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# **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	e 2009 ca	alendar	r year, c	or tax ye	ar begin	ning	Ju	ıly 1	, 2009, a	and endir	ng	Jur	ie 3	0	, 20 10	)	
В	Check if a	applicable	Please		e of organ	nization N	lorthar	npton C	County A	rea Comn	nunity C	ollege		D	Employe	er identific	cation n	umber
_	Address		use IRS label or		g Busines	s As Fo	undati	on, Inc.				_			23	: 2	06449	6
_	Name ch	7	print or		per and stre	et (or PO	box if mail	l is not deliv	vered to stree	et address)	Room/su	uite		Е	Telephor	ne number	r	
$\neg$	Initial ret	· ·	type. See	3835	Green	Pond R	d				1			( (	610)	86	1-545	1
_	Terminat		Specific Instruc-		or town, s	state or co	untry, ar	1d ZIP + 4										
$\neg$	Amende		tions		lehem,	PA 180	20							G	Gross rec	eipts \$	3,68	6,102
_		n pending	F Nan	me and a	address of	f principal	officer.	Susan	K Kubik	, Same as	above	H(a)	is this	a oro	un return f	or affiliates?	Yes	✓ No
	, pp.iod.io	pending	į							•				-		cluded?	_	□No
1	Tax-exe	empt status	5 171 5	501(c) (	3 ) <b>⊲</b> (ins	sert no )	T 494	7(a)(1) or	☐ 527							ist (see in		
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	1	Grants a										-	<u>',</u>	202	,032		3,30	3,031
ø	14	14 Benefits paid to or for members (Part IX, column (A), line 4)																
nse	15 3	The second of th																
Expenses	16a	I6a Professional fundraising fees (Part IX, column (A), line 11e)											<del>+</del>	_^*;				
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IVI	ay the I	ius aisci	uss this	s retur	ri with t	ne prepa	arer sh	iown ab	ove / (se	e instruction	uns) .	<u> </u>				. <b>7</b>	Yes	No_

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Par	t III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: The Northampton County Area Community College Foundation, Inc. raises, invests and manages Northampton Community College, its students and staff.	
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. 🗆 Yes 🗹 No
4	Describe the exempt purpose achievements for each of the organization's three largest program service. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the an allocations to others, the total expenses, and revenue, if any, for each program service reported	nount of grants and
4a	(Code:) (Expenses \$ 3,082,550 including grants of \$) (Revenue \$	sorships and improvements.
4b	(Code:) (Expenses \$ 223,341 including grants of \$) (Revenue \$	and through awarded in and 52 were
4c	(Code:) (Expenses \$ 52,581 including grants of \$) (Revenue \$	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program carries expanses	

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>\</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>\</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
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		✓
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		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	<b>✓</b>	4633.3
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$ Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>√</b>
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? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
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		1
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		1
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	✓	
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	✓

Pa	Checklist of Required Schedules (Continued)	,		
0.4	D. III		Yes	No
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 19 If "Yes," complete Schedule I, Parts I and II	21	✓	
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>√</b>
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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		✓
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	Ž		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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		1
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		1
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	,	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

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			2,
	U.S. Information Returns. Enter -0- if not applicable	5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			-
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4-		
	gaming (gambling) winnings to prize winners?	1c	•	
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.			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a   0   1   1   1   1   1   1   1   1   1	2b	,	
U	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	40	`.	,
	instructions)		*	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	* `	<i>"</i>	
	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		
4a	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	``	<b>V</b>
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		<u> </u>	3" ~
	and Financial Accounts.	` ~	`	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u>6a</u>	-	1
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		!
7	Organizations that may receive deductible contributions under section 170(c).	*/	t , w #	*
	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	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>✓</b>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7c		<b>V</b>
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>*</b> * * ,	` '	- 3
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	
	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			
	required?	7h_	1	150
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ľ	3
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	2	
	organization, have excess business holdings at any time during the year?	7.7	2	<del>                                     </del>
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	<b></b>	1
	Did the organization make any taxable distributions under section 4966?	9b	1	1
	Section 501(c)(7) organizations. Enter:		4	
	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	<u> </u>		<b>[</b> *
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-	1	[
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
40	amounts due or received from them.)	100	<del> </del>	<del> </del>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	12a	<del> </del>	<del> </del>

