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Form 990

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

2009

		of the Treasury enue Service		The organization may have to use a copy of this return to sati	efu etata ranc	ortina requirement	c	inspection
					2009, and en	`		30 , 20 10
<u></u>		f applicable	Please	C Name of organizationNew Jersey City University				Employer identification no
- -		s change	use IRS	Doing Business As	roundact	on, me.		3-7261698
ñ	Name ci	-	label or print or	Number and street (or P O box if mail is not delivered to street address	1	Room/suite		Telephane number
\Box	Initial re	-	type See	2039 Kennedy Blvd	,	Nooni saite		201) 200 - 3085
\equiv	Termina		Specific	City or town, state or country, and ZIP + 4		<u> </u>	_	
=		ed return	Instruc- tions.	Jersey City, NJ 07305			٦	Gross receipts
\equiv		tion pending	E Name	and address of principal officerKhatmeh Osseiran-Hanna		T		s 1,239,479
لسا	Applicat	non pending	ĺ	Kennedy Blvd, Jersey City, NJ 07305		H(a) is this a grou	up retu	rn for
	Tav. 000	mpt status		3) ◀ (insert no)				
	Website		u.edu	5) 4 (Inserting) [] 4347(a)(1) 61 [] 327		` If "No." attac	ch a list	(see instructions)
		organization X		Trust Association Other ▶ L Year o	of formation 19	H(c) Group exem		
	rt I	Summar		Trust Association Other P	or formation 13	7/1 M State 0	riegaro	domicile NJ
11.6	1			anization's mission or most significant activities THE M	TOOTON A	WD DUDDOGE O		ID NOW INDON
	'	•		FOUNDATION, INC. (THE "FOUNDATION") IS T				HE NEW JERSEY
A c c	.							
1 0				GROWTH OF NEW JERSEY CITY UNIVERSITY (T FUNDRAISING ACTIVITIES.	.ne "UNIV	EKSIII"/ BI	MEAL	NS OF
V c				the organization discontinued its operations or disposed of mo	ore than 25%	of its not assets		
t n				bers of the governing body (Part VI, line 1a)			3	13
ı a	A		-	t voting members of the governing body (Part VI line 1b).			4	11
e n	1 -			vees (Part V, line 2a)		 	5	0
g e			•	eers (estimate if necessary)		· · · · · · · · -	6	
-	7a			usiness revenue from Part VIII, column (C), line 12			7a	0
				taxable income from Form 990-T, line 34			7b	0
	+	7701 2111012101	223(1.03)			Prior Year		Current Year
R	8	Contributions	s and orar	s (Part VIII line 1h)	🗁	909,5	74	827,127
e V	9			ie (Part VIII, line 2g)		101,6		162,830
e	10	-		t VIII, column (A) lines 3 4, and 7d)		147,6		151,067
ü	11			l, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	(2,3		71,365
	12			es 8 through 11 (must equal Part VIII, column (A), line 12).		1,156,5		1,212,389
	13			unts paid (Part IX column (A), lines 1-3)		489,7		305,835
_	14			nembers (Part IX, column (A), line 4)	<u> </u>		-	0
E x	15			sation, employee benefits (Part IX, column (A), lines 5-10)	ļ 	96,3	91	302,757
P e	- 1		•	fees (Part IX, column (A) line 11e)	⊢			0
n	1			ses (Part IX. column (D). line 25)▶ 345 , 6	 			, , , , , , , , , , , , , , , , , , ,
s e	17		•	column (A) lines 11a-11d, 11f-24f)		549,8	02	457,603
s	18	Total expens	es Add I	nes 13-17 (must equal Part IX, column (A), line 25)	🗂	1,135,9	81	1,066,195
	19			Subtract line 18 from line 12 DECEIVED		20,5	67	146,194
Net				KECEIVED		eginning of Current Ye	ear	End of Year
Asset	²⁵ 20	Total assets (Part X, lin	. 16)	Ø	7,020,4	57	7,454,684
Fund	21	Total habilities	s (Part X,	ne 26)		712,0	11	451,211
Bal- ance:	22	Net assets or	fund bala	nces Subtract line 21 from line 207	ાછા 🗀	6,308,4	46	7,003,473
Pa	rt II	Signatur			751			
		Under penalti	es of perjur	I declare that I have examined this return, including a compart hig sched, and complete. Declaration of preparer (other than differents based on el	ules and statem	ents, and to the best	of my k	nowleage
		and belief, if		2 American piete Becaminator preparation of the management		willen preparer has a	,	/ /
Sig	n	6	w					5/12/11
Her	е	1 7	e of officer				Date	•
				, Vice President for Administration a	and Fina	nce		
		Type or p	orint name a			<u> </u>		
		Preparer's	1	O //	Check if	reparer's (see instru		fying number I
Paid		signature	K.	1/2 to C T. M. 5/10/1	/ employe	ا ا ا ♦ ⊷		6443
	arer's		Lan	raral ffm (Si. lax Mg) 1/0/1	<u>' </u>		110	4 1 /)
Use	Only	Firm s name (c		KPMG LLP / U	E	EIN Þ		
		If self-employ address and		345 Park Avenue				7700
		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	New York, NY 10154-0102		Phone no ▶ 212 - 7	28-5	
				the preparer shown above? (see instructions)	····			. X Yes No
ror I	-rivacy	ACT and Pap	erwork H	duction Act Notice, see the separate instructions.		EEA	4	Form 990 (2009)

