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DLN: 93493131016831

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the :	2009 ca	lendar yea	r, or tax year beginn	ing 07-01-2009	and ending 06-30-20)10				
B Ch	eck ıf a	pplicable	Please	C Name of organization CALDWELL COLLEGE					D Employer i	denti	fication number
Address change use IRS label or Doing Business As								22-15004 E Telephone		or	
∏ Na	me cha	nge	print or type. See	Doing business As					-		
Init	tıal retu	rn	Specific Instruc-			not delivered to street add	Iress) Room	/suite	(973) 618		
Те	mınate	d	tions.	120 BLOOMFIELD AVE	NUE			ŀ	G Gross receip	15 \$ 50	7,336,114
☐ Am	ended	return		City or town, state or		4	 				
Гар	plication	pending		CALDWELL, NJ 07006	0195						
			F Nar	ne and address of pri	ncıpal officer		H(a)	Is this	a group reti	ırn fo	r
				RAINEY RSON AVENUE				affiliat	es?		⊤Yes 🔽 No
				VELL, NJ 07006			Н(Б)	Are all	affiliates incl	uded?	┌ Yes ┌ No
						_	1				ee instructions)
I Ta	x-exem	npt status	▼ 501(c) (3) ◀ (Insert no) 「	4947(a)(1) or	527	H(c)	Group	exemption	numb	er ►
J W	ebsite	:: ▶ HT	TP //WWW	CALDWELL EDU							
K For	m of org	ganızatıon	Corporat	tion Trust Association	on		L Yea	r of for	mation 1939	M Sta	ate of legal domicile NJ
Pa	rt I	Sumi	mary				·				
Governance	1	CALDW	/ELL COLL T PURPOS		LIBERAL ARTS EDUCATIONAL	nificant activities INSTITUTION AFFIL OPPORTUNITIES TH					
E .											
\$ 0.K	2	Chack t	his hov 🍽	If the organization	discontinued its	operations or dispose	ed of more	than 2	5% of its no	tacc	ets
	3		•			VI, line 1a)			.5 70 01 113 116		27
Activities &	4		=	_		ng body (Part VI, line :					25
Ĕ	5		•	nployees (Part V , line	_		·			5 _	813
्व	6	Total nu	umber of vo	olunteers (estimate if	necessary) .					6 _	15
	7a	Total gr	ross unrela	ted business revenu	e from Part VIII	, column (C), line 12				7a _	111,640
	b	Net unr	elated busi	iness taxable income	from Form 990	-T, line 34				7b	41,039
								Prior	Year		Current Year
an a	8		ributions and grants (Part VIII, line 1h)						1,762,165		1,997,150
Revenue	9								36,415,430		36,731,835
盏	10 11								48,653 3,734,629		493,476
	12		-			art VIII, column (A), lı	ıne 🕌		3,734,029		4,480,133
		12) .			<u></u>				41,960,877		43,702,614
	13					, lines 1-3)			10,541,114		10,664,488
	14			or for members (Part			_				0
8	15	Salarıe 10)	es, other co	ompensation, employ	ee benefits (Par	t IX, column (A), lines	5 5 -		18,416,545		18,001,734
Expenses	16a	•	sional fund	lraising fees (Part IX	, column (A), lın	e 11e)					0
ੜੇ	ь	Total fu	ndraising exp	enses (Part IX, column ([o), line 25) ► 714,4	89					
ш	17					11f-24f)			14,658,866		13,882,128
	18	Total	expenses /	Add lines 13–17 (mu	ıst equal Part I)	(, column (A), line 25))		43,616,525		42,548,350
	19	Reven	ue less exp	oenses Subtract line	18 from line 12				-1,655,648		1,154,264
\$ 8 \$ 8 \$ 8							Begi				End of Year
age gr	20	Totala	assets (Pai	rt X, line 16)					ear 42,217,451		42,931,549
Net Assets or Fund Balances	21			Part X, line 26)					28,839,082		28,465,471
20	22			d balances Subtract					13,378,369		14,466,078
Pa	rt II	Sign	ature Bl	ock			•				
						turn, including accompanyi er (other than officer) is ba					
			er, it is tide,	correct, and complete De	eciaration of prepare	er (other than officer) is ba	iscu on an im	ioiiiatic	on or which pier	aici ii	as any knowledge
Sign		****						2011-0	5-11		
Her	e	'	ature of office					Date			
			RAINEY VP								
		F	<u>.</u>			Date	Check if		Preparer's idei	ntifying	number
Paid		Preparer signature		as Lanning		Date	self-	. –	(see instructio		, number
	arer's	Firm'e n	ame (or your	s L JH COHN LLP			empolyed	<u> </u>			
Use		ıf self-er	nployed), and ZIP + 4	•	AD				EIN 🕨		
	-	auuress,	anu ZIP + 4	· BESILEIT I I I I I I I I I I I I I I I I I I					Phone no 🕨	(973)	228-3500
May	the IP	L S discus	s this retu	ROSELAND, NJ 070		ee instructions) .				<u></u>	Yes No
y		,u		propers		: : : : : : : : : : : : : : : :				1.	,