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

Sec	tion A. Governing Body and Management	-	Voc	No
	Enter the number of voting members of the governing body.	Γ	Yes	No (8)
1a	Enter the number of voting members of the governing body		W., 1	
b	Enter the number of voting members that are independent	. (	S.V	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	نندهد	تقسيده اشا
_	any other officer, director, trustee, or key employee?	_		
3	Did the organization delegate control over management duties customarily performed by or under the direct	ا م		
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	4		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	1	-
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	_	,	
	of the governing body?	7a	<b>V</b>	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b €	, <b>∀</b>	చ్చి
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	135/3	22" \ \$\frac{3}{2}\
	the year by the following:	222		فخننت
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
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	9a		<b>✓</b>
	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	ļ	<b>✓</b>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		ļ	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	<b>✓</b>	L
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ĺ	8 - 2	16.
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by	8		1.75
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	*******		343
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	3 3 3	35	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	13		
ıva	with a taxable entity during the year?	16a		1
		14.	9/35	3.78
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		1.5%	12.00
	the organization's exempt status with respect to such arrangements?	16b		*************
Sec	ction C. Disclosure	1		
		-		
17	List the states with which a copy of this Form 990 is required to be filed PA	~)(3)~	00/14	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	<i>-</i> )(3)8	Orliy)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	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 int	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 reconganization: ► James Dunleavy, 3835 Green Pond Rd, Bethlehem, PA 18020 610-861-5463	ords c	the	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	T- '	any o	curre			cer, d	irec			
(A)	(B)			•	C)			(D)	(E)	. <b>(F)</b>
Name and Title .	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	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	0
John Alexander	1	1						0	0	0
Patrice R Amin	1	1						0	0	0
Kate Haney	1	<b>√</b>						0	0	0
Frank D Boyer	1	1						0	0	0
Robert J DeSalvio	1	1						0	0	0
Robert D Dixon	1	1						0	0	0
Thomas J Doluisio	1	1						0	0	0
Susan E Drabic	1	1						0	0	0
James Dunleavy Treasurer	4		1	1				o	0	0
Robert M Eater	1	1						0	0	0
M Arif Fazil	1	<b>✓</b>						0	0	0
Charles M Hannig	1	1						o	0	0
Silvia Hoffman	1	1						0	0	0
Steve Hovey	1	1						o	0	0
David Kennedy	1	1						0	0	0

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key	Emp	loye			d Hig	hes					
	(A)	(B)			•	C)			(D)	(E)	(F)		
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	та Кеу employeе	Highest compensated employee	Former	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		
Mic	hael Krupa	1	1						0	0	0		
	an K Kubik cutive Director & Secretary	10		1	1				0	0	0		
	liam E Landis	1			•				0	0	0		
Der	nise McCall	1	<b>Y</b> _		-				0	0	0		
Tim	Lewis	1	<b>✓</b>	-	_				0	0	0		
Kei	th Lombardi		✓	<u> </u>						0	0		
Dia	ne S Martin	1	1	$\vdash$				$\vdash$	0				
	e Chair e Molewski	1	1	<u> </u>	1			<u> </u>	0	0	0		
	rid Nepereny	1	1	igspace		_			0	0	0		
		1	1						0	0	0		
	ce Palmer Indation Chair	1	1	L.	1				0	0	0		
Cha	arles J Peischl	1	1						o	0	0		
Mic	hael J Perrucci	1	1						0	0	0		
Rol	pert Rupel	1	,						0	0	0		
1h	Total	L	<b>.</b>	Ь		J	1	<u> </u>	0	0	0		
2	Total number of individuals (including but reportable compensation from the organiz		to th	ose	list	ed	above	e) w	ho received m	ore than \$100,0	00 in		
					<u> </u>						Yes No		
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," complete S	Schedule J	for s	uch	ınd	ıvid	ual				3 🗸		
4	For any individual listed on line 1a, is the the organization and related organizations individual.	sum of rep greater than	ortab an \$1 	le c 50,0	om) 0001	pen: ? <i>If</i> :	satıor "Yes,'	n an " co:	d other compe mplete Schedu 	ensation from ule J for such	4		
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue 'Yes," com	com plete	pen <i>Sch</i>	sati nedu	on ule .	from J for s	any such	unrelated org	anization for	5 1		
Se	ction B. Independent Contractors								-				
1	Complete this table for your five highest compensation from the organization	ompensate	ed inc	iepe	ende	ent	contr	acto	rs that receive	d more than \$1	00,000 of		
	(A) Name and business ad	dress							( <b>B)</b> Description of s	services	(C) Compensation		
											·		
_													
2	Total number of independent contractors (more than \$100,000 in compensation from					d to	those	e list	ed above) who	received	*,		

