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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **1 October**, 2009, and ending **30 September**, 2010**B** Check if applicable:

- ☒
- Address change
-
- ☐
- Name change
-
- ☐
- Initial return
-
- ☐
- Terminated
-
- ☐
- Amended return
-
- ☐
- Application pending

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

C Name of organization

Bloomfield Educational Foundation

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

Room/suite

PO Box 327

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

Bloomfield, NJ 07003

D Employer identification number

22-3621312

E Telephone number**F** Group Exemption Number

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

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ►**I** Website: ► www.bloomfieldeducationalfoundation.org**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	20,916
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	15,368
5a	Gross amount from sale of assets other than inventory	5a	8,934
b	Less cost or other basis and sales expenses	5b	11,879
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	(2,945)
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 606 of contributions reported on line 1)	6a	50,051
b	Less direct expenses other than fundraising expenses	6b	26,209
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	23,842
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	57,181
10	Grants and similar amounts paid (attach schedule)	10	35,580
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	32,854
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,113
16	Other expenses (describe ► See attached listing)	16	4,972
17	Total expenses. Add lines 10 through 16	17	75,519
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(18,338)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	581,758
20	Other changes in net assets or fund balances (attach explanation)	20	17,923
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	581,343

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	106,214	22 194,993
23 Land and buildings		23
24 Other assets (describe ► Receivables, Investments)	497,159	24 386,350
25 Total assets	603,373	25 581,343
26 Total liabilities (describe ► Accrued Expenses, Scholarships)	21,615	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	581,758	27 581,343

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

Expenses

What is the organization's primary exempt purpose?	Provide support to schools
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	

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

28 Provide educational assistance to Bloomfield Public Schools

(Grants \$) If this amount includes foreign grants, check here ☐

28a	26,580
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29 Provide college scholarships

(Grants \$) If this amount includes foreign grants, check here ☐

29a	9,000
-----	-------

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

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

32	35,580
----	--------

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e		X
41 List the states with which a copy of this return is filed ▶ New Jersey		
42a The organization's books are in care of ▶ Treasurer Telephone no ▶ 973-403-0032 Located at ▶ 14 Hatfield St, Caldwell NJ ZIP + 4 ▶ 07006		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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

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

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

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Howard Friedman, Treasurer Date: 9-11-12

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Thomas Conk Date: 7.6.12 Check if self-employed: ☒

Firm's name (or yours if self-employed), address, and ZIP + 4: Thomas E Conk CPA
36 Warren Pl Montclair NJ 07042

Preparer's identifying number (See instructions): P00115308
EIN: 22-2988393
Phone no: 973 744 3307

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Bloomfield Educational Foundation

Employer identification number

22-3621312

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 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).**
 - 4 ☐ 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. _____
 - 5 ☐ 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).**
 - 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - 9 ☐ 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).**
 - 11 ☐ 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 I 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)
 - f 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 ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

[illegible]

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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")	15,000	14,114	19,235	365,503	20,916	434,768
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	15,000	14,114	19,235	365,503	20,916	434,768
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						434,768

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	15,000	14,114	19,235	365,503	20,916	434,768
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,314	20,380	20,401	6,649	15,368	87,112
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						521,880
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	83.31 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	86.15 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 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%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- b** **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the 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.

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

Name of the organization

Bloomfield Educational Foundation

Employer identification number

22-3621312

Part I

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

		(a) Event #1 <u>Annual Dinner</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	30,476			30,476
	2 Less Charitable contributions	606			606
	3 Gross income (line 1 minus line 2)	29,870			29,870
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	9,462			9,462
	7 Food and beverages	3,000			3,000
	8 Entertainment				0
	9 Other direct expenses	3,038			3,038
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(15,500)
	11 Net income summary. Combine line 3, column (d), and line 10				14,370

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			10,770	10,770
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes			4,000	4,000
	4 Rent/facility costs				0
	5 Other direct expenses			876	876
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(4,876)	
8 Net gaming income summary. Combine line 1, column d, and line 7				5,894	

- 9 Enter the state(s) in which the organization operates gaming activities NJ
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," explain.
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," explain
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

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

13 Indicate the percentage of gaming activity operated in

- | | 13a | % |
|-------------------------------|-----|---|
| a The organization's facility | | |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ Ann DassingAddress ▶ 14 Hatfield St, Caldwell NJ**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

X

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager informationName ▶ Ann DassingGaming manager compensation ▶ \$ 0Description of services provided ▶ Administrative☐ Director/officer☐ Employee☒ Independent contractor**17** Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

X

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as the C.R.I. Act, (N.J.S.A. 45:17A-18 *et seq.*), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 09 30 2010
month day year
2. Federal ID Number (EIN) 22-3621312 2a. N.J. Charities Registration Number: CH- 2255800
3. Full legal name of the registering organization: Bloomfield Educational Foundation
In care of: (if necessary, otherwise leave this line blank) _____
4. Mailing Address: PO Box 327 Bloomfield, NJ 07003 ☒ Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization 14 Hatfield St Caldwell NJ 07006
☐ Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No
If Yes, attach a list giving the street address and telephone number of each office in New Jersey
- 6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed