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

FOUNDED IN 1939 BY THE SISTERS OF SAINT DOMINIC, CALDWELL COLLEGE IS A CATHOLIC INSTITUTION IN THE JUDAEO-CHRISTIAN TRADITION WITH A HERITAGE OF EIGHT CENTURIES OF DOMINICAN COMMITMENT TO HIGHER LEARNING, SERVING A DIVERSE POPULATION OF ALL AGES CALDWELL COLLEGE PROVIDES AN EXCELLENT LIBERAL ARTS EDUCATION WHICH PROMOTES SPIRITUAL, INTELLECTUAL AND AESTHETIC GROWTH UPON THIS FOUNDATION THE COLLEGE OFFERS CAREER RELATED PROGRAMS WHICH PREPARE ITS GRADUATES TO TAKE ADVANTAGE OF OPPORTUNITIES IN A COMPLEX SOCIETY IN PURSUIT OF TRUTH AND LIFE-LONG LEARNING, CALDWELL COLLEGE FOSTERS THE WELL-BEING OF THIS AND FUTURE GENERATIONS THROUGH A CURRICULUM AND EXTRACURRICULAR PROGRAM ROOTED IN THE CATHOLIC HUMANIST TRADITION, THE COLLEGE SEEKS TO EMPOWER ITS STUDENTS TO COMPREHEND COMMUNITY AND GLOBAL ISSUES AND TO ACT RESPONSIBLY TOWARD SELF AND OTHERS

2	Did the organization under the prior Form 990 or 99		ant program services during the ye	ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on Sc	hedule O		
3	Did the organization ceasservices?	se conducting, or n	nake significant changes in how it	conducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	changes on Schedu	ıle O		
4	Section 501(c)(3) and 50	01(c)(4) organızat	s for each of the organization's thr ions and section 4947(a)(1) trust nd revenue, if any, for each progra	s are required to report the amo	
4a	(Code) (Expenses \$	29,380,806 including grants of \$) (Revenue \$	41,149,532)
			REPARE ITS GRADUATES TO TAKE ADVANT MMUNITY AND GLOBAL ISSUES THERE AR		
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services				
4d	Other program services (Expenses \$		edule O) uding grants of \$) (Revenue \$)

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	Scheuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	•

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a	Yes	
h	return?	3a 3b	Yes	
la	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	103	Νο
b	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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
•	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

120 BLO OMFIELD AVENUE CALDWELL, NJ 070066195

(973) 618-3230

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

Section A. Governing Body and Management

36	ection A. Governing Body and Management				
			Yes	No	
_					
1a	Enter the number of voting members of the governing body 1a 27				
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		Νο	
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		Νο	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο	
6	Does the organization have members or stockholders?	6	Yes		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
b	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal				
Re	venue Code.)				
			Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο	
b	b 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?				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes		
	118. Describe in Cabadula O the process of any used by the examplestion to review the Form 000				
11A	L1A Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	401	v		
	to conflicts?	12b	Yes		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes		
13	3 Does the organization have a written whistleblower policy?				
14	Does the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Yes		
b	Other officers or key employees of the organization	15b	Yes		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο	
b	b 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?				
Se	ction C. Disclosure	16b			
17	List the States with which a copy of this Form 990 is required to be filed►				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)				
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply				
10	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 interest policy, and financial statements available to the public. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the name, physical address, and telephone number of the person who possesses the books and records of the name, physical address, and telephone number of the person who possesses the books and records of the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who	ne orga	nızatıor	n ►	