Par	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
gifts, grants lar amounts	1a	Federated campaigns		1a		,			
tributions, gifts, grants other similar amounts	ь	Membership dues		1b					
fts, an	C	Fundraising events .		1c					!
<u>ie</u> ja	d	Related organizations		1d					ļ
Contributions, and other simi	e	Government grants (contri	ibutions).	1e	113,576				
e Ei	f	All other contributions, gifts, g				,		·	
흔들		and similar amounts not inclu-		1f	1,106,266				
<u> </u>		Noncash contributions include			83,292			5	, ,
	h	Total. Add lines 1a-1f		•		1,219,842			-
Program Service Revenue					Business Code				
eve	2a								
Œ.	b						-		
٤	С								
လွ	d								<del></del>
ra	ę	All ather manages and			-				
rog		All other program service Total. Add lines 2a-2f							
	9				· · · · · · · · · · · · · · · · · · ·				
	3	Investment income (inc				504,947			
		other similar amounts)			: · · . • 🟲	304,347			
	4	Income from investment o							
	5	Royalties	(ı) Real	•	(ii) Personal				
			1,222	072		\$.		,	3
		Gross Rents . ,		,073 2,157				· .	, , ,
		Less. rental expenses Rental income or (loss)		,916			```	****	,
		Net rental income or (lo			>	419,916			
		Gross amount from sales of	(i) Securitie		(II) Other	,			
	/a	assets other than inventory	.,					i je	
	h	Less, cost or other basis							
		and sales expenses .				<u> </u>	*	*5*	
	c	Gain or (loss)							
		Net gain or (loss)			•				
<u>o</u>		Gross income from	fundraisir	na .					
venue	""	events (not including \$		-			4		`
Š		of contributions reported					•		<u> </u>
Œ					348,250			,	
Other Re		Less: direct expenses						agental time and the second	, i
Ó	C	Net income or (loss) fro	om fundrais	sing e	vents >	233,603			
	9a	Gross income from gam	nng activitie	s.			2	p.	·
		See Part IV, line 19		. а					
		Less: direct expenses,							. 1
	C	Net income or (loss) fro	om gaming	activ	rities . ►				
	10a	Gross sales of inve	entory, les	ss					
		returns and allowances							
		Less: cost of goods so							
	ြင	Net income or (loss) from Miscellaneous Reve		ivent					
	<del> </del>				Business Code			<del></del>	
	١.					_			
	b								
	C	A.H							
		All other revenue							
	12e	Total. Add lines 11a-17 Total revenue. See ins	10 . structions	-	💺	2,378,308			
	1	Total revenue. See IIIS	, ucuviio.		<u> </u>	£,370,300		<u> </u>	L

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to com	plete 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	3,082,550	3,082,550		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	223,341	223,341		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	:			
4 5	Benefits paid to or for members			* .	4
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 8	Other salaries and wages				•
9 10	Other employee benefits				
	Fees for services (non-employees)  Management  Legal  Legal		•		
С	Accounting	7,000	******	7,000	
f	Professional fundraising services. See Part IV, line 17 Investment management fees	17,692 1,017		17,692 1,017	
9 12 13	Other	52,581	52,581	1,017	
14 15	Information technology				
16 17	Occupancy	4,910		4,910	
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.	3,297		3,297	•
20 21	Interest				
22 23	Depreciation, depletion, and amortization .  Insurance	2,334 1,822		2,334 1,822	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
а	5% of total expenses shown on line 25 below.)  Annuity Payments	18,303	À 1 ( ) T.V.T.	18,303	
b c	Development Expenses General & Administrative Expenses	26,842 18,220		18,220	26,842
d e	Administration fees Pledge Allowance	62,443 -34,529		62,443 -34,529	
f 25 26	All other expenses Annuity NPV Adjust  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ If following	105,182 3,593,005	····	105,182 207,691	
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Farry 990 (2000)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	13,082	2	85
	3	Pledges and grants receivable, net	1.455,219	3	818,250
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	3	employees, and highest compensated employees Complete Part II of	卷,	,	<i>*</i>
		Schedule L	- A debrication to terroration contraction and the contraction of the	5	
	6	Receivables from other disqualified persons (as defined under section	7.7		<i>*</i>
	·	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	21		S. 3.
ĺ		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8			8	
Asi	_			9	
·	9	Prepaid expenses and deferred charges	1	>	***
	10a	Larie, Containings, and Education Containing	· · · · · · · · · · · · · · · · · · ·	ž.	
		other basis. Complete Part VI of Schedule D  Less' accumulated depreciation -3,476,928	4,384,009	10c	4,133,145
	b		20,647,237		23,597,895
	11	Investments—publicly traded securities	20,041,231	12	23,391,093
	12	Investments—other securities See Part IV, line 11		13	
	13	Investments-program-related. See Part IV, line 11			1
	14	Intangible assets	4 000 400	14	205.000
	15	Other assets. See Part IV, line 11	1,362,483		295,996
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,862,030		28,845,371
	17	Accounts payable and accrued expenses	159,797	17	262,321
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<u>.</u>	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		-	·
ap		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L	-·	22	
	23	Secured mortgages and notes payable to unrelated third parties .	1,632,865	23	1,365,898
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	35,704	25	37,307
	26	Total liabilities. Add lines 17 through 25	1,828,366	26	1,665,526
S		Organizations that follow SFAS 117, check here ▶ ☑ and			*, *,
		complete lines 27 through 29, and lines 33 and 34.	4 4	38.65	
an	27	Unrestricted net assets	6,340,167		7,455,290
Bal	28	Temporarily restricted net assets	11,209,203	28	10,538,183
פַ	29	Permanently restricted net assets	8,484,294	29	9,186,372
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			\$5 3· (
S	20			30	
šet	30	Capital stock or trust principal, or current funds		31	
<b>A</b> St	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
t'	32	Retained earnings, endowment, accumulated income, or other funds	26,033,664		27,179,845
ž	33 34	Total net assets or fund balances			28,845,371
	J-4	Total liabilities and net assets/fund balances	27,862,030	34	Eorm <b>990</b> (2009)

