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· 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2008 calendar year, or tax year beginning July 1 2008, and ending June 30 , 20 09 D Employer identification number C Name of organization Northampton County Area Community College B Check if applicable Please use IRS label or Doing Business As Foundation, Inc. 2064496 Address change Ē Telephone number print o Number and street (or P O box if mail is not delivered to street address) Room/suite Name change type. (610) 861-5451 3835 Green Pond Rd Initial return Specific City or town, state or country, and ZIP + 4 ☐ Termination tions. Bethlehem, PA 18020 G Gross receipts \$ 3,673,026 Amended return F Name and address of principal officer: Susan K Kubik Same as above Application pending H(a) Is this a group return for affiliates? Yes H(b) Are all affiliates included? Yes √ 501(c) (3)
✓ (insert no.) 4947(a)(1) or If "No." attach a list (see instructions) Website: ▶ www.northampton.edu H(c) Group exemption number > K Type of organization Corporation Trust Association Other ▶ Year of formation 1969 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities: The Northampton Community College Foundation raises, invests and manages private resources for the benefit of Northampton Community College, its students and staff. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 36 Number of voting members of the governing body (Part VI, line 1a). ব্ 4 36 Activities Number of independent voting members of the governing body (Part VI, line 1b) 5 0 5 Total number of employees (Part V, line 2a) 100 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total gross unrelated business revenue from Part VIII 0 b Net unrelated business taxable income from form 19 **Prior Year Current Year** OSC 1,944,249 1,831,410 Contributions and grants (Part VIII, line 1b) Program service revenue (Part VIII, line 20) . JAN 2.1 2010. 9 က် 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 540,755 525,947 Other revenue (Part VIII, column (A), lines 5, 6d, 80, 96, 10c, and 11e) .
Total revenue—add lines 8 through 11 (must equal Part VIII, loc) line 12) 398,414 383,977 2,883,418 2,741,334 1,992,798 1,262,632 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part iX, column (D), line 25) ▶ 122,797 223,812 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2,115,595 1,486,444 19 Revenue less expenses. Subtract line 18 from line 12 767,823 1,254,890 **Beginning of Year** End of Year 31,726,026 27,862,030 20 Total assets (Part X, line 16) . 2,051,184 1,828,366 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 29.674.842 26.033.664 Part II Signature Block 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 Sign Date Here of officer Type or print name and title Check if Date Preparer's identifying number Preparer's (see instructions) signature employed ▶ 🗌 Paid Preparer's Firm's name (or yours FIN Use Only if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

Yes



Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: The Northampton Community College Foundation raises, invests and manages private resources for the benefit of Northampton Community College, its students and staff.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ 821,331 including grants of \$) (Revenue \$) Contributions to Northampton Community College to enable students to receive scholarships; enhance the academic
	program by funding lecturers, faculty development, faculty innovation grants and endowed professorships and enrich the campus' physical plant through support directed to equipment purchases and campus improvements.
70	(Code:) (Expenses \$441,301_ including grants of \$) (Revenue \$) These funds were used to provide nursing scholarships through various hospital based programs and through PA Higher Education Foundation. During the 08-09 Academic Year, 70 Nursing Scholarships were awarded in conjunction with Lehigh Valley Hospital, 31 were awarded in conjunction with St. Luke's Hospital and 82 were provided through the PA Higher Education Foundation.
	provided through the PA Higher Education Foundation.
	•
4c	(Code.) (Expenses \$ 81,100 including grants of \$) (Revenue \$)
	Costs associated with the creation of quarterly magazine which promotes the mission of the Northampton Community College Foundation and the Northampton Community College.
	Community Conege Foundation and the Northampton Community Conege.
	·
	Other program services. (Describe in Schedule O.)
+u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ \$ 1,343,732 (Must equal Part IX, Line 25, column (B).)