9/6-21

Form	m 990 (2009) New Jersey City University Foundation, Inc.	23-7261698	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	THE MISSION AND PURPOSE OF THE NEW JERSEY CITY UNIVERSITY FOUNDATION, INC. (THE "FOUNDATION	T")
	IS TO ENCOURAGE AND SUPPORT THE DEVELOPMENT AND GROWTH OF NEW JERSEY CITY U	NIVERSITY (THE	
	"UNIVERSITY") BY MEANS OF DEVBLOPMENT AND FUNDRAISING ACTIVITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990~EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	∏Yes ⊠ N	No.
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expense	ae	
,	Section 501(cX3) and 501(cX4) organizations and section 4947(aX1) trusts are required to report the amount of gran		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	ts and	
	anocations to others, the total expenses, and revenue, it any, for each program service reported.		
4-	(Code \ \/ Emerges & 200 F02 moledne greats of \$ 205 025 \ \/ Doubles	<u> </u>	
4a		\$	— '
	THE FOUNDATION PROVIDED FUNDING TO NEW JERSEY CITY UNIVERSITY FOR STUDENT S	CHOLARSHIPS AND) ———
	OTHER PROGRAMMATIC PURPOSES.		
4b	(Code) (Expenses \$ 240,963 including grants of \$ 141,459) (Revenue	\$ 162,83	0)
	THE BUSINESS DEVELOPMENT INCUBATOR (BDI) AT NJCU FOUNDATION IS CONSISTENT W	ITH THE MISSION	OF
	THE UNIVERSITY, WHICH INCLUDES A COMMITMENT TO THE IMPROVEMENT OF THE EDUCA	TIONAL, CULTURA	L,
	SOCIOECONOMIC AND PHYSICAL ENVIRONMENT OF THE SURROUNDING UNBAN REGION. THE	BDI IS AN	
	INTEGRAL PART OF THE SMART GROWTH REDEVELOPMENT PLAN FOR JERSEY CITY WESTSI	DE AND IS LOCAT	ED
	IN A DESIGNATED NJ URBAN ENTERPRISE ZONE. BDI FACILITATES THE FORMATION AND	DEVELOPMENT OF	
	ENTREPRENEURIAL VENTURES HELPING THEM SURVIVE AND GROW DURING THEIR CRITICAL		
	BDI ASSISTS THE COMPANIES TO COMMERCIALIZE THEIR PRODUCTS BY PROVIDING PRIVA	ATE OFFICE SPAC	E
	AND BY SHARING OFFICE RESOURCES AND ENABLING ACCESS TO FINANCIAL, LEGAL, MA	RKETING AND	
	MANAGEMENT ASSISTANCE. BDI'S GOAL IS TO HELP BUSINESSES LAUNCH FROM THE BDI		
	VIABLE, COMPANY WHICH WILL CREATE JOBS, IMPROVE THE CITY'S ECONOMIC PRESENCE	· · · · · · · · · · · · · · · · · · ·	
	METROPOLITAN AREA.		
4c	(Code:) (Expenses \$ 60,235 including grants of \$) (Revenue	\$)
	THE FOUNDATION, IN COLLABORATION WITH THE UNIVERSITY, IS PURSUING A PLAN TO	REMEDIATE AND	_
	DEVELOP 21-ACRES OF LAND PURCHASED BY THE UNIVERSITY WHICH IS LOCATED ON THE	···	
	JERSEY CITY. THIS PROJECT IS KNOWN AS THE WEST CAMPUS REDEVELOPMENT PLAN.		
		·	
			·
			
			
4d	Other program services (Describe in Schedule O)	,	
	(Expenses \$ Including grants of \$) (Revenue \$		
40	Total program service expenses ► 607,780		

EEA

Form 990 (2009) New Jersey City University Foundation, Inc. [Part IV] Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ĺ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
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		X
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	X	
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	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete			
_	Schedule D, Part VI			ĺ
•	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			1
•	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.		4.	
•	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 separate of consolidated interiors statements for the tax year include a root lote trial addresses the organization's separate of consolidated interiors statements for the tax year include a root lote trial addresses the organization's separate of consolidated interiors statements for the tax year include a root lote trial addresses the organization's separate of consolidated interiors statements for the tax year include a root lote trial addresses the organization of the tax year include a root lote trial addresses the organization of the tax year include a root lote trial addresses the organization of the tax year include a root lote trial addresses the organization of the tax year include a root lote trial addresses the organization of the tax year include a root lote trial addresses the organization of the tax year include a root lote trial addresses the organization of the tax year include a root lote trial addresses the tax year include a root lo			3 1
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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	16		
	If Yes, completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
ь	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		Х
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		Х
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		Х
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		х
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	X	
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		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			200 /	

سسنا				
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	 -		<u> </u>
2.5	organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
	employees? If "Yes," complete Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
240	\$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		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24D	-	
С	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	<u> </u>	
d 25-		240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-	1	v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b				
	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		X
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	 	X
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		ĺ	
	·	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		, ⁽⁴)	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	00-	1	· ·
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a	 	X
ь	Schedule L, Part IV	201	1	- T
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	28Ь	 -	X
c	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	1	x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30	X	1
` 24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-31	 -	
32	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-32	-	
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	}	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		^
34	III, IV, and V, line 1	34	ļ	Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
33	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		
36	organization? If "Yes," complete Schedule R, Part V, line 2	26	1	v
27		36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		[Ī
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		١,,	ļ
	19° Note. All Form 990 filers are required to complete Schedule O	38	<u> X</u>	<u> </u>

Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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..... If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by ٦a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Х 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? Х Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c x Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 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 Sponsoring organizations maintaining donor advised funds. 9a 9b 10 Section 501(c)(7) organizations. Enter Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

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			
			Yes	No
1a	Enter the number of voting members of the governing body			,
Ь	Enter the number of voting members that are independent		ĺ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2	Х	
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	}
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4		
	the year by the following	,		
а	The governing body?	8a	X	l
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			L
	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
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	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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		X
ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	ı		
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		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1		
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NJ			
18	Section 6104 requires an organization to make its Forms 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			
	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► Aaron Aska (201)200-3035			
	2020 Formady Pland Jangoy City, NJ 07305			

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 compensate any current officer, director, or trustee