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	, , <u>F</u>	1,095,652	166,290

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -8

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO INC & AFFILIATES PO BOX 81049 WOBURN, MA 018131049	FOOD SERVICE & FACILITIES CONTRACT	1,273,687
FOLLETT HIGHER EDUCATION 9 RYERSON AVENUE CALDWELL, NJ 07006	CAMPUS STORE MAINTENANCE	703,635
Graphic Imagery Inc 122 MOUNT BETHEL ROAD SUITE 2 WARREN, NJ 07059	Printing	576,464
APG Security Services 116 North Broadway South Amboy, NJ 08879	Security Services	327,928
1800PRINTMECOM 122 MOUNT BETHEL ROAD SUITE 2 WARREN, NJ 07059	PRINTING SERVICES	290,155
2 Total number of independent contractors (including but not limited to those listed above) \$1,00,000 in compensation from the organization ►5) who received more than	

\$100,000 in compensation from the organization ► 5

Page 8

Form 9								Page 9
	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts	1a	Federated cam						
gra	Ь		es 1b					
ts,	C	Fundraising eve		151,134				
<u> </u>	d		rations 1d	1 200 212				
Single Single	e	Government grants		1,209,312				ļ
Contributions, gifts, grants and other similar amounts	g g	sımılar amounts no Noncash contri	butions included in					
and	h	lines 1a-1f \$ Total. Add lines	s 1a-1f	🔸	1,997,150			
				Business Code				
Program Serwce Revenue	2a	TUITION & FEES		611,710	36,731,835	36,731,835		
æ	ь							
<u> 5</u>	c							
Ž.	d							
Ę	e							
<u> </u>	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		36,731,835			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)		73,148			73,148
	4		stment of tax-exempt bond p	oroceeds •				
	5	Royalties	(I) Bool	(u) Parsanal				
	6a	Gross Rents	(ı) Real 254,428	(II) Personal				
	ь	Less rental						
	_c	expenses Rental income	254,428					
	d	or (loss)	me or (loss)	▶	254,428	142,788	111,640	
	<u> </u>	Net rental inco	(i) Securities	(II) O ther	25 1, 125	112,700	111,010	
	7a	Gross amount from sales of assets other	6,982,803	(II) o elle!				
	ь	than inventory Less cost or other basis and sales expenses	6,562,475					
	C	Gain or (loss)	420,328					
	d		s)		420,328			420,328
Other Revenue	8a	Gross income f events (not inc \$151 of contributions See Part IV , lin	luding , <u>134</u> s reported on line 1c)	23,841				
Ë E	ь	Less direct ex	penses b	73,025				
ō	С	Net income or ((loss) from fundraising	events 🕨	-49,184			-49,184
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19 a					
	b c		penses b (loss) from gaming activ	/ities -				
		Gross sales of returns and allo	ınventory, less	vicies				
	b c		a oods sold b (loss) from sales of inve	entory 🏴				
		Miscellaneous		Business Code				
	11a	ROOM & BOAR	RD	611,710	3,927,315	3,927,315		
	ь	CAMPUS STOR	RE	611,710	146,919	146,919		
	c	JWEB REVENU	E	611,710	114,076	114,076		
	d	All other reven	ue		86,599	86,599		
	e	Total. Add lines	s 11a-11d		4,274,909			
	12	Total revenue.	See Instructions	•	43,702,614	41,149,532	111,640	444,292 Form 990 (2009)