ΓŒ	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u>√</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 21	1	-
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	-	·./
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	_	1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	—
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . Ltb 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	√	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		./
	required to file Form 8282?	70		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e 7f	√	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	•	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<u>'9</u>		
	required?	7h		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	- √
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.]		
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities.			
	Gross receipts, included on Form 550, Fair Vin, line 12, 101 public disc of club lacinities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Great morne from members of sharoffolders	ł		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	amounte du or roothod from them,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management	-		Г
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	_3		/ -
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		-
6	Does the organization have members or stockholders?	6	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7-	1	
	of the governing body?	7a 7b	*	<u> </u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a		
a	The governing body?	8b	'	
b	Each committee with authority to act on behalf of the governing body?	9a		1
9a h	·	- Ou		Ť
Б	If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	4.0	,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<u> </u>	<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		,
500	tion B. Policies			. •
	TOTAL OF CHOICE		Yes	No
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	J	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	1	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		· 	
С	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	- /	
14	Does the organization have a written document retention and destruction policy?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	45-	-	- '
a	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b		
40-	Describe the process in Schedule O. (see instructions)			
102	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		7
	with a taxable entity during the year?	104		- •
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			•
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			٠
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s	onlv)	
-	available for public inspection. Indicate how you make these available. Check all that apply.	-,,,,,,,	~···y/	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
-	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization ► James Dunleavy, 3835 Green Pond Rd, Bethlehem, PA 18020 610-861-5463			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

. (A)	(B)		(C)		(D)	(E)	(F)
Name and Title	Average hours per week		 Officer	Key employee	Highest compensated employee	 Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Michael Albarell	1	1				0	0	
John Alexander	1	1				0	0	
Patrice R Amin	1	1				0	0	
John J Blair	1	1				0	0	
Frank D Boyer	1	1				0	0	
Robert J DeSalvio	1	1				0	0	
Robert D Dixon	1	1				0	0	
Thomas J Doluisio	1	1				0	0	
Susan E Drabic	1	1				0	0	
James Dunleavy Treasurer	4	1	1			 0	0	
Robert M Eater	1	1				0	0	
John Eureyecko	1	1				0	0	
M Arif Fazil	1	1				0	0	•
Charles M Hannig	1	1				0	0	
Silvia Hoffman	1	1				0	0	
Steve Hovey	1	1				0	0	
David Kennedy	1	1				0	0	

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (c	ontinue	ed)	-3
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per week	<u> </u>	T == -			that ap		Reportable compensation from	Reportable compensation from related		stimate mount other	
		Week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensa from th ganizat nd relat ganizati	e ion ed
Mic	hael Krupa	1	1						0	ď)		0
	an K Kubik cutive Director & Secretary	10			1				0	C)		0
Will	iam E Landis	1	1		ľ				0	C	,		0
Will	iam H Lehr	1	,						0	C			0
Tim	Lewis	1	,						0	0			0
Kei	h Lombardi	1	,		-				0				0
	ne S Martin e Chair	1	,		_	<u> </u>			0	0	,		0
	e Molewski	1	✓		✓				0				0
Dav	id A Nepereny	1	✓						0	0	 		0
	ce A Palmer	1	✓						0	0	 		
	ndation Chair rles J Peischl	-	✓		✓					***			
Mic	hael J Perrucci	1	1						0	0	 		
Rob	ert Rupel	1	✓						0		'		0
46	Total	1	1					Ц	0	C	↓		0
1b 2	Total number of individuals (including thos organization > 0	e in 1a) wh	no rec	eive	ed r	nore	e thar	1 \$1				from	the
	organization > 0										<u></u>	Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o	compensated	3		1
4	For any individual listed on line 1a, is the state organization and related organizations individual.			50,0		If "					4		1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	compolete	oens	satio	on f	rom I for s	any uch	unrelated org	anization for	5		7
Sec	tion B. Independent Contractors											·	
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	ent d	contra	actor	rs that receive	d more than \$1	00,00	0 of	
	(A) Name and business add	dress							(B) Description of s	ervices	Compe	C) ensatio	n
2	Total number of independent contractors	(including	those	in	1) w	/ho	recei	ved	more than \$10	00,000 in			
	compensation from the organization ▶	_											