(A)	(B)	' } '']						(O)	(E)	(F)
Name and Title	Average					that app		Reportable	Reportable	Estimated
	hours per week	I t din ri di se vi e t ci de ri de ri de ri di	nr su ts	f	l e	Hce lomp he po state d	0 r m	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Khatmeh Osseiran-Hanna										
Executive Director	10.00	X		X	_	<u> </u>	_	78,629	0	10,041
Aaron Aska		1			i					
Director	2.00	X	_	<u>L</u> .	L	<u> </u>	_	17,482	0	1,504
Dominick D'Agosta				1	1					
Chair	1.00	X		X	L	<u></u>				
Dennis Foley										
Director	1.00	X		L	L					
Robert P Haney Jr Esq	1	}								
Director	1.00	X				L				
Michael J Herbert Esq		1								
Secretary	1.00	X		X	L					
Carlos Hernandez PhD		1								
Director	2.00	X				<u> </u>		<u> </u>		
Sang Jin Kim PhD					-					
Director	1.00	_X_		L		<u> </u>				
Rosemary McGee DMH			-							
Vice Chair	1.00	X		Х]		
Carol M Preisinger					[
Treasurer	1.00	_X_	'	X	1			1		
Thomas J Stanton III		T			Π					
Director	1.00	X			1	Ì	l	1		
Robert I Unanue										
Director	1.00	X				1				
Luke Visconti						<u> </u>				
Director	1.00	X			l					
		-	-	-			-			

HS	TI VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A)	(B)	ļ		(0	C)			(0)	(E)	1	(F)	
	Name and Title	Average hours per week		l t nr su t s l t	0 f f c e	K	Hce i om g mp heeny s s s e a e	FO.E.	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)			d if tion e on ed ons
						_					-		_
						_					-	-	
											-		
					_	_	-	-			-		
						_					-		
					_	_					-		
				-		_	-				-		
											-		
					-	-					-		
						-					-		
											-		
1b	Total		<u> </u>		ــــــــــــــــــــــــــــــــــــــ				96,111	0	-	11,5	545
2	Total number of individuals (including but not limited									L	ــــــــــــــــــــــــــــــــــــــ	11,	743
-	reportable compensation from the organization ▶			,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• 100,000 111	0			
												Yes	No
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J for					_		-			3		х
4	For any individual listed on line 1a, is the sum of repo										7		
	the organization and related organizations greater tha	in \$150,000?	If Ye	s, c	omp	olete	Sche						v
5	Did any person listed on line 1a receive or accrue cor							· ·	on for		4		X
	services rendered to the organization? If Yes," compl	-					•				5	х	
Se	ction B. Independent Contractors				 ' .								
1	Complete this table for your five highest compensated	d independe	nt con	traci	tors	that	receiv	ed r	nore than \$100,000	0 of			
	compensation from the organization												
	(A)								(B)			(C)	
	Name and business addres	<u> </u>							Description of	services	Comp	ensatio	n
													
									1				
_													
2	Total number of independent contractors (including b more than \$100,000 in compensation from the organi		d to the	ose	liste	d at	ove) v	vho	received		, , ,	~ ~~ , ^	
													

Form 99		09) New Jersey City Uni Statement of Revenue	versity Foun	dation, Inc.	r	23-72616	98 Page 9
Fart	V HIT	Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a			12 22	12	** / / / /
Contri-	Ь	Membership dues 1b			5 - E. D		7 30
butions,	С	Fundraising events 1c	132,294				
gifts, grants	ď	Related organizations 1d					1.77
and	е	J	111,043				- ,
other similar	f	All other contributions, gifts, grants, and similar amounts not included above	503 700				
amounts	a	Noncash contributions included in lines 1a-1f	\$ 583,790 \$ 79,397	•	S .	. "	14
	h	_		827,127			
	<u> </u>		Business Code	027,127		<u>'</u>	
	2a	BUS. INCUB- RENTAL INC.	531120	162,830	162,830		, ,
	ь						
Program Service Revenue	c				, , , , , , , , , , , , , , , , , , , ,		
	d						
	e			c			
		All other program service revenue		ļ			
	9	Total. Add lines 2a-2f		162,830			,
	3	Investment income (including dividends, interest other similar amounts)		151 065			
	4	Income from investment of tax-exempt bond pro		151,067			151,067
	5	Royalties		6,657			6 657
		(I) Real	(li) Personal	0,03,	\$.35	6,657
	6a	Gross Rents		, · · · · · ·		12	
	ь	Less rental expenses			ž	, 1 , , , , , , 1	ps =0.
	l .	Rental income or (loss)		4.77	, `	`	
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(iı) Other	. 15	`	*****	4
	_	assets other than inventory		, , ,	<i>}</i>	. \	,
	ь	Less cost or other basis and sales expenses		2 SY (, , , ,	`	11.40
o	c	Gain or (loss)		<i>'</i> 、		,	,
h	l	Net gain or (loss)			,	•	,
e r		Gross income from fundraising	[. ,		T	······································
		events (not including \$132,294		26	, ,,`	. * *	. 15% (C)
R i		of contributions reported on line 1c)		, ;			
٧		See Part IV, line 18	91,798	ŕ			•
e n		Less direct expenses b	27,090				·
u e	,	Net income or (loss) from fundraising events .	· · · · · · · •	64,708			64,708
	Ja	Gross income from gaming activities See Part IV, line 19		, ,	` '		· · · · · ·
	ь	Less direct expenses b		.,	`		
	,	Net income or (loss) from gaming activities	L				***************************************
	1	Gross sales of inventory, less			, ,		
	.02	returns and allowances a		,	, ,		•
	b	Less cost of goods sold b			. (
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	C	All other records					
		All other revenue	L			-,	
		Total revenue. See instructions		1 010 00			
		Total to Feliae. See manucuons		1,212,389	162,830	0]	222,432