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

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B), (C), and	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,664,488	10,664,488						
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	759,724	508,644	233,704	17,376				
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	13,825,451	10,533,594	2,932,018	359,839				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	615,545		615,545					
9	Other employee benefits	1,606,972		1,606,972					
10	Payroll taxes	1,194,042		1,194,042					
11	Fees for services (non-employees)								
а	Management	93,596		93,596					
b	Legal	61,252		61,252					
c	Accounting	80,425		80,425					
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	20,110		20,110					
g	Other	68,286		68,286					
12	Advertising and promotion	991,937	13,608	832,123	146,206				
13	Office expenses	976,900	578,746	362,858	35,296				
14	Information technology	705,479		705,479					
15	Royalties								
16	Occupancy	2,921,772	2,337,418	525,919	58,435				
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	353,070	98,529	245,308	9,233				
20	Interest	1,755,346	751,628	1,003,718					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,788,085	1,106,350	667,375	14,360				
23	Insurance	206,782		206,782					
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	UTILITIES	1,166,907	933,526	210,043	23,338				
ь	OTHER	1,106,266	559,887	499,108	47,271				
С	FOOD	1,017,322	1,017,322						
d	equipment leasing	564,848	277,066	284,647	3,135				
e	REPAIRS	3,745		3,745					
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	42,548,350	29,380,806	12,453,055	714,489				
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								

Part X Balance Sheet (A) (B) Beginning of year End of year 14.896 902.040 1 1 Cash—non-interest-bearing 2 2 870,711 3 757,632 3 4 670,600 705.873 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 7 8 431,482 9 752,602 Land, buildings, and equipment cost or other basis Complete 56.100.709 10a 10a Part VI of Schedule D 10b 22,472,788 35,123,645 **10c** 33.627.921 b Less accumulated depreciation 3,323,276 11 3.651.288 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1.782.841 2.534.193 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 42,217,451 16 42,931,549 3,640,180 2.904.591 17 17 Accounts payable and accrued expenses . 18 18 1,018,104 19 926,014 19 20 20 Liabilities 21 Escrow or custodial 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 22 21,790,252 21,597,628 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 3,126,135 2.301.649 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 28,839,082 28,465,471 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 8,776,147 9.903.955 27 Unrestricted net assets 27 28 1,252,329 28 1.103.937 Temporarily restricted net assets Fund 3.349.893 29 3,458,186 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 13,378,369 33 Total net assets or fund balances 33 14,466,078 34 Total liabilities and net assets/fund balances 42.217.451 42,931,549 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2000

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization CALDWELL COLLEGE

						22-1500483			
Pa	rt I	Reason for Pub	olic Charity State	us (All organizations	must complete this par	t.) See ınstru	ctions		
he d	organı	zation is not a private	foundation because	it is (For lines 1 throu	gh 11, check only one box)			
1	Γ	A church, conventio	n of churches, or as	sociation of churches s	section $170(b)(1)(A)(i)$.				
2	굣	A school described	ın section 170(b)(1)	(A)(ii). (Attach Schedu	ıle E)				
3	\sqcap	A hospital or a coop	erative hospital serv	/ıce organızatıon descri	bed in section 170(b)(1)(A)(iii).			
4	Γ	A medical research hospital's name, cit	•	ed in conjunction with a	hospital described in sectio	on 170(b)(1)(A)(iii). Enter	the	
5	Γ	-		-	y owned or operated by a g	overnmental un	ıt describe	d ın	
_	_		(Complete Pa		1 1 1 17 170/13/43/	• > / >			
6	<u> </u>				ribed in section 170(b)(1)(
7	ı	described in	t normally receives a \)(vi) (Complete Pa	·	support from a government	al unit or from t	he general	public	
8	Г			170(b)(1)(A)(vi) (Con	nplete Part II)				
9		An organization that	t normally receives	(1) more than 331/3% (of its support from contribut	ions, members	hıp fees, an	d gros	5 S
					t to certain exceptions, and				
		•		•	ss taxable income (less se	•			
		acquired by the orga	anızatıon after June 3	30, 1975 See section 5	5 09(a)(2). (Complete Part I	II)			
LO	Г			•	oublic safety See section 50	•			
1	Γ		•	•	efit of, to perform the function 509(a)(1) or section 50	•			
	_	a Type I	b Type II	c	complete lines 11e through - Functionally integrated	d [Type III		
e	ı	•	· ·	_	olled directly or indirectly t licly supported organization	•		-	
f			eceived a written det	termination from the IR	S that it is a Type I, Type I	I or Type III su	apporting oi	rganız	ation,
g		following persons?	,		or contribution from any of		г		
					ogether with persons descr	ibed in (ii)		Yes	No
		, , , ,	- •	the supported organiza	ation?		11g(i)		
		• •	r of a person describ	• •			11g(ii)		
		• •	, ,	described in (i) or (ii) a			11g(iii)		
h		Provide the following	g information about t	he supported organizat	ion(s)				
	(i)		(iii) Type of organization	(iv) Is the	(v) Did you notify the	(vi) Is the		(-	vii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e tion in ted in erning	(v) Did you no organizat col (i) o suppo	tify the tion in f your	(vi Is th organiza col (i) or in the l	ne tion in ganized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493131016831