rom s								Page 3
Pari	VII	Statement of Re	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues. Fundraising events Related organizations Government grants (contr All other contributions, gifts, g and similar amounts not include Noncash contributions include Total. Add lines 1a–1f	grants, ded above 1f	84,225 1,747,185 145,386		,		
9				Business Code		2		;
Program Service Revenue	2a b c d e f	All other program servi	ce revenue .					
<u>ā</u>	g			<u> </u>	0			
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties		•	525,947			
	b	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (lo	(i) Real 1,164,108 863,662 300,446	(ii) Personal	200 446			
		Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	300,446			
		Less cost or other basis and sales expenses . Gain or (loss)	0		-			,
		Net gain or (loss)		▶	0			
r Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18.		151,561			- Andready - Colonia (Colonia Colonia	;
Other		Less direct expenses	b	68,030	00.504			
0	İ	Net income or (loss) fro	= 1	vents ▶	83,531		<u> </u>	
	ь	Gross income from gam See Part IV, line 19 Less: direct expenses. Net income or (loss) from	. a	0 0 ties >	0		:	
	1						 	
	ь	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) fror	ald b n sales of invento	ory ►	0			
	44-			Busiless Code				
	l				,		1	
	6							·
	ď	All other revenue						
	,	Total. Add lines 11a-1		>				
	12	Total Revenue. Add in 9c, 10c, and 11e	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	2,741,334			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	mn (A) but are not	required to comp	lete columns (B), (
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	821,331	821,331		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	441,301	441,301		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	2,000		2,000	
	Lobbying				
	Professional fundraising services. See Part IV, line 17			,	
	Investment management fees	12,700		12,700	
	Other	3,539		3,539	
12	Advertising and promotion	81,100	81,100		
13	Office expenses				
14	Information technology				
15	Royalties		·		
16	Occupancy				······································
17		8.274		8,274	······································
				5,2.7	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.	1,321	-	1,321	
20	· · · · · · · · · · · · · · · · · · ·				
21	Interest				
22	Depreciation, depletion, and amortization.				
23		1,688		1,688	
					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Annuity NPV adjustment	39,142		39,142	
b	Development Expenses	24,413			24,413
c	General & Administrative Expenses	39,473		39,473	
ď	Supplies	10,162		10,162	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,486,444	1,343,732	118,299	24,413
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Рá	rt X	Balance Sheet						
			(A) Beginning of year			(i End c	3) of year	
	1	Cash—non-interest-bearing		1		_		
	2	Savings and temporary cash investments	150,984	2				3,082
	3	Pledges and grants receivable, net	2,298,606	3			1,45	5,219
	4	Accounts receivable, net		4				
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5				
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	1			
ts	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use		8_				
Ä	9	Prepaid expenses and deferred charges		9		_		
	10a	Land, buildings, and equipment: cost basis 10a 7,580,360						
	b	Less accumulated depreciation Complete Part VI of Schedule D	4,649,904	10c			4,384	1,009
	11	Investments—publicly traded securities	24,964,065	11		2	0,647	7,237
	12	Investments—other securities. See Part IV, line 11		12				
	13	Investments—program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	-337,533	15				2,483
	16	Total assets. Add lines 1 through 15 (must equal line 34)	31,726,026	16		2		2,030
ľ	17	Accounts payable and accrued expenses	123,257	17			159	797
	18	Grants payable		18				
Liabilities	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
	21	Escrow account liability. Complete Part IV of Schedule D	· · ·	21				
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	· -	mm - m		
	23	Secured mortgages and notes payable to unrelated third parties	1,894,333	23			1,632	2,865
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D	33,594	25			35	5,704
	26	Total liabilities. Add lines 17 through 25	2,051,184	26			1,828	3,366
alances		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.						,
lan	27	Unrestricted net assets	6,669,750	27			6,340),167
Ba	28	Temporarily restricted net assets	15,143,358	28		1	1,209	,203
밀	29	Permanently restricted net assets	7,861,734	29			8,484	,294
or Fund B		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		_		_		
ţ	30	Capital stock or trust principal, or current funds		30				
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
t A	32	Retained earnings, endowment, accumulated income, or other funds		32				
Ne	33	Total net assets or fund balances	29,674,842	33				3,664
	34	Total liabilities and net assets/fund balances	31,726,026	34_		2	7,862	2,030
Pa	rt XI	Financial Statements and Reporting						
1	Acco	ounting method used to prepare the Form 990: Cash Accrual	☐ Other		Γ		Yes	No
2a		e the organization's financial statements compiled or reviewed by an ind	ependent accountant	?.	. [2a		✓
		e the organization's financial statements audited by an independent according			. [2b	√	
С		es" to lines 2a or 2b, does the organization have a committee that assumes		ight o	of			_
		audit, review, or compilation of its financial statements and selection of an inc			.	2c	✓	
За		result of a federal award, was the organization required to undergo an a		forth	in			
		Single Audit Act and OMB Circular A-133?			.	<u>3a</u>		✓
Q	T " Y	es," did the organization undergo the required audit or audits?	<u> </u>	· . <u>·</u>	<u>. 1</u>	3b		i.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