Pa	rt XI Financial Statements and Reporting	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		"a	-
	Schedule O.			ئدىسىـــــــــــــــــــــــــــــــــــ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>✓</b>
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	If "Yes" to line 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?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	3,1	. >
	Schedule O.	( 1	έφ.	ૅરૅ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	, '	1 / 2 × ×	- 7 5
	issued on a consolidated basis, separate basis, or both:		· 🐉 🧃	13
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			****
3а	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	ļ	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	l		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	L	<u> </u>

Form **990** (2009)

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

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

No	rthar	npton Count	y Area Commu	nity College Foundat	ion, Inc.				23	2	064496	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganızatio	ons mus	t comple	ete this	oart.) Se	e instruc	ctions.	
The		anization is no	ot a private foun	dation because it is:	(For lines	1 throug	jh 11, ch	eck only	one box.	)		
1		A church, co	invention of chu	rches, or association	of church	hes desci	ribed in <b>s</b>	ection 1	70(b)(1)( <i>l</i>	A)(i).		
2				on 170(b)(1)(A)(ii). (Att								
3		A hospital or	a cooperative h	nospital service organ	ization d	escribed	ın <b>sectio</b>	n 170(b)(	(1)(A)(iii).			
4			search organiza me, city, and st	ition operated in conj ate:			•				)(A)(iii). En	ter the
5	Ĭ	-	ion operated for (b)(1)(A)(iv). (Coi	the benefit of a collegen	ge or unr	versity ov	vned or c	perated	by a gov	ernmenta	l unit descr	ibed in
6				ernment or governme	ental unit	describe	d ın <b>sect</b> i	ion 170(t	)(1)(A)(v)	)_		
7			-	receives a substantia							the general	public
•		•	•	1)(A)(vi). (Complete P		по сарро		govorini			9	<b>F</b>
8	П			in section 170(b)(1)		complete	Part II )					
9	$\Box$			receives: (1) more that				n contrib	utions, m	embersh	o fees, and	l aross
•				ed to its exempt funct								
				ent income and unre								
				after June 30, 1975.						· · · · · · · · · · · · · · · · · · ·		
		•	•	nd operated exclusive		-				(2)(4)		
10		_	-		-						r to carni	out the
11	Ч			ind operated exclusivolicly supported organ								
				at describes the type								CCLIOII
										_		NAI
		a 🗆 Type		<b>3</b> •		e III–Fund	•	-			Type III-0	
е				ify that the organizat								
		•		n managers and other	r than one	e or more	publicly	supporte	d organiz	alions de	scribed in	Section
			section 509(a)(2)									
f		_		a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or Type	III suppor	ting _
			, check this box									L
g	l	_		the organization acce	epted any	gift or c	ontributio	on from a	ny of the	<b>;</b>		
		following per									- T-	Τ.,
				r indirectly controls, e				h person	s describ	oed in (ii)	Yes	No
		and (III) b	elow, the gover	ning body of the supp	oorted or	ganizatıo	n? .				11g(i)	<u> </u>
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
				of a person described							11g(ni)	l
h	<u> </u>	Provide the	following inform	ation about the suppo	orted orga	anızatıon(	(s).					
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amou	
	org	janization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		ion in col zed in the	suppo	π
				(see instructions))				oort?		S?		
					Yes	No	Yes	No	Yes	No		
	rtham			School					_			
Coi	mmui	nity College	23-6417444		✓		✓		✓		3,0	82,550
			<del></del>		<u> </u>	<u> </u>		<u> </u>				
		•										
					1	1	1	1	Į.	ł		

