AVE JERSEY CITY, NJ 07307	BOARD MEMBER	1	0	0	0

Federal Statements

22-3716420

FYE: 6/30/2009

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KEVIN O'CONNOR 200 OLD HOOK RD HARRINGTON PARK, NJ 07640	BOARD MEMBER	1	0	0	0
MANDY OTERO 98 SHERMAN PL JERSEY CITY, NJ 07307	BOARD MEMBER	1	0	0	0
STEPHANIE PANEPINTO 3 SECOND ST JERSEY CITY, NJ 07311	BOARD MEMBER	1	0	0	0
RAJU PATEL 813 NEWARK AVE JERSEY CITY, NJ 07306	BOARD MEMBER	1	0	0	0
MICHAEL RAIMONDE 830 BERGEN AVE JERSEY CITY, NJ 07306	BOARD MEMBER	1	0	0	0
TONY RICO 100 SEAVIEW AVE SECAUCUS, NJ 07094	BOARD MEMBER	1	0	0	0
KENDRICK ROSS 30 JOURNAL SQ JERSEY CITY, NJ 07306	BOARD MEMBER	1	0	0	0
MICHAEL RYAN 142 FIRST ST JERSEY CITY, NJ 07302	BOARD MEMBER	1	0	0	0
JOHN SABATES 301 WASHINGTON ST HOBOKEN, NJ 07030	BOARD MEMBER	1	0	0	0

Federal Statements

1/30/2010 10:23 AM

22-3716420

FYE: 6/30/2009

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOSEPH SANSONE 70 SIP AVE JERSEY CITY, NJ 07306	EX. DIRECTOR	35	0	0	0
RONALD SCHWARZ 250 OAK RD OAK RIDGE, NJ 07438	CHAIR	2	0	0	0
PAUL SILVERMAN 279 GROVE ST JERSEY CITY, NJ 07302	BOARD MEMBER	1	0	0	0
RICHARD WOLFF 515 MADISON AVE NEW YORK, NY 10022	BOARD MEMBER	1	0	0	0
ROB WONDOLOWSKI 450 SUNRISE HWY ROCKVILLE CENTER, NY 11570	BOARD MEMBER	1	0	0	0
RICHARD ZABOROWSKI 288 MAIN ST ORANGE, NJ 07050	BOARD MEMBER	1	0	0	0