20**08**Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Northampton Community College Foundation 2064496 23 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/2 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated d ☐ Type III–Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(ı) and (iii) below, the governing body of the supported organization? 11g(iı) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes No Northampton School **Community College** 23-6417444 821,331

Total

821,331

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.)

Sec	tion A. Public Support	ind the ben	<u> </u>	, , , , , , , , , , , , , , , , , , ,			
	lendar 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.") Tax revenues levied for the organization's benefit and either paid to or expended on	5,041,321	3,204,906	2,665,885	2,003,515	1,831,41	0 14,747,037
	its behalf						<u> </u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge	5 0 44 0 0 4	2 004 000	0.005.005	0.000 545	4 004 44	44.747.007
4	Total. Add lines 1-3	5,041,321	3,204,906	2,665,885	2,003,515	1,831,41	0 14,747,037
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) Public support. Subtract line 5 from line 4.			,			14,747,037
	tion B. Total Support		<u> </u>		-		
	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	5,041,321	3,204,906	2,665,885	2,003,515	1,831,41	0 14,747,037
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,289,659	1,310,120	1,608,743	1,696,488	1,690,05	7,595,065
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)	88,296	156,606	137,091	235,141	151,56	
11	Total support. Add lines 7 through 10 .				*		23,110,797
12	Gross receipts from related activities, etc	•				12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	id, third, fourth,			
<u>Sec</u>	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2008 (line	• • • • • • • • • • • • • • • • • • • •	-			14	63.81 %
15	Public support percentage from 2007 Sch					15	72.75 %
16a	and stop here. The organization qualifies	as a publicly s	supported organ	nization			▶ 🗷
b	33% % support test – 2007. If the organization qualified box and stop here. The organization qualified box and stop here.				and line 15 is 3	331/3 % or mo	re, check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Pa	art IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did by the	acts-and-circum ances" test. The	nstances" test, c organization qua	theck this box a difies as a public	and stop here. Ily supported or	Explain in Paganization .	art IV how the

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

	(Complete only if you checke	ed the box o	n line 9 of Pa	irt I.)			
	tion A. Public Support						
Ca	llendar year (or fiscal year beginning ın) ▶	(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 6	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
с 8	Add lines 7a and 7b		,				
Sec	tion B. Total Support					I	
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 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 11	Add lines 10a and 10b 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 to organization, check this box and stop			nd, third, fourth	•		ion 501(c)(3)
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	(f))	15 16	% %			
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2008	•			olumn (f)) .	17	%
18	Investment income percentage from 20					18	<u>%</u>
19a b	33\% % support tests - 2008. If the organized in the support tests - 2007. If the organized in the support tests - 2007. If the organized in the support tests - 2007.	ox and stop h	ere. The organ	zation qualifies	as a publicly	supported org	janization 🕨 🗌
_	line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifie	s as a publicly	supported org	anization 🕨 🔲
20	Private foundation. If the organization	aid not check	a pox on line	14. 19a. or 19b	, cneck this b	ox and see in:	structions <a> 1

chedule A (F	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Fart II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see i	Part II, line 10; nstructions)
Part II, sec	ction B, line 10: Other Income in this section is Special Event Revenue.	
		•