Total

3,082,550

Fair	(Complete only if you chec					and 170(b)(1	)(A)(VI)
Sec	tion A. Public Support						
Ca	lendar 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.")	3,204,906	2,665,885	2,003,515	1,831,410	1,219,842	10,925,558
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,204,906	2,665,885	2,003,515	1,831,410	1,219,842	10,925,558
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)						
6	Public support. Subtract line 5 from line 4.	25 Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$100 B			10,925,558
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	3,204,906	2,665,885	2,003,515	1,831,410	1,219,842	10,925,558
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,310,120	1,608,743	1,696,488	1,690,055	1,727,020	8,032,426
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.)	156,606	137,091	235,141	151,561	348,250	1,027,649
11	Total support. Add lines 7 through 10 .		-4/2000 -4/2000	3-41	9.45 Mg 1.5 X		19,985,633
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	ere		nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3) $\blacktriangleright$ $\Box$
<u> </u>	Public support percentage for 2009 (line			1 column (fl)		14	54.67 %
15	Public support percentage for 2009 (infe	,	•	r, column (ij)		15	63.81 %
16a	,, ,	zation did not d	heck the box		line 14 is 331/3 9		
b	33% % support test—2008. If the organic box and stop here. The organization qua				and line 15 is	33%% or more,	check this .▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance" Private foundation. If the organization did	facts-and-circum ances" test. The	estances" test, o organization qua	check this box alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the

Sche	dule A (Form 990 or 990-EZ) 2009						Page <b>3</b>
	t III Support Schedule for Orga				)(2)	<del></del>	
500	(Complete only if you checketion A. Public Support	ed the box of	n line 9 of Pa	rt I.)			
	elendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Sec	tion B. Total Support		J		*. *	<u> </u>	
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						-1 501(-)(0)
14 <del>Soc</del>	First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Su	here	· · · · · · · · · · · · · · · · · · ·	nd, third, fourth			
	···		<del> </del>	10 0-1	(A)	15	
15 16	Public support percentage for 2009 (lir Public support percentage from 2008	Schedule A, P	art III, line 15			16	<u>%</u> %
Sec	tion D. Computation of Investme	nt Income P	ercentage				

Schedule A (F	orm 990 or 990-EZ) 2009 · Page <b>4</b>
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part II, sec	ction B, line 10: Other Income in this section is Special Event Revenue.

# SCHEDULE D (Form 990)

**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 Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization 2064496 Northampton County Area Community College Foundation, Inc. 23 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements. 2b **b** Total acreage restricted by conservation easements . . . . . . c Number of conservation easements on a certified historic structure included in (a) . 2c 2đ d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ∐ Yes 🗌 No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . (ii) Assets included in Form 990, Part X . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: **b** Assets included in Form 990, Part X . . . . . . . .