Page 10

Part IX Statement of Functional Expenses

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

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundralsing
7b,	8b, 9b, and 10b of Part VIII.	i otal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and			1000	t sit sylver
	organizations in the U.S. See Part IV, line 21	305,835	305,835	, , , , , , , , , , , , , , , , , , , ,	
	Grants and other assistance to individuals in			> /	,
	the U.S. See Part IV, line 22	į			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				* * * * * * * * * * * * * * * * * * * *
	US See Part IV, lines 15 and 16			/ · · · /	, ",
4	Benefits paid to or for members			<i>′</i>	
5	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ļ		{	ļ
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	225,580	79,335		146,245
В	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	77,177	28,693		48,484
0	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			
1	Fees for services (non-employees)				
a	Management	146,008	88,053	22,025	35,930
ь	Legal	37,632	37,632		
С	Accounting	24,420		24,420	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17 .		· · · · · · · · · · · · · · · · · · ·	7	
ŧ	Investment management fees	14,711		14,711	
g	Other				
2	Advertising and promotion	2,900	2,250	650	
3	Office expenses	87,622	2,539	4,406	80,677
4	Information technology	1,910	1,750	160	
5	Royalties				
6	Occupancy	48,563	48,563		
7	Travel	4,761		4,213	548
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			Ĭ	İ
9	Conferences, conventions, and meetings	3,015		3,015	
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,787		2,787	
23	Insurance	12,214		12,214	
24	Other expenses literalize expenses not				
	covered above (Expenses grouped together			-	
	and labeled miscellaneous may not exceed	· .			
	5% of total expenses shown on line 25 below)	, ,	/ W //	1	
а	MISCELLANEOUS EXPENSES	36,222	8,230	233	27,759
b	MEMBERSHIP EXPENSES	3,455	1,995	590	870
c	OFFICIAL RECEPTION	31,383	2,905	23,362	5,116
ď					
e				1	1
ı	All other expenses				-
25	Total functional expenses. Add lines 1 through 24f	1,066,195	607,780	112,786	345,629
26	Joint Costs. Check here	2,000,153	337,730	112,700	3.3,023
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				1
	fundraising solicitation	L	L		Form 990 (2009

Pari	X	Balance Sheet			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	118,532	1	288,598
	2	Savings and temporary cash investments	1,415,423	2	526,690
	3	Pledges and grants receivable, net	1,551,214	3	1,681,322
	4	Accounts receivable, net	222,967	4	33,466
	5	Receivables from current and former officers, directors, trustees, key	,		
		employees, and highest compensated employees. Complete Part II of	,		
		Schedule L	,	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			ĺ
A S		Part II of Schedule L		6	
s	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	
e t s	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,543	9	20 670
_	_	Land, buildings, and equipment cost or	0,343	-	29,678
	100	other basis Complete Part VI of Schedule D 10a 22,290	, , ,		
	ь	Less: accumulated depreciation 10b 18,935	C 143	100	2 255
	11	Investments - publicly traded secunities	6,143	10c	3,355
	12	Investments - other securities See Part IV, line 11	3,699,635	12	4,829,054
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		+	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7	15	62,521
	17	Accounts payable and accrued expenses	7,020,457	16	7,454,684
	18	Grants payable	712,011	17	451,211
	19	Deferred revenue		18	
i	20	Tax-exempt bond liabilities		19	
a	21	Escrow or custodial account liability Complete Part IV of Schedule D		20	
i	22	Payables to current and former officers, directors, trustees, key		21	
į		employees, highest compensated employees, and disqualified			,
į.		· · · · · · · · · · · · · · · · · · ·	,		
ì	23	persons Complete Part II of Schedule L		22	
е .	24	Secured mortgages and notes payable to unrelated third parties		23	
5	25	Unsecured notes and loans payable to unrelated third parties		24	
	26	·		25	
	-20	Total liabilities. Add lines 17 through 25	712,011	26	451,211
		complete lines 27 through 29, and lines 33 and 34.			, ,
F	27	_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
n		Unrestricted net assets	1,548,537	27	1,141,887
ď	28	Temporarily restricted net assets	2,604,519	28	3,636,369
В	29	Permanently restricted net assets	2,155,390	29	2,225,217
a	1	Organizations that do not follow SFAS 117, check here ▶ □	, ,		•
l a	2-	and complete lines 30 through 34.	,	1 1	
a n	30	Capital stock or trust principal, or current funds		30	
С	31	Paid-in or capital surplus, or land building, or equipment fund		31	
e s	32	Retained earnings endowment, accumulated income, or other funds		32	
•	33	Total net assets or fund balances	6,308,446	33	7,003,473
	34	Total liabilities and net assets/fund balances	7,020,457	34	7,454,684

	990 (2009) New Jersey City University Foundation, Inc. 23-726169	8	_ Pa	age 1
Par	TXI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🗌 Cash 🔯 Accrual 🗍 Other	[·]	,	
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in		4	
	Schedule O	"/		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	
`с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			T
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			-
	Schedule O			1
ď	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:	1		
	Separate basis Consolidated basis Both consolidated and 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		Х
ь	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	3ь	ĺ	i

Form 990 (2009)

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Employer identification number Name of the organization 23-7261698 New Jersey City University Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🛮 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type! **b** Type ii c Type III-Functionally integrated d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (viii) Amount of organization organization in col (described on lines 1-9 in col (i) listed in your the organization in support above or IRC section col (i) of your (i) organized in the (see instructions) No Yes Yes

Total

Schedule A (Form 990 or 990-EZ) 2009

New Jersey City University Foundation, Inc. 23-7261698

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 23-7261698

	(Complete only if you checked the	box on line 5, 7,	or 8 of Part I)			·	
	tion A. Public Support					,	
Caler	idar year (or fiscal year beginning in) ▶	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,133,925	822,130	734,152	909,574	827,127	4,426,908
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	1,133,925	822,130	734,152	909,574	827,127	4,426,908
5	The portion of total contributions by each			, ,			
	person (other than a governmental unit or	. 1	4. 5 . 4	<i>'</i> , ; '	. ,	11 1	
	publicly supported organization) included	` , `			, ,		
	on line 1 that exceeds 2% of the amount		` ,		, · ·	, ,	
	shown on line 11, column (f)	۶	` `	, ,			542,983
6	Public support. Subtract line 5 from In 4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	111/1	Managara da		3,883,925
Sec	tion B. Total Support	<u> </u>		<u> </u>			
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,133,925	822,130	734,152	909,574	827,127	4,426,908
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	400,363	399,650	298,121	258,912	320,554	1,677,600
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .				,		6,104,508
12	Gross receipts from related activities, etc (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop her						▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6						63.62 %
15	Public support percentage from 2008 School					L	72.56 %
16a	33 1/3% support test - 2009. If the organi						g=1
	and stop here. The organization qualifies	-	=				▶ 🏻
b	33 1/3% support test - 2008. If the organi						
	box and stop here. The organization qual						▶ []
17a	10%-facts-and-circumstances test - 20						
	more, and if the organization meets the "fa			•	•		<u></u>
	organization meets the "facts-and-circum		-		· · · · · · · · · · · · · · · · · · ·		
ь	10%-facts-and-circumstances test - 20	-					г
	more, and if the organization meets the "fa			•	•		
18	organization meets the "facts-and-circum: Private foundation. If the organization did		-	•	•		
	······································			FEA		Sahadala A/Fama	00 000 ETA 2000