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**08**

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Hame	e of the organization	Embioset identification ilguidet
Nor	thampton Community College Foundation	23 2064496
	Organizations Maintaining Donor Advised Funds or Other Similar F the organization answered "Yes" to Form 990, Part IV, line 6.	unds or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal con	eld in donor advised trol? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that graused only for charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	ant funds may be or or other
Pai	Conservation Easements. Complete if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1 2	☐ Protection of natural habitat ☐ Preservation ☐ Preservation of open space Complete lines 2a–2d if the organization held a qualified conservation contribution in the first conservation contribution	of an historically important land area of certified historic structure form of a conservation easement
	on the last day of the tax year.	Held at the End of the Year
	-	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	· ·
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or te the taxable year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements of	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements duri-	ng the year► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its reverbalance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue sart, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes	search in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	earch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	. • \$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, line 1	

Page	2
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Par	t III	Organizations Maintaini	ng Collections	of Art, H	istoric	al Trea	sures, c	r Oth	er Simila	ar As	sets (co	ontini	ued)
3		ing the organization's accession ns (check all that apply).	and other record	s, check :	any of	the folio	owing tha	t are	a significa	ant us	e of its	colle	ction
а	Ц	Public exhibition		d	Ц	Loan or	r exchang	e pro	grams				
b	Ц	Scholarly research		е		Other .							
C	Ш	Preservation for future generat	ions										
4		ovide a description of the organiz t XIV.	ation's collections	s and exp	olain ho	w they	further th	e orga	anization's	s exer	npt pur	pose	in
5	Dur ass	ring the year, did the organization sets to be sold to raise funds rather	than to be mainta	ained as p	art of t	he orgai	nization's	collect	ion?		Ye		No
Par	t IV	Trust, Escrow and Custo Part IV, line 9, or reported						answe	red "Yes	to F	Form 99	3 0, ——	
	inc	he organization an agent, trustee luded on Form 990, Part X? .						s or of	ther asset	ts not		es 🗀] No
b	If "	Yes," explain the arrangement in	Part XIV and cor	nplete the	e follow	ving tab	le: г			A			
								4-		Am	ount		
С		ginning balance					}	1c			· · · · · · · · · · · · · · · · · · ·		
đ		ditions during the year						1d					
е		tributions during the year					}	1e					
f		•					L	1f			П.,		1
b	If "	the organization include an amo Yes," explain the arrangement in	Part XIV.							•		es L_	J No ———
Par	t V	Endowment Funds. Co		1									
		}	(a) Current year	(b) Pric	or year	(c) Tv	wo years bad	ck (d)	Three years	back	(e) Four	years	back
1a	Beg	ginning of year balance	22,274,725										
b	Co	ntributions	1,377,662	<u></u>									
C		estment earnings or losses .	-3,540,087	ļ			*						·
d	Gra	ants or scholarships	-187,290						,		· · · · · ·		
	and	ner expenditures for facilities di programs	-86,835										
		ministrative expenses ld of year balance	19,838,175										
2	Pro	ovide the estimated percentage o	f the year end ba	lance hel	d as:								
а		ard designated or quasi-endowm		%									
b	Per	rmanent endowment ▶ <u>72</u>	%										
C	Ter	m endowment ▶0 %	•										
За	Are	there endowment funds not in th	e possession of th	ne organiz	ation t	hat are I	held and a	admını	stered for	the	r		
	-	anization by:									2-12	Yes	No
		unrelated organizations									3a(i)	\longrightarrow	-
	(ii)	related organizations									3a(ii)	-	
4		Yes" to 3a(ii), are the related orgonics scribe in Part XIV the intended us						• •		•	3b		
Par	_							Y lin	0.10				
r ai		Description of investment	(a) Cost or of	ther basis	(b) C	Cost or oth	ner		reciation		(d) Boo	k value	
a -	1 -		244,9	19						1	244,	919	
	Lar		5,577					-2 42	7,145	+	3,150		
		ldings							,	1	_0,100	,,,,,,,	
		asehold improvements	· · 						-	+			
	Oth	uipment	1,758,	239				-769	9,206	_	989,	033	
		dd lines 1a-1e (Column (d) should e			nn (B).	line 10(c			>			4.384	.009
<u>_</u>			•		. ,,		· · · · · · · · · · · · · · · · · · ·						