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	Il Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection
	me of the organi	izat ion		Employer identifica	ation number
CAL	LDWELL COLLEGE			22-1500483	
Pa	rt I Organ	izations Maintaining Donor Ac	dvised Funds or Other Similar F		. Complete if the
		zation answered "Yes" to Form 99			<u>'</u>
			(a) Donor advised funds	(b) Funds and o	other accounts
•	Total number a	t end of year			
2	Aggregate cont	tributions to (during year)			
3	Aggregate grar	nts from (during year)			
ļ	Aggregate valu	ue at end of year			
;	_	zation inform all donors and donor advi organization's property, subject to the o	sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes ┌ No
•	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	•	┌ Yes
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part I'	V, line 7.
		conservation easements held by the or			
	_	• • • • • • • • • • • • • • • • • • • •	on or pleasure) Preservation of an		•
	<u></u>	n of natural habitat	Preservation of a c	certified historic struc	ture
	Preservati	ion of open space			
2	•		fied conservation contribution in the form	of a conservation	
	easement on ti	he last day of the tax year		Hold at the	End of the Year
а	Total number o	of conservation easements		2a	Eliu oi tile reai
a b		restricted by conservation easements		2b	
c	_	servation easements on a certified his		2c 2c	
d		servation easements included in (c) ac	, ,	2d	
u			· · · · · · · · · · · · · · · · · · ·		
•			rred, released, extinguished, or terminate	ed by the organization	auring
	the taxable yea	ar ►			
ŀ	Number of stat	tes where property subject to conserva	ition easement is located ►	<u></u>	
;		nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, and	od
•	Staff and volun	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year	-
,	A mount of exp	enses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during the year 🟲 \$	
3		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
)	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents		
a r	rt IIII Organ	-	ns of Art, Historical Treasures,	or Other Similar	Assets.
.a	If the organiza art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in furtherance of pu	
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research in		•
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets inc	luded in Form 990, Part X		- \$	
!	If the organiza	•	orical treasures, or other similar assets fo S 116 relating to these items		
а		uded in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Pari	311 Organizations Maintaining Co	ollections of Art	, His	torical Tre	eası	ures, or (the	er Similar As	sets	3 (coi	าtınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following th	nat ai	re a sıgnıfıc	ant u	ıse of its collec	tıon		
а	Public exhibition		d	┌ Loan o	rexc	:hange prog	rams	;			
ь	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they further	the	organızatıo	ı's ex	xempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	Γ γ∢	2 S	┌ No
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 9	990,		
_	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for contribut	ions	or other as:	sets	not	ΓY	ès	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		г		,			
								Aı	nount	<u> </u>	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Γ Y€	25	Г No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered "Yes)Prior Year				rt IV, line 10.)Three Years Back	(a)E	our Ve	ars Back
la	Beginning of year balance	1,724,910	(1)	1,984,918	+	TWO TCGTS BGC	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jimee rears back	(C)	Jui 10	dis back
b	Contributions	3,250		29,264							
c	Investment earnings or losses	308,884		-222,977							
d	Grants or scholarships										
e	Other expenditures for facilities	73,018		66,295							
	and programs										
f	Administrative expenses	1.051.025		1 724 040							
g	End of year balance	1,964,026		1,724,910							
2	Provide the estimated percentage of the year	r end balance held a	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment 🕨										
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	that are held	and	admınıstere	d for	the	Г	Yes	No
	(i) unrelated organizations							3a			No
	(ii) related organizations							3a	(ii)		Νο
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	chedule R?				3	ь		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	nt. S								
	Description of investment			(a) Cost or o basis (investm		(b)Cost or o basis (oth		(c) Accumulated depreciation	(0	1) Boo	k value
1a	Land		•			1,15	L,370			1	.,151,370
b	Buildings		•			43,61	5,375	15,857,50	5	27	,758,870
c	Leasehold improvements					4,70	9,071	1,475,44	.3	3	3,233,628
d	Equipment					6,62	3,893	5,139,84	.0	1	.,484,053
е	Other							1			