Sch	nedule A (Form 990 or 990-EZ) 2009 New G	Jersey City	University	Foundation,	Inc.	23-7261698	Page 3
P	art III Support Schedule for Org	anizations [Described in S	ection 509(a)	2)		
	(Complete only if you checked the	box on line 9 of	Part I)				
Se	ection 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")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513						

Cale	endar year (or fiscal year beginning in)	(a) 2005	(B) 2006	(c) 2007	(a) 2008	(e) 2009	(f) lotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchan- dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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	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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		,				
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9					<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,		•	•		15	
16	Public support percentage from 2008 Scheo			<u> </u>	<u> </u>	16	9,
	ction D. Computation of Investme						
	Investment income percentage for 2009 (lin		•	• • •		17	
18	Investment income percentage from 2008 S	cnequie A. Part II	ıı,ııne 1/			18	9

Se	Clion C. Computation of Fubic Support Fercentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	9
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	9/
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	9/
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	9/
19a	33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization of the control of the	and line	▶ □

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.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Name	of the organization		Employer Identification number
Nev	Jersey City University Fou	indation, Inc.	23-7261698
Pai	t I Organizations Maintaining Donor A	dvised Funds or Other Similar Fund	s or Accounts. Complete if
	the organization answered "Yes" to Form 990, I	Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		•
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis	sors in writing that the assets held in donor advis	sed
•	funds are the organization's property, subject to the or		
6	Did the organization inform all grantees, donors, and o	_	
•	used only for charitable purposes and not for the bene	5 5	
	purpose conferring impermissible private benefit?		
Pai		if the organization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the org		Taltiv, alle /
•	Preservation of land for public use (e.g., recreation		arically important land area
	Protection of natural habitat	·	•
		Preservation of a certific	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the form	or a conservation
	easement on the last day of the tax year		Third and Park Tank
	T toll country of common common		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements .		
c	Number of conservation easements on a certified history	• •	
d	Number of conservation easements included in (c) ac		
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated by the	e organization during
	the tax year		
4	Number of states where property subject to conservat		
5	Does the organization have a written policy regarding		
	violations, and enforcement of the conservation easer		
6	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation easements di	uring the year
-			at a second
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements during	tne year
	> \$	d) =1 = == =============================	
8	Does each conservation easement reported on line 2(
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports cor		
	balance sheet, and include, if applicable, the text of the	· ·	ents that describes
164	the organization's accounting for conservation easem		Other Similar Appets
ra		tions of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes"		
1a		•	
	art, historical treasures, or other similar assets held for		nerance of public service,
	provide, in Part XIV, the text of the footnote to its finar		
b	If the organization elected, as permitted under SFAS		
	historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furtheral	nce 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		
2	If the organization received or held works of art, histo-	rical treasures, or other similar assets for financia	I gain, provide the
	following amounts required to be reported under SFA	•	
a	Revenues included in Form 990, Part VIII, line 1		
ь	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	

	dule D (Form 990) 2009 New Jersey City	y University F	oundation, In	nc.		23-7261	.698	Page 2
Pa	rt III Organizations Maintaining	Collections of A	Art, Historical T	reasures,	or Ot	her Similar A	sets (conti	nued)
3	Using the organization's acquisition, accession	, and other records,	heck any of the foll	owing that ar	e a sign	ificant use of its		
	collection items (check all that apply):		·	·	•			
a	X Public exhibition	d 🗍 Loar	or exchange progr	ams				
ь	Scholarly research	e 🗍 Othe						
c	Preservation for future generations	0 🗀 0	` 			····		
4	Provide a description of the organization's colle	actions and avalage b	assi dhasi fisadha a dha					
7	Part XIV	ections and explain in	ow they further the	organizations	exemp	it barbose iu		
5								
3	During the year, did the organization solicit or i						FR	
Da	assets to be sold to raise funds rather than to be Escrow and Custodial Arra						. X Yes	No
			-	answered "Y	es to F	orm 990,		
	Part IV, line 9, or reported an amou		~					
1a	Is the organization an agent, trustee, custodiar						_	
	included on Form 990, Part X?					· • • • • • • • • • • • • • • • • • • •	🔲 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the follow	ving table					
						Am	ount	
C	Beginning balance				. 1c			
d	Additions during the year				. 1d			
e	Distributions during the year				. 1e			
f	Ending balance				. 11			
2a	Did the organization include an amount on For						. Yes	No
b	If "Yes," explain the arrangement in Part XIV							
Pa	TENDOWMENT Funds. Complete	If the organization ar	swered "Yes" to Fo	rm 990. Part	IV. line	10	,	
<u> </u>		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Fourye	ars back
1a	Beginning of year balance	5,091,434	5,443,709			(-,	1 2	
ь	Contributions	754,532	761,795	**** ************************** *	**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		************
c	Net investment earnings, gains, and losses .	671,472	(659,057		} 22		+	
d	Grants or scholarships	270,947	408,673	************	····	 	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~ ~~~
_	Other expenditures for facilities	7	400,073				-	
·	and programs	27,090	46 340	* 14.2			4	
	Administrative expenses		40,340	* /4,			. 	
'.			F 001 404		•			·····
g	End of year balance		5,091,434	L	i		<u>.t.,,</u>	
2	Provide the estimated percentage of the year e							
a	Board designated or quasi-endowment	5.75 %						
Ь	Permanent endowment ► 35.78 %							
C	Term endowment ▶ 58.47 %							
3a	Are there endowment funds not in the possess	sion of the organization	n that are held and	administered	for the			
	organization by						Ye	
	(i) unrelated organizations				• • • •	· · · · · · · · · · · ·	3a(i)	X
	(ii) related organizations					· · · · · · · · · · ·	3a(ii)	X
Ь	If 'Yes" to 3a(ii), are the related organizations li	•					. Зь	
4	Describe in Part XIV the intended uses of the o							
Pa	rt VI Investments - Land, Build	ings, and Equip	ment. See Form 9	90, Part X, Irr	ne 10			
	Description of investment	(a) Cost or oth	, , ,	t or other (other)		Accumulated epreclation	(d) Book va	alue
1a	Land					···		
ь	Buildings				•			
С	Leasehold improvements							
ď	Equipment			22,290		18,935		3 355
e	Other			-22,230		+0,933		3,355
	I. Add lines 1a through 1e. (Column (d) must ed		column (R) line 10	1(c))				2 255
, 014	Add mies la tillough le. (Column (d) Must et	quari omi 330, r dit A	Columnia (D), line 10	(6)1	• • • •			3,355