Contact person	Street address	City	State	ZIP Code
Telephone number (include area code)	Fax number (include area code)			

7. Organization's contact information:

973-403-0032
Telephone number (include area code)

Fax number (include area code)

E-mail address

Web site

8. Type of organization (check one).

☒ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify) _____

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: Bloomfield Educational Foundation

N.J. Charities Registration Number: CH-2255800-00

Federal ID Number (EIN) 22-3621312

Fiscal Year-End being reported: 09 30 2011
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? ☐ Yes ☒ No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees or the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature Madeline B. Wollner Name Madeline B. Wollner Title Chairwoman Date 9/11/2012

Signature _____ Name _____ Title _____ Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

a. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

b. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

c. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

d. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

Line A3 Other Support

a. **Bona fide membership** " " " " " " " " _____
 b. **Program service revenue** " " " " " " " " _____
 c. **Professional services rendered by volunteers** " " " " . . . _____
 d. **Miscellaneous income (specify)** " " " " " " " " _____

Line A4. Total Gross Revenue (add lines A1a, A2a and A3a) " " " "

Line B1.	Program expenses " " " " " " " " " " " " " " " "	
Line B2.	Management and general expenses " " " " " " " " " " " "	
Line B3.	Fundraising expenses " " " " " " " " " " " " " " " "	
Line B4.	Payments to state/national affiliates (if applicable)	
Line B5.	Total Expenses (add the totals of line B1 thru B4) " " " " .	

For the fiscal year-end (subtract line B5 from line A4) " " " " " " " " " " " "

Line D1. Net assets or fund balances at beginning of year " " " " " _____
 Line D2. Other changes in net assets or fund balances (attach explanation) .. _____
 Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) .. _____

STF QPDQ1001 5

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: Bloomfield Educational Foundation

Fiscal year-end being reported: 09 30 2011 Federal ID Number (EIN) 22-3621312
month day year

Mailing address:
PO Box 327 Bloomfield, NJ 07003
Mailing Address PO Box Number or Suite City State ZIP code

Street address of the registering organization: 14 Hatfield St Caldwell NJ 07006
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 2255800 -00 Telephone number: 973-403-0032
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

☒ In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1e. Direct Public Support received from the following sources.

- | | | |
|------|---|--|
| (1) | Direct mail " " " " " " " " " " " " | |
| (2) | Telephone solicitation " " " " " " " " " " | |
| (3) | Commercial co-venture " " " " " " " " " " | |
| (4) | Gross receipts from fund-raising events " " " " " | |
| (5) | Canisters, counter cards, door to door etc " " " " " | |
| (6) | Corporations and other businesses " " " " " " " " | |
| (7) | Foundations and trusts " " " " " " " " " " " " | |
| (8) | Donated land, buildings, property, equipment and materials
" " " " " " " " " " " " " " " " " " | |
| (9) | Legacies and bequests " " " " " " " " " " " " | |
| (10) | Membership dues solely resulting from solicitations
" " " " " " " " " " " " " " " " " " | |
| (11) | Other support (specify) " " " " " " " " " " " " | |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) . . .

Line A1c. Indirect Public Support received from the following sources:

- (1) Federated fund-raising organization " " " " " " _____
 (2) From an affiliated organization " " " " " " " " _____
 (3) From another fund-raising organization " " " " " " _____

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) "....."

Line A1e. Total Gross Contributions (add lines A1b and A1d) " " " " " "

- 9 Where and when was the organization legally established? Date: 06-11-1998 State New Jersey
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported
10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? ☐ Yes ☒ No
If Yes,, indicate all of the other names used: _____
11. Does the organization intend to solicit contributions from the general public? ☒ Yes ☐ No
12. Is the organization authorized by any other state or jurisdiction to solicit contributions? ☐ Yes ☒ No
If Yes,, please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? ☐ Yes ☒ No
If Yes,, provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
Provide educational assistance to Bloomfield Schools

- 14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
Teacher Grants, Educational Equipment, College Scholarships

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? ☐ Yes ☒ No
If Yes,, please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name
- 15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? ☐ Yes ☒ No
If Yes,, please describe the situation

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? ☐ Yes ☒ No
If Yes,, please explain: _____
17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? ☒ Yes ☐ No
a. If No,, has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. ☐ Yes ☐ No
b. Has a tax exemption been granted under another I.R.S. code? ☐ Yes ☒ No
If Yes,, advise which one. _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? ☐ Yes ☒ No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

FINANCIAL STATEMENTS

For the Year Ended
September 30, 2010

* * *

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

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LAMBRIDES
ARNOLD, MOULTHROP LLP
CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees
Bloomfield Educational Foundation, Inc.
Bloomfield, New Jersey