Par	rt III Organizations Maintaini	ing Collections	of Art, His	torica	Treasures,	or Oth	er Similar Ass	ets (conti	nued)
3	Using the organization's acquisition collection items (check all that appl		ther record	ds, che	ck any of the f	ollowir	ng that are a sig	nificant use	of its
а	Public exhibition		d		oan or exchan				
b	Scholarly research		е	$\sqcup$ 0	ther				
C	. —								
4	Provide a description of the organiz Part XIV.	zation's collections	s and expla	ain how	they further the	he org	anızatıon's exen	npt purpos	e in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as pa	rt of the	organization's	collec	tion?	Yes [	☐ No
Par	rt IV Escrow and Custodial A IV, line 9, or reported an					swere	d "Yes" to Forr	n 990, Par	t 
	·							Yes [	□No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followin	g table:	ГТ			
						4-	AIII	ount	
	Beginning balance					1c			
d	Additions during the year					1d		<del></del>	<del></del>
e	Distributions during the year					1e			
f	Ending balance					_1f			7
	If "Yes," explain the arrangement in	Part XIV.						∐ Yes L	No 
Par	rt V Endowment Funds. Co							line 10.	o back
		(a) Current year	(b) Prior		(c) Two years ba	ack (c	) Three years back	(e) Four year	S DACK
1a	Beginning of year balance	14,032,471	<b>-</b>	46,549	,	- 1		# <sub>33</sub>	- 1
b	Contributions	678,048	9:	58,472	272	- 18		48. 37. ,	<u> </u>
С	Net investment earnings, gains, and losses	974,101	-1,00	06,207	* * * * * * * * * * * * * * * * * * * *		•		
d	Grants or scholarships				12			<u> </u>	
е	Other expenditures for facilities and programs	-160,603		66,343	* * ****				,
f	Administrative expenses	0		0					
g	End of year balance	15,524,017	14,0	32,471	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		٠ }	\$ v +	/
2	Provide the estimated percentage of	of the year end ba	lance held	as:					
а	Board designated or quasi-endown	nent ▶4	0 %						
b	Permanent endowment ▶	60 %							
C	Term endowment ▶ %	6							
За	Are there endowment funds not in th	ne possession of th	ne organiza	tion tha	it are held and	admın	stered for the	C.	<del></del>
	organization by.		•					Yes	<del></del>
	(i) unrelated organizations							3a(i)	1
	(ii) related organizations							3a(ii)	<b>√</b>
_	If "Yes" to 3a(II), are the related org							3b	
4	Describe in Part XIV the intended u						40		
Par	rt VI Investments—Land, Bu		· · · · · · · · · · · · · · · · · · ·	See F	orm 990, Par				
	Description of investment	(a) Cost or of (investment)	ther basis nent)		st or other s (other)	(c) Aco	cumulated reciation	(d) Book val	ue
1a	Land		244,919					24	14,919
b	Buildings	. 5	.606,915				-2,622,736	2.98	34,179
С	Leasehold improvements								
d	Equipment					•			
	Other		758.239				-854.192		<u>)4.047</u>
Tota	al. Add lines 1a through 1e (Column (d)	must equal Form 9	90, Part X,	column	(B), line 10(c).)		•	4.13	33.145

Schedule D (Form 990) 2009	0 F 000 P-+ V	l 10	rage <b>O</b>
Part VII Investments—Other Securities			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	· · · · · · · · · · · · · · · · · · ·		
Financial derivatives			<del></del>
Closely-held equity interests			
Other			
	<del> </del>		
			<del></del>
	·		
			· · · · · · · · · · · · · · · · · · ·
T. 1 (0 ) 15 000 D 1 (1 ) 10 )			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		·· -
Part VIII Investments—Program Relate	d. 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	
		Cost of end-of-year file	arket value
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		( , A	
Part IX Other Assets. See Form 990, Pa	rt X. line 15.		
	(a) Description	······································	(b) Book value
Due from /(to) Northampton Community College			295,996
	<u> </u>		
			005 000
Total. (Column (b) must equal Form 990, Part X, col		<u> </u>	295,996
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount	_	
Federal income taxes		_	
Res Hall Room Deposits	37,30	<u>17</u>	
		┙.	
		$\neg$	
		7	
			•
		7	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	37.30	17	

4	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	T : 1	2 279 209
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	2,378,308 -3,593,005
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	-3,383,003
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	2,360,878
4 =	Net unrealized gains (losses) on investments	5	
5 6		6	
7	Investment expenses	7	***
8	Other (Describe in Part XIV.)	8	
	Total adjustments (net) Add lines 4 through 8	9	2,360,878
Ŏ	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10	1,146,181
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Reti	
1	Total revenue, gains, and other support per audited financial statements	1	5,655,990
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	22	
а	Net unrealized gains on investments	78	
	Donated services and use of facilities	<b> ;</b> , 1	
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		2 260 070
	Add lines 2a through 2d	.   2e	2,360,878 3,295,112
	Subtract line 2e from line 1	. 3	3,233,112
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b -916,8	04	
C	Add lines 4a and 4b	. 4c	-916,804
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	2,378,308
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	nses per Re	eturn
1	Total expenses and losses per audited financial statements	. 1	4,509,809
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			
b	Prior year adjustments	- 1	
С	Other losses	04	
ď	Other (Describe in Part XIV.)	2e	916,804
	Add lines 2a through 2d	3	3,593,005
3	Subtract line 2e from line 1		3,333,003
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4	investment expenses not included on Form 550, Fact vin, and 75		
а	Other (Describe in Part XIV)		
a b	Add lines 4a and 4h	4c	
a b c	Add lines <b>4a</b> and <b>4b</b>	. 4c	3,593,005
a b c 5	Add lines 4a and 4b		3,593,005
a b c 5 Par com	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	and 4; Part IV	V, lines 1b complete
a b c 5 ar com nd a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d part to provide any additional information  t V line 4: Student Scholarships, program support, equipment and capital support.	and 4; Part IV	V, lines 1b complete
a b c 5 Par om nd a nis p	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d part to provide any additional information  t V line 4: Student Scholarships, program support, equipment and capital support.	and 4; Part IV	V, lines 1b complete