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount	,
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	

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

Pai	tt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	.	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,212,389
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,066,195
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	146,194
4	Net unrealized gains (losses) on investments	4	548,833
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	548,833
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	695,027
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	2,433,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
a	Net unrealized gains on investments	4	
Ь	Donated services and use of facilities	<u> </u>	
c	Recoveries of prior year grants	4	
ď	Other (Describe in Part XIV)	- [
e	Add lines 2a through 2d	2e	1,194,130
3	Subtract line 2e from line 1	3	1,239,479
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	"	
a	Investment expenses not included on Form 990, Part VIII. line 7b	.	
b	Other (Describe in Part XIV)	}	(07.000)
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c	(27,090)
_	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		1,212,389
1	Total expenses and losses per audited financial statements	per r	1,738,582
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1,730,302
a	Donated services and use of facilities		
ь	Prior year adjustments	┨ 、	
c	Other losses	┥、	
d	Other (Describe in Part XIV)	7	
e	Add lines 2a through 2d	7 2e	672,387
3	Subtract line 2e from line 1	3	1,066,195
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	13	
ь	Other (Describe in Part XIV)	٦.	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,066,195
Pa	rt XIV Supplemental Information		·
Com	plete 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	1	
	2b, Part V, line 4. Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information.	- <u>-</u> -	
Co:	llections descriptions (Part III, line 4)		
AS	PER FASB 116 PGH.11, THE FOUNDATION MAINTAINS PERMANENT ART COLLECTIONS THAT	r	
A) A	RE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBL	IC S	ERVICE
RAT	HER THAN FINANCIAL GAIN;		
B) A	RE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED;		
<u>C) A</u>	ND ARE SUBJECT TO THE FOUNDATION'S POLICY THAT REQUIRES THE PROCEEDS FROM SA	LES (OF
COL	LECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.		

New Jersey City University Foundation, Inc.

Schedule D (Form 990) 2009

23-7261698

Page 4

Schedule D (Form 990) 2009 New Jersey City University Foundation, Inc.	23-7261698	Page 5
Part XIV Supplemental Information (continued)		
02. Endowment funds intended uses (Part V, line 4)		
THE FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED TO BE USED TO PROVIDE FUNDING	G TO NEW JERSEY	
CITY UNVIERSITY FOR SCHOLARSHIPS TO MATRICULATED STUDENTS.		
03. Other revenues included on Form 990 (Part XII, line 4	b)	
RECLASS OF SPECIAL EVENT EXPENSES: \$27,090.		
04. Other expenses not included on Form 990 (Part XIII, 1	ine 2d)	
RECLASS OF SPECIAL EVENT EXPENSES: \$27,090.		
05. Footnote for uncertain tax position under FIN 48 (Par	t X)	
THE FOUNDATION HAS CONDUCTED AN ANALYSIS OF ITS INCOME TAX POSITIONS AS THE	ey relate to the	
RECOGNITION AND DISCLOSURE REQUIREMENTS AS PRESCRIBED BY FASB INTERPRETATION	ON NO. 48 (FIN	
	50 10. 10 (110	
48). THE FINANCIAL STATEMENTS WERE NOT IMPACTED BY FIN 48.		
		
		
	·	
		····

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2009

Open to Public Inspection

vame of the organization					E	.mployer iden	tification number
New Jersey City Unive	rsity Fo	undatio	n. In	c.	ļ	23-72	261698
Part I Fundraising Activities Form 990-EZ filers are not r	S. Complete if the	e organization			art IV, line 17		
1 Indicate whether the organization ra			followers	eticution Charle all that			
_	sea iunas inrouģ		_				
a Mail solicitations				of non-government g			
b Internet and email solicitations				of government grants	i		
c Phone solicitations		لـا 9	Special fur	draising events			
d 🔲 In-person solicitations							
2a Did the organization have a written of							
or key employees listed in Form 990				-		☐ Yes	s 🗌 No
b If "Yes," list the ten highest paid indi	viduals or entities	(fundraisers) pursuant	to agreements under 1	which the fun	draiser is	
to be compensated at least \$5,000 b	y the organizatio	n					
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or		(iv) Gross receipts from activity	(v) Amount ((or retaine		(vi) Amount paid to (or retained by)
c. c.m., (.a,	1	contribu		1	fundraiser i		organization
	<u> </u>	Yes	No.		col ()	
	ļ	les .	No	[
	ĺ						
		ļ					
		 	<u> </u>				
							
		 					
		<u></u>					
Total							
3 List all states in which the organizatio registration or licensing	ii is registered of	iicerised to s	ouca rurius	or uss peen nothed i	t is exempt in	om.	
	<u>.</u>						
							
							
							