Part VII Investments—Other Securities	See Form 990, Part X.	line 12.	- Tage O
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives and other financial products. Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			······ · · · · · · · · · · · · · · · ·
Part VIII Investments-Program Related	J. See Form 990, Part X,	line 13.	, , , , , , , , , , , , , , , , , , ,
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
Total. (Column (b) should equal Form 990, Part X col (B) line 13)			
Part IX Other Assets. See Form 990, Par	t X. line 15.		<u> </u>
	(a) Description		(b) Book value
Due from/(to) Northampton Community College)		1,362,483
Total. (Column (b) should equal Form 990, Part X, col			1,362,483
Part X Other Liabilities. See Form 990,	····		
(a) Description of liability Federal income taxes	(b) Amount	_	
Res Hall Room Deposits	35,704	4	
		_	
		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	35,70	4	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2008		Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	<u>s</u>	2 744 224
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	2,741,334 -1,486,444
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	1,254,890
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	-4,896,068
4	Net unrealized gains (losses) on investments	5	-4,030,008 0
5	Donated services and use of facilities	6	0
6 7	Investment expenses	7	0
8	Prior period adjustments	8	<u>_</u>
9	Other (Describe in Part XIV)	9	-4,896,068
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,641,178
	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	
1	Total revenue, gains, and other support per audited financial statements	1	-1,223,042
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities]	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	Jl	
е	Add lines 2a through 2d	2e	-4,896,068
3	Subtract line 2e from line 1 ,	3	3,673,026
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	1 1	
	Other (Describe in Part XIV)	⊣ :: ^{	
_	Add lines 4a and 4b	4c	-931,692
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,741,334
	T XIII Reconciliation of Expenses per Audited Financial Statements With Expens		
1	Total expenses and losses per audited financial statements	1	2,418,136
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
а	bonded dervices and use of identities	-	
a b	Prior year adjustments		
a b c	Prior year adjustments		
a b c d	Prior year adjustments	4 - 1	931 692
a b c d	Prior year adjustments 2b Losses reported on Form 990, Part IX, line 25 2c Other (Describe in Part XIV) 2d 931,692 Add lines 2a through 2d	2e	931,692 1 486 444
a b c d e 3	Prior year adjustments	4 - 1	931,692 1,486,444
a b c d e 3 4	Prior year adjustments	2e	
a b c d e 3 4 a	Prior year adjustments	2e	
a b c d e 3 4 a b	Prior year adjustments	2e 3	
a b c d e 3 4 a b	Prior year adjustments	2e	1,486,444
a b c d e 3 4 a b c 5	Prior year adjustments	2e 3 4c	<u>-</u>
a b c d a b c 5 Par	Prior year adjustments	2e 3 4c 5 ad 4; Part	1,486,444 1,486,444 1 IV, lines 1b
a b c d e 3 4 a b c c 5 Par Command	Prior year adjustments	2e 3 4c 5 ad 4; Part	1,486,444 1,486,444 1 IV, lines 1b

then transferred into the endowment accounts. The amount of these transfers is \$414,192.

Part VI line 1e includes furniture and miscellaneous equipment.

Schedule D (Fon	ກ 990) 2008	age 5
Part XIV	Supplemental Information (continued)	
		
	<u> </u>	
		. . -
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	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Name of the organization
Northampton Community College Foundation

Employer identification number
23 2064496

Part I	Fundraising Activitie	es. Complete it	f the orga	nization a	answered "Yes"	to Form 990, Par	t IV, line 17.
a ✓ Ma b ✓ En c ✓ Ph d ✓ In-	te whether the organizations all solicitations nail solicitations none solicitations person solicitations e organization have a writte employees listed in Form	ten or oral agreer	e ✔ f ✔ g ✔ ment with a	Solicitati Solicitati Special f	on of non-governr on of government fundraising events ual (including office	ment grants grants ers. directors, truste	es
b If "Ye	s," list the ten highest pa compensated at least \$5	id individuals or	entities (fu	undraisers) pursuant to agre	ements under whic	h the fundraiser is
) Name of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
·	•		Yes	No			
							,
							-
							•
Total .				▶			
	states in which the orga tion or licensing. inia	nization is regis			solicit funds or h	nas been notified it	is exempt from
							~~~~~~~
						*-*	
	•••••						••••••