33,627,921

Part VII Investments—Other Securities. See (a) Description of security or category			od of valuation
(including name of security)	(b) Book value		f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u>	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
DEFERRED FINANCING COSTS			388,077
DEPOSITS HELD BY TRUSTEE			700,247
BENEFICIAL INTEREST IN PERPETUAL TRUST			1,445,869
—			2.524.422
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u> </u>	2,534,193
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
	(b) A mount		
Federal Income Taxes			
MARKET VALUE OF SWAP	2,301,649		
	l		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,301,649		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,702,614
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,548,350
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,154,264
4	Net unrealized gains (losses) on investments	4	-76,785
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	10,230
9	Total adjustments (net) Add lines 4 - 8	9	-66,555
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,087,709
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	33,034,366
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-3,760
3	Subtract line 2e from line 1	3	33,038,126
4	A mounts 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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	10,664,488
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,702,614
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	31,946,657
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	73,025
3	Subtract line 2e from line 1	3	31,873,632
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 10,674,718		
c	Add lines 4a and 4b	4c	10,674,718
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	42,548,350

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		SCHOLARSHIP ALLOWANCES OF \$10,664,488 ARE INCLUDED AS A REDUCTION OF REVENUE FOR FINANCIAL STATEMENT PURPOSES BUT INCLUDED AS AN EXPENSE ITEM FOR THE TAX RETURN THEREFORE, THIS AMOUNT IS INCLUDED AS A RECONCILING ITEM IN BOTH PART XII, LINE 4B AND PART XIII, LINE 4B
		PART XII, LINE 2D AND PART XIII LINE 2D INCLUDES \$73,025 OF FUNDRAISING EXPENSES THAT ARE INCLUDED AS A REDUCTION OF INCOME ON FORM 990 BUT INCLUDED AS EXPENSES FOR FINANCIAL STATEMENT PURPOSES
		The College is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of the New Jersey State income tax laws. Accordingly, no provision for income taxes has been reflected in the accompanying financial statements. The College has no unrecognized tax benefits at June 30, 2010 and 2009. The College's U.S. Federal and state tax filings prior to fiscal 2007 are closed and management continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings.

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

CALDWELL COLLEGE

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	22-1500483			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way		103	
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"	_	l	
	please explain CALDWELL COLLEGE USES THE FOLLOWING NOTICE IN NEWSPAPER, BROADCAST MEDIA ADMISSIONS AND CATALOGUES CALDWELL COLLEGE DOES NOT DISCRIMINATE IN APPLICATIONS FOR STUDENTS IN PROGRAMS, FACILITIES OR SCHOLARSHIPS ON THE BASIS OF RACE, COLOR, CREED, AGE, NATIONAL OR ETHNIC ORIGIN OR DISABILITY	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	_	l	
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h_		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b	163	No
_	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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DLN: 93493131016831

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Name of the organization CALDWELL COLLEGE

Department of the Treasury

Employer identification number

22-1500483

1	Indicate whether the orga	anızatıon raısed funds	through a				
а	Mail solicitations			е	Solicitation of nor		
b	Internet and e-mail s	olicitations		f	Solicitation of gov		
C	Phone solicitations						
d	In-person solicitation	าร					
2a	Did the organization have or key employees listed i						Г _{Yes} Г _N
b	If "Yes," list the ten highe to be compensated at lea						
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			