		···.		· · · · · · · · · · · · · · · · · · ·			
							
						·	
				··			

Pa	urt ()	Fundraising Events. Commore than \$15,000 on Form 99				ted
 R		mole than \$ 13,000 on Form 33	(a) Event #1 80th Gala (event type)	(b) Event #2 Concert (event type)	(c) Other Events 7 (total number)	(d) Total Events Add col (a) through col (c))
e v e n	1 2	Gross receipts		25,030	72,693	224,092
u e	3	contributions	78,808	21,040	32,446	132,294
	-	minus line 2)	47,561	3,990	40,247	91,798
D	4	Cash prizes				
ı r e	5	Non-cash prizes	:			
c t	6	Rent/facility costs				
E x p	7	Food and beverages				
e n s	8	Entertainment				
e s	9	Other direct expenses		300	26,790	27,090
F-111	10	Direct expense summary Add line Net income summary Combine lin	e 3, column (d), and line	10	.	(27,090) 64,708
	art II	Gaming. Complete if the o than \$15,000 on Form 990-E	-	s' to Form 990, Part IV, line	19, or reported more	
Revenu			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
e D	2	Cash prizes				
e c t E	3	Non-cash prizes				
Ехрепя	4	Rent/facility costs				
e s	5	Other direct expenses	Yes %	Yes %	☐ Yes %	, ,
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary Add line	s 2 through 5 in column (c	i)		(
	8	Net gaming income summary Cor	mbine line 1, column (d) a	nd line 7		
ĺ	a Is b If	ater the state(s) in which the organization licensed to operate 'No," Explain	gaming activities in each	of these states?		Yes No
		ere any of the organization's gaming 'Yes," Explain	licenses revoked suspen	ded or terminated during th	e tax year?	10a
11 12	ls	pes the organization operate gaming the organization a grantor, beneficia rmed to administer charitable gamin	ry or trustee of a trust or a	member of a partnership of	r other entity	12

SCHEDULE I (Form 990)		Govel Govel	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Assistance to ndividuals in	Organizations the United States	i, les		2009 .
		Complete	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.	swered "Yes," to For	m 990, Part IV, line 21	or 22.	C	Onen to Public
Department of the Treasury Internal Revenue Service			A	Attach to Form 990.			2.0	Inspection
Name of the organization							Employer identification number	n number
New Jersey City University Foundation, I Part I General Information on Grants and Assistance	ersity Foundat	s and Assista	nce				23-7261698	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	intain records to sub	stantiate the amo	unt of the grants or ass	istance, the grantees'	eligibility for the grants	or assistance, and		1
the selection criteria used to award the grants or assistance?	to award the grants	or assistance?						. 🔯 Yes 🛚 No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ganization s procedu	res for monitoring	the use of grant funds	in the United States				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	her Assistance	to Governme	ints and Organiza	tions in the Unit	ed States. Complete	e if the organization ansv	wered "Yes" to	
Part IV and Schedu	Form 330, Part 10, line 21, for any recipient that received in Part IV and Schedule I-1 (Form 990) if additional space is	ent that received additional space is	Form 350, Part IV, line 21, for any feciplent that feceived more than \$5,000. Check this box if no one feciplent feceived more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	eck this box if no one	ecipient received more	man \$5,000 Use		△
1 (a) Name and address of organization	anization	(p) EIN	(c)	(d) Amount of cash	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal.	(g) Description of	(h) Purpose of grant
or government			ıt applicable	grant	assistance	other)		or assistance
New Jersey City University 2039 Kennedy Blvd. 07305		22-2830882	501(C)(3)	305,835				SUPPORT
								5
2 Enter total number of section 501(c)(3) and government organizations) ion 501(c)(3) and go	vernment organiz	ations				•	1
3 Enter total number of other organizations	r organizations						•	
FOF Privacy Act and Paperwork Heduction Act Notice, see the instructions for Form 990.	rk Heduction Act No	otice, see the ins	tructions for Form 990	Ġ	EEA		Ś	Schedule I (Form 990) 2009

Page 2

23-7261698

In order to ensure compliance with donor restrictions and to fulfill its fiduciary responsibility to these donors and to the students (f) Description of non-cash assistance The Foundation administers the grant program for the benefit of New Jersey City University (The University) and its students. (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant of the University, a scholarship committee is maintained. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (b) Number of recipients 01. Monitoring procedures (Part I, line 2) (a) Type of grant or assistance Part IV

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

New Jersey City University Foundation, I

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

	Jersey City University Foundation, I	23-7261698	3		
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed				
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these	ıterns [
	First-class or charter travel Housing allowance or residence f	or personal use		`	1.5
	☐ Travel for companions ☐ Payments for business use of per			1	
	Tax indemnification and gross-up payments Health or social club dues or initial				
	Discretionary spending account Personal services (e.g., maid, cha	uffeur, chef)		1	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme	ent or		, i	-
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	Ī			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .		2		
	·	Ī			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	-		. 1	
	organization's CEO/Executive Director. Check all that apply	Į.		*	
	Compensation committee Written employment contract	•			
	☐ Independent compensation consultant ☐ Compensation survey or study	!		7,4	,
	Form 990 of other organizations Approval by the board or comper	nsation committee		,	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		,		
	organization or a related organization	Ė	Ì		
a	Receive a severance payment or change-of-control payment?		4a		x `
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part I				
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		_		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	. [`
	compensation contingent on the revenues of	1		-	ĺ
a	The organization?		5a		х
ь	Any related organization?		5b		X
	If 'Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	ļ.	.		
	compensation contingent on the net earnings of	ţ			
а	The organization?		6a		Х
Ь	Any related organization?		6b		X
	If "Yes" to line 6a or 6b, describe in Part III		-		
7	For persons listed in Form 990, Part VII, Section A, line 1a did the organization provide any non-fixed		1	[
	payments not described in lines 5 and 6? If "Yes" describe in Part III		7		х
8	Were any amounts reported in Form 990 Part VII, paid or accrued pursuant to a contract that was	T			
	subject to the initial contract exception described in Regs section 53 4958-4(a X3)? If "Yes," describe				
	in Part III		8		Х
9	If "Yes" to line 8 did the organization also follow the rebuttable presumption procedure described in				41
	Regulations section 53 4958-6/c/2		_		

Schedule J (Form 990) 2009

23-7261698 Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (1) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (BXI)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Brea	akdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Retirement and	(O) Nontrable	(C) Total of columns	(F) Compared (In
(A) Name	comper	(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported in prior Farm 990 ar Farm 990 - EZ
	(E)	78,629			9,579	462	88,670	
Osseiran-Hanna (1	(2)							
<u>~</u>	(1) (2)	17,482			1,401	103	18,986	
Aaron Aska) (iii							
	(i)							
()	ii)							
3	<u>.</u>							
(t)	(ii							
3	(1							
(1	(ii)							
3	(1)							
(i)	(1)							
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(3)								
<u>;)</u>	(1)				٠			
(2)								
1)	(1)							
3								
11)	(1							
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<u>u)</u>	(1)						•	
3								
15)	(1							
3								
i)	<u></u>							
(1)								
(ii)	(1							
(1)								
<u>ii)</u>	(2)							
3								
i)	~							
								Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

23-7261698

Department of the Treasury Internal Revenue Service Name of the organization

New Jersey City University Foundation, Inc.