F6	irt il	more than \$15,000 on F			eceipts greater than \$		∍ported	<b>a</b>
9			(a) Event #1 Golf Tournament (event type)	(b) Event #2 Supper Club (event type)	(c) Other Events  6 (total number)	(d) Total (Add col (a col	a) throug	h
Revenue	1	Gross receipts .	58,727	53,302	96,366		208	8,395
Re	2	Less: Charitable contributions	-5374	-9366	-42,094		-56	6,834
	,	minus line 2)	53,353	43,936	54,272	_	151	1,561
	4	Cash prizes						
enses	5	Non-cash prizes			·		<u></u>	
Direct Expenses	6	Rent/facility costs	27,151				27	7,151
Direc	7	Other direct expenses		17,926	22,953		40	0,879
Рa	8 9 it ii	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if t	ine lines 3 and 8 in colu	ımn (d)	990 Part IV line 19	or report	83	,030) 3,531
		than \$15,000 on Form		refect tes to form	550, Fait IV, line 15,			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other garning	(d) Total (		
Re	1	Gross revenue						
nses	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
Direct	4	Rent/facility costs .						
	5	Other direct expenses .		·				
	6	Volunteer labor .	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			*
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		(		)
	8	Net gaming income summary	. Combine lines 1 and	7 ın column (d)				
							Yes	No
9		ter the state(s) in which the o the organization licensed to o		-		98		
a b		'No," Explain:	perate garming activities	·		.   3	<u>'</u>	
0a b		ere any of the organization's ( 'Yes," Explain.	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ar? 10	a	
11	Is	es the organization operate g the organization a grantor, be med to administer charitable	eneficiary or trustee of a		a partnership or other	entity 12		

Sche	dule G (Form 990 or 990-EZ) 2008		-	age 3
-	2010 O ( OTTH 200 OF 200 D		Yes	
13 a b 14	Indicate the percentage of gaming activity operated in:  The organization's facility	-		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  If "Yes," enter name and address:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			·
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			

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 ▶ \$

17 Mandatory distributions:

Schedule G (Form 990 or 990-EZ) 2008

17a

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

ဍ Schedule I (Form 990) 2008 (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 2064496 ✓ Yes see Part IV Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance see Part IV (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash 88,551 assistance (d) Amount of cash grant 732,780 Part IV and Schedule I-1 (Form 990) if additional space is needed For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable Part | General Information on Grants and Assistance the selection cnteria used to award the grants or assistance' 23-6417444 Northampton Community College Foundation (p) EIN Enter total number of other organizations 1 (a) Name and address of organization or government College 3835 Green Pond Rd Northampton-Community ..... Name of the organization Part II N

Schedule I (F	Schedule I (Form 990) 2008
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	curados.	100 144 A	ביון למטון מטטוטנמו נים	Tive, applicable, other)	76 1 1 1
Scholarships for students	C C C C C C C C C C C C C C C C C C C	1001144			ALLIA See Falliv
			:		
Part IV Supplemental Information. Complete this		part to provide the information required in Part I, line 2,	on required in Part		and any other additional information.
Part 1, Line 2: The Foundation monitors the activity of a		s granted to Northam	pton Community Co	ilege (College) to ensure	ll the funds granted to Northampton Community College (College) to ensure their use is in accordance with
their approved purpose. Staff of the Colle	he College, prima	rily Financial Aid De	ot and Director of Sc	ge, primarily Financial Aid Dept and Director of Scholarships, are responsible to	ble to
ensure scholarship monies are used accordingly. Staff of College, primarily Finance Department and the grant awarded department, are	ed accordingly. S	taff of College, prim	arily Finance Depart	ment and the grant awar	ded department, are
responsible to ensure program support and equipment support monies are used accordingly. Staff of the College, primarily Finance Department and	pport and equipm	ent support monies	are used accordingl	/. Staff of the College, p	rimarily Finance Department and
Physical Plant department, are responsibl	ponsible to ensu	e capital support mo	nies are used accor	dingly. Useage reports	le to ensure capital support monies are used accordingly. Useage reports are provided on an as needed
basis to the Executive Director of the Foundation for all categories of grant support.	the Foundation fo	r all categories of gr	ant support.		
Part 1, line 1, section g: Non-cash assistance represents		tems donated to the	Foundation, which	ire then granted to the C	tangible items donated to the Foundation, which are then granted to the College for use in programming.
Part 1, line 1, section h: Grant assistance is for the purpose of scholarships, program support, equipment and capital support.	ne purpose of sch	olarships, program s	upport, equipment	ınd capital support.	
Part 3, line 1, section f. Scholarships for students attendi	attending Northa	ng Northampton Community College.	ollege.		
					.