Schedule D (For		Page 5
Part XIV	Supplemental Information (continued)	
	,	
	,	

#### 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.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Northampton Area Community Col	lege Foundatio	n, Inc.	<u></u>		23	2064496		
	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a  Mail solicitations								
(i) Name of individual or entity (fundraiser)	(ii) Activity		draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount pa (or retained to fundraiser listed col (i)	by) (or retained by)		
		Yes	No					
•								
Total				solicit funds or h		fied it is exempt from		

Pa	art II	Fundraising Events. Comore than \$15,000 on F									
0			(a) Event #1 Food and Wine (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events .  9 (total number)	(d) Total events (add col (a) through col (c))					
Revenue	1	Gross receipts	187,589	72,984	151,170	411,65	<u>;3</u>				
. ₩	2	Less Charitable contributions	-5833	-6906	-50664	-63,40	13				
	3	Gross income (line 1 . minus line 2)	181,756	66,268	100,226	348,25	<u>;0</u>				
	4	Cash prizes		· -							
	5	Noncash prizes					_				
Ses	6	Rent/facility costs		24,189							
Direct Expenses	7	Food and beverages .									
Direct	8	Entertainment									
	9	Other direct expenses	66,251		24,207						
	10 11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), a	nd line 10	<u> </u>	233,60					
Pa	ırt III	Gaming. Complete if than \$15,000 on Form	the organization ansv	vered "Yes" to Form	990, Part IV, line 19,	or reported more					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)	)				
Rev	1	Gross revenue		***							
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses .	П. v. 0/	<u> </u>	☐ Yes %						
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	☐ Yes% ☐ No	***************************************					
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)	•	(	)				
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7			_				
9		ter the state(s) in which the c	•	-		Yes N	0				
b		the organization licensed to o 'No," explain:				<u>  9a  </u>					
10a		ere any of the organization's ( 'Yes," explain:	gamıng licenses revoke			ar? 10a					
11		nes the organization operate (			······································	11					
12		the organization a grantor, be med to administer charitable			a partnership or other	1 4 - 1	~				

_	
Page	

00	Table G (FORTH 930 OF 930-EZ) 2009					age 0
				,	Yes	No
13	Indicate the percentage of gaming activity operated in:					
а	The organization's facility	13a	%		٠	
b	An outside facility	13b	. %	1		
14	Enter the name and address of the person who prepares the organization's gaming/and records:	spec	al events books			
	Name ▶					
	Address ▶					
15a	Does the organization have a contract with a third party from whom the organization revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		and the	/		
С	If "Yes," enter name and address of the third party.				, "	
	Name ▶					
	Address ▶				ş.	
16	Gaming manager information:					
	Name ▶				· -	
	Gaming manager compensation ▶ \$			-		}
	Description of services provided ▶					
	Director/officer Employee Independent contractor	r		*		37
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the	e gan	ning proceeds to		-	<sup>3</sup>
				17a	-	*3
	Enter the amount of distributions required under state law to be distributed to other or spent in the organization's own exempt activities during the tax year ▶ \$	exen	npt organizations	Ĺ		

Schedule G (Form 990 or 990-EZ) 2009

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047 2009

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2064496

° □

**Employer identification number** 23

Northampton County Area Community College Foundation, Inc.

☑ Yes Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance

Form 990, Part IV, line 21, for any recipient that received more that Part IV and Schedule I-1 (Form 990) if additional space is needed	3 21, for aný reci I-1 (Form 990) if	ipient that receiv additional spac	received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	00. Check this box	ıf no one recipient i	received more than	§5,000. Use ► □
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northampton Community College 3835 Green Pond Rd	23-6417444		3,062,661	19,889	•	see Part IV	see Part IV
Bethlehem, PA 18020			,				
						3	
				and the state of t			
				-			