▶ Attach to Form 990. Employer Identification number

Types of Property (b) (c) (d) (a) Number of contributions Method of determining Check if Revenues reported on Form 990, Part VIII, line 1g applicable revenues 35 Market Value х 23,905 2 Art-Historical treasures 3 Art-Fractional interests Books and publications 52,087 Market Value 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Securities-Closely held stock . . Securities-Partnership, LLC, 11 or trust interests Securities-Miscellaneous 12 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other. 15 Real estate-Residential 16 Real estate-Commercial Real estate-Other. 17 18 19 20 Drugs and medical supplies . . . 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other ▶(Lab Equipm X 1 3,095 Market Value 26 Other ▶(Office equ 2 310 Market Value Х 27 Other ►(28 Other ▶(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 27 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be X 30a b If "Yes" describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Х 31 32a Does the organization hire or use third parties or related organizations to solicit process, or sell noncash 32a Х b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 200 New Jersey City University Found		23-7261698 Page
Part 11 Supplemental Information. Complete this part to provide		nes 30b,
32b, and 33 Also complete this part for any additional information	on	
THE FOUNDATION HELD A SILENT AUCTION THAT INCLUDED	DONATED PIECES OF ART. WI	HICH WERE NOT
	•	
PART OF THE PERMANENT ART COLLECTION USING AN ONLIN	E AUCTION SERVICE COMPANY	. PROCEEDS
FROM THIS AUCTION BENEFITED THE NJCU ENDOWED SCHOLA	DCUTD RUND	
THE MOCI IN SERVICE SERVICES SCHOOLS	RSHIF FORD.	
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	1	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection
Employer identification number

New Jersey City University Foundation, Inc.	23-7261698		
01. Officer, directors, etc. family relationship (Part VI, line 2)			
BUSINESS RELATIONSHIPS			
THREE OF THE DIRECTORS OF THE FOUNDATION ARE ALSO THE MEMBERS/OFFICERS OF	NEW JERSEY CITY		
UNIVERSITY.			
02. Member election for additional members (Part VI, line 7a)	····		
THREE OF THE FOUNDATION'S DIRECTORS ARE REPRESENTATIVES OF NEW JERSEY CITY	UNIVERSITY		
(NJCU). THESE INCLUDE THE PRESIDENT OF NJCU, THE VICE PRESIDENT FOR ADMINI	STRATION AND		
FINANCE, AND THE VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT. THE REMAINING	MEMBERS ARE		
ELECTED BY THE BOARD OF DIRECTORS OF THE FOUNDATION FROM NOMINEES PROPOSED BY A NOMINATING			
COMMITTEE APPOINTED BY THE CHAIRMAN OF THE BOARD, WITH THE BOARD'S APPROVAL.			
03. Form 990 governing body review (Part VI, line 11)			
BOARD REVIEW OF FORM 990			
THE RETURN IS PREPARED INTERNALLY BY THE FOUNDATION'S STAFF AND IS THEN RE	EVIEWED BY AN		
INDEPENDENT ACCOUNTING FIRM (KPMG). ONCE THE FORM 990 IS FINALIZED, THE EN	TTIRE BOARD OF		
DIRECTORS IS PROVIDED A COPY FOR REVIEW PRIOR TO FILING THE RETURN WITH THE	E IRS.		
04. Conflict of interest policy compliance (Part VI, line 12c)			
CONFLICT OF INTEREST POLICY			
ANNUALLY NEW JERSEY CITY UNIVERSITY FOUNDATION DISTRIBUTES A CONFLICT OF I	Interest		
DISCLOSURE FORM TO EACH BOARD MEMBER. ALL BOARD MEMBERS, OFFICERS AND KEY	EMPLOYEES ARE		
REQUIRED TO COMPLETE AND SIGN THE DISCLOSURE FORM. THE BOARD OF DIRECTORS OF THE			
FOUNDATION WOULD ADDRESS ANY CONFLICTS BROUGHT TO ITS ATTENTION.			

Schedule O'(Form 990) 2009	Page 2
Name of the organization	Employer identification number
New Jersey City University Foundation, Inc.	23-7261698
05. Other officer or key employee compensation (Part VI, line 15b)	
COMPENSATION REVIEW PROCESS	
THE FOUNDATION DOES NOT HAVE A FORMAL COMPENSATION DETERMINATION PROCESS	BECAUSE IT DOES
NOT PAY ANY OF ITS DIRECTORS OR OFFICERS, AND HAS NO KEY EMPLOYEES.	
06. Governing documents, etc, available to public (Part VI, line 19)	
PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS	
THE ORGANIZATION CURRENTLY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
07. Audited by an independent accountant (Part XI, line 2b)	
THE FOUNDATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCO	UNTING
FIRM (KPMG). ADDITIONALLY NEW JERSEY CITY UNIVERSITY FOUNDATION IS CONSIDE	RED A COMPONENT
UNIT OF NEW JERSEY CITY UNIVERSITY AS PER GASB 39, "DETERMINING WHETHER C	ERTAIN
ORGANIZATIONS ARE COMPONENT UNITS". AS SUCH THE FOUNDATIONS'S STATEMENTS	OF FINANCIAL
POSITION, STATEMENT OF ACTIVITIES, AND STATEMENT OF CASH FLOW ARE PRESENT	ED IN THE
UNIVERSITY'S FINANCIAL STATEMENTS. THEREFORE, PART IV, LINE 12 AND PART X	I, LINE 2B WERE
ANSWERED "YES".	