#### SCHEDULE J-2 (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

**2008** 

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. Open to Publi

Department of the Treasury Internal Revenue Service

Name of the Organization Emplo

Employer Identification number 23 2064496

23 Northampton Community College Foundation Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees** (A) (B) (C) (D) (F) Reportable Reportable Position (check all that apply) Estimated Name and Title Average hours compensation compensation amount of Individual trustee or director per week Institutional trustee Key employee Highest compensated employee from related other from compensation the organizations organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations Frank Russo 0 0 0 Stuart W Schooley 0 0 0 Paul Schuchman 0 0 0 1 Arthur L Scott 4 0 0 0 Donna G Taggart 0 0 0 Timothy VanSyckle 0_ 0 0 1 Bruce Waldman 0 0 1 0

#### SCHEDULE M (Form 990)

#### **NonCash Contributions**

20**08** 

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Inspection

Employer identification number

23 **Northampton Community College Foundation** 2064496 Part I Types of Property (d) (c) (a) (b) Method of determining Check If Number of contributions Revenues reported on Form 990, Part VIII, line 1g revenues applicable 2 7,092 donor appraised 1 Art—Works of art Art—Historical treasures . . Art—Fractional interests 4.892 donor appraised Books and publications . . Clothing and household goods . . . . . . Cars and other vehicles 7 Boats and planes . . . Intellectual property . . . . Securities—Publicly traded 10 Securities-Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous Qualified conservation contribution (historic structures) . . Qualified conservation contribution (other) . . . . Real estate—Residential . . 15 Real estate-Commercial . 16 Real estate-Other . . . . 17 Collectibles . . . . . . 18 Food inventory 19 20 Drugs and medical supplies . Taxidermy . . . . . . . 21 Historical artifacts . . . 23 Scientific specimens 24 Archeological artifacts 167 39.495 donor appraised Other ▶ ( event prizes ) 25 Other ▶ (.equipment...) 7 77,717 donor appraised 26 7 Other ▶ (.materials....) 9,204 donor appraised 27 Other ► ( . non-event-prize . . ) donor appraised 28 1 6,985 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a used for exempt purposes for the entire holding period? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? . . . . **b** If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.	=
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#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

90	2008			
	Open to Public Inspection			
Employer identification number				

Northampton Community College	23 2064496
Part VI, line 2: Arthur Scott and Susan Kubik are legally married.	
Part VI, line 6: The organization has 37 Board Members.	
Part VI, line 7a: The Board Members approve any additions or resignations of members to	the Foundation Board.
Part VI, line 7b: Yes, decisions are finalized by the full Foundation Board at their quarterly	meetings in which a quorum is
mandatory.	
Part VI, line 10: The Foundation Board as given authority for the Audit Committee, compr	ised of Foundation Board
members to review and approve the 990 document. Once approved, the	Foundation Board is provided
with this document.	
Part VI, section C, line 19: Governing documents for the Foundation are provided to the p	erson(s) requesting. Requests
are accepted at the Foundation office location via mail.	
Part VI, section B, line 12c: Each Foundation Board Member is required to file an authorize	ed Conflict of Interest Statement
at the Foundation Office. The Executive Director and the Fou	ndation Chairperson are
responsible for enforcing the actions within the Conflict of Int	erest Statement.
Part VI, section B, line 15a and 15b: The Northampton Community College Foundation do	es not have any employees.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
·	