			(a) Event #1 golf outing (event type)	(b) Event #2 presidential gala (event type)	(c) O ther Events 1 (total number)	(Add co	otal Eve I (a) th ol (c))	
₽	1	Gross receipts	70,425		(total name)			4,975
Reveilue	2	Less Charitable contributions	58,059	·				1,134
~	3	Gross income (line 1 minus line 2)	12,366	11,475			2	3,841
	4	Cash prizes						
ွ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
Š	7	Food and beverages						
Direct	8	Entertainment						
۵	9	Other direct expenses .	37,280	35,745			7	3,025
	10	Direct expense summary Add lir	ies 4 through 9 in column	(d)			7	3,025
	11	Net income summary Combine I	nes 3, column d, and line	10		,	-4	9,184
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganızatıon answered ne 6a.	"Yes" to Form 990, Pai	rt IV, line 19, or repo	orted mo	re thar	1
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
se Se	2 (Cash prizes						
Expenses	3 1	Non-cash prizes						
_	4 F	Rent/facility costs						
Direct	5 (Other direct expenses						
	6 \	Volunteer labor	Г Yes	Г Yes	Г Yes			
		Direct expense summary Add line						
	8	Net gaming income summary Con	ndine lines I, column d, al	nd line /	<u> </u>		Yes	No
9 a		er the state(s) in which the organiz ne organization licensed to operate				. 9a		
b	If"N	lo," Explain						
10a b		e any of the organization's gaming es," Explain	licenses revoked, susper	ided or terminated during	the tax year?	10a		
11		s the organization operate gaming		3		11		I

Indicate the percentage of gaming activity operated in The organization's facility An outside facility Inter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address If "ves," enter the amount of gaming revenue received by the organization receives gaming revenue? If "ves," enter the amount of gaming revenue received by the organization If "ves," enter name and address Name Address Caming manager information Name Gaming manager compensation Small Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license?	Yes No
b An outside facility	
Name ► Address ► 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 F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the organization F \$ and the amount of gaming manager information Name F Baming manager information Name F Description of services provided F 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?	
Name ► Address ► L5a 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 ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address Name Address Address Gaming manager information Name Gaming manager compensation S Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?	
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b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming livense?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor 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 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	
amount of gaming revenue retained by the third party \$ If "Yes," enter name and address Name	
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If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
retain the state gaming license?	
17a	
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 ▶ \$	

Software ID: Software Version:

EIN: 22-1500483

Name: CALDWELL COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
BARRY E VANKAT TRUSTEE	1 00	Х						0	0	0	
DANIEL A GERARDI TRUSTEE	1 00	Х						0	0	0	
edward r collins trustee	1 00	Х						0	0	0	
GREGORY J CARAFELLO TRUSTEE	1 00	Х						0	0	0	
JAMES R GONZALEZ TRUSTEE	1 00	Х						0	0	0	
JOHN C PETERSON TRUSTEE	1 00	Х						0	0	0	
JOSEPH BECKER CPA trUSTEE	1 00	Х						0	0	0	
JOSEPH R BOCK TRUSTEE	1 00	Х						0	0	0	
KATHLEEN BARABAS TRUSTEE	1 00	Х						0	0	0	
LINDA LUCIANO TRUSTEE	1 00	Х						0	0	0	
MARILYN BASTARDI TRUSTEE	1 00	Х						0	0	0	
MARK A REDA trustee	1 00	Х						0	0	0	
MAUREEN T BEZER TRUSTEE	1 00	Х						0	0	0	
NANCY COSTELLO MILLER ESQ TRUSTEE	1 00	Х						0	0	0	
PATRICK OSINSKI TRUSTEE	1 00	Х						0	0	0	
RHONDA GRABER TRUSTEE	1 00	Х						0	0	0	
ROBERT G PURDY TRUSTEE	1 00	Х						0	0	0	
SR ARLENE ANTCZAK TRUSTEE	1 00	Х						0	0	0	
SR DONNA CIANGIO TRUSTEE	1 00	Х						0	0	0	
SR LUELLA RAMM TRUSTEE	1 00	Х						0	0	0	
SR MARY EILEEN O'BRIEN TRUSTEE	1 00	Х						0	0	0	
SR MARY LOU BAUMAN TRUSTEE	1 00	Х						0	0	0	
THOMAS J CONNAUGHTON TRUSTEE	1 00	Х						0	0	0	
ALEXANDER GIAQUINTO CHAIR	1 00			Х				0	0	0	
HELEN WESTERVELT VICE CHAIR	1 00			х				0	0	0	