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations N

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

Cat No 50055P

Schedule I (Form 990) 2009

Settill Grants and Other Assistance to Individuals in		the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line	npiete ii the organi		
.		space is needed.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarchine for Students	107	223 341			see Part IV
Part IV Supplemental Information. Complete this part		ovide the informatic	in required in Part	I, line 2, and any othe	to provide the information required in Part I, line 2, and any other additional information.
Part 1, Line 2: The Foundation monitors the activity of all the	ity of all the funds	granted to Northam	pton Community Co	llege (College) to ensu	funds granted to Northampton Community College (College) to ensure their use is in accordance with
their approved purpose. Staff of the college, primarily Financi	arily Financial Aid	Dept and Director o	f Scholarships, are	responsible to ensure s	al Aid Dept and Director of Scholarships, are responsible to ensure scholarship monies are used
accordingly. Staff of the College, primarily Finance Department and the grant awarded department, are responsible to ensure program support and equipment	se Department and	the grant awarded	department, are resp	oonsible to ensure prog	ram support and equipment
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	ports are provided	on an as needed ba	sis to the Executive	Director of the Founda	tion for all categories of grant
support.					
Part 1, line 1, section g: Non-cash assistance represents tang	resents tangible it	ems donated to the	Foundation, which	ire then granted to the	ible 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	e purpose of sch	olarships, program s	upport, equipment a	and capital support.	
Part 3, line 1, section f: Scholarships for students attending Northampton Community College.	attending Northa	mpton Community C	ollege.		

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

## **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

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

▶ See the Instructions for Form 990.

**Employer identification number** 

23\_ 2064496 Northampton County Area Community College Foundation, Inc. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average hours	-	ion (d		k all	that ap		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
		rustee	trustee		/88	npensated				and related organizations
Frank Russo	1	<b>/</b>						0	0	0
John Eureyecko	1	<b> </b> ✓						o	o	0
Paul Schuchman	1	1						0	0	0
Arthur L Scott	4		1					0	0	0
Donna G Taggart	1	1	Ť					0	0	0
Timothy VanSyckle	1	1						0	0	0
Bruce Waldman										
	1	<b>✓</b>						0	0	0

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

► Attach to Form 990.

lines 29 or 30.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

	rthampton County Area Commu	inity Colleg	e Foundation, Inc.	23	2064496
Pai	Types of Property				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 10	(d) Method of determining revenues
1	Art—Works of art	1	2	8,300	donor appraised
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications		, en sa		
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property	li li			
9	Securities-Publicly traded .	k [			
10	Securities-Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities-Miscellaneous .				
13	Qualified conservation- contribution—Historic structures				
14	Qualified conservation				
	contribution—Other				
15	Real estate-Residential	1			
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	i I			
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxidermy	1 1			<del></del>
22	Historical artifacts	1 1		<u> </u>	
23	Scientific specimens				
24	Archeological artifacts		187	43,190	donor oppraised
25	Other ▶ ( event prizes )	1	6	29,173	donor appraised donor appraised
26	Other ▶ ( equipment )	$\overline{}$	6	2,630	donor appraised
27 28	Other ► ( materials ) Other ► ()	<b></b>		2,030	donor appraised
	<del></del>			<u> </u>	
29	Number of Forms 8283 receive				29 0
	which the organization complet	eu rorm 82	os, Part IV, Donee ACKNOV	wieugement	Yes No
30a	During the year, did the organiz	ears from th	e date of the initial contrib		ines 1–28 that required to be
_	used for exempt purposes for t		• .		30a   ✓
b	If "Yes," describe the arrangem				
31	Does the organization have a contributions?	a gift acce	ptance policy that requir	res the review of any	non-standard 31 ✓
32a	Does the organization hire or u contributions?	se third pai	ties or related organizatio	ns to solicit, process, or	r sell noncash
b	If "Yes," describe in Part II.				
33	If the organization did not report describe in Part II.	revenues in	column (c) for a type of pr	operty for which column	(a) is checked,

Schedule M (	Form 990) 2009	ge <b>2</b>
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30l 32b, and 33. Also complete this part for any additional information.	
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# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

► Attach to Form 990.

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

23 2064496 Northampton County Area Community College Foundation, Inc. Part VI, line 2: Arthur Scott and Susan Kubik are legally married. Part VI, line 6: The organization has 35 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 has given authority for the Audit Committee, comprised 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 person(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 authorized Conflict of Interest Statement at the Foundation Office. The Executive Director and the Foundation Chairperson are responsible for enforcing the actions within the Conflict of Interest Statement. Part VI, section B, line 15a and 15b: The Foundation does not have any employees.

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Name of the organization	Employer identification number
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