INDEPENDENT AUDITORS REPORT

We have audited the accompanying statement of financial position of Bloomfield Educational Foundation, Inc. (the Foundation) as of September 30, 2010, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Foundation's September 30, 2009 financial statements and, in our report dated June 11, 2010, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Bloomfield Educational Foundation, Inc. as of September 30, 2010, and the changes in net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Lambrides, Arnold, Moulthrop LLP

November 10, 2011

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

**STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 2010
WITH SUMMARIZED FINANCIAL INFORMATION
AS OF SEPTEMBER 30, 2009**

	<u>2010</u>	<u>2009</u>
ASSETS		
Cash and cash equivalents	\$ 194,993	\$ 106,214
Investments	386,350	157,160
Receivable, net	-	340,000
Total assets	<u>\$ 581,343</u>	<u>\$ 603,374</u>
LIABILITIES AND NET ASSETS		
Liabilities:		
Accounts payable	\$ 1,500	\$ 1,616
Grants and scholarships payable	11,390	20,000
Total liabilities	<u>12,890</u>	<u>21,616</u>
Net Assets:		
Unrestricted	194,679	196,098
Temporarily restricted	373,774	385,660
Total net assets	<u>568,453</u>	<u>581,758</u>
Total liabilities and net assets	<u>\$ 581,343</u>	<u>\$ 603,374</u>

See notes to the financial statements.

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2010
WITH SUMMARIZED FINANCIAL INFORMATION
FOR THE YEAR ENDED SEPTEMBER 30, 2009**

	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>TOTAL</u>	
			<u>2010</u>	<u>2009</u>
Support and Other Revenues:				
Contributions	\$ 21,890		\$ 21,890	\$ 351,563
Fundraising, net	22,118		22,118	38,534
Investment return	30,309		30,309	6,526
Interest income	36		36	122
Net assets released from restrictions	<u>11,886</u>	<u>(11,886)</u>	<u>-</u>	<u>-</u>
Total support and other revenues	<u>86,239</u>	<u>(11,886)</u>	<u>74,353</u>	<u>396,745</u>
Expenses:				
Program services	<u>49,095</u>		<u>49,095</u>	<u>62,402</u>
Supporting services:				
Management and general	37,200		37,200	36,159
Fundraising	<u>1,363</u>		<u>1,363</u>	<u>1,868</u>
Total supporting services	<u>38,563</u>		<u>38,563</u>	<u>38,027</u>
Total expenses	<u>87,658</u>		<u>87,658</u>	<u>100,429</u>
Change in Net Assets	(1,419)	(11,886)	(13,305)	296,316
Net Assets at Beginning of Year as	<u>196,098</u>	<u>385,660</u>	<u>581,758</u>	<u>285,442</u>
Net Assets at End of Year	<u>\$ 194,679</u>	<u>\$ 373,774</u>	<u>\$ 568,453</u>	<u>\$ 581,758</u>

See notes to the financial statements

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED SEPTEMBER 30, 2010
WITH SUMMARIZED FINANCIAL INFORMATION
FOR THE YEAR ENDED SEPTEMBER 30, 2009**

	<u>2010</u>	<u>2009</u>
Cash Flows from Operating Activities:		
Change in net assets	\$ (13,305)	\$ 296,316
Adjustments to reconcile change in net assets to net cash used by operating activities:		
Unrealized gain on investments	(17,899)	(37,487)
Realized loss on sale of investments	2,945	44,975
Decrease (increase) in receivables	340,000	(338,000)
Decrease in accounts payable	(116)	(5,401)
(Decrease) increase in scholarships and grants payable	(8,610)	17,500
Net cash provided (used) by operating activities	<u>303,015</u>	<u>(22,097)</u>
Cash Flows from Investing Activities:		
Proceeds from sale of investments	49,396	58,715
Purchase of investments	<u>(263,632)</u>	<u>(47,619)</u>
Net cash (used) provided by investing activities	<u>(214,236)</u>	<u>11,096</u>
Net Increase (Decrease) in Cash and Cash Equivalents	88,779	(11,001)
Cash and Cash Equivalents at Beginning of Year	<u>106,214</u>	<u>117,215</u>
Cash and Cash Equivalents at End of Year	<u>\$ 194,993</u>	<u>\$ 106,214</u>

See notes to the financial statements.

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

NOTES TO THE FINANCIAL STATEMENTS SEPTEMBER 30, 2010

1. Organization:

Bloomfield Educational Foundation, Inc. (the Foundation) is incorporated as a non-profit organization in the State of New Jersey. The Foundation is an organization exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Foundation has been classified as an organization that is not a private foundation under Section 509(a)(2). The Foundation's purpose is to provide resources for educational opportunities to the students of the Bloomfield School District through encouraging excellence by providing creative learning and teaching, facilitating student development, and promoting community/school partnerships. The Foundation promotes this mission through public contributions by providing scholarship programs to students, grants to teachers and educational and fundraising events in the community.

2. Summary of Significant Accounting Policies:

(a) *Basis of Accounting*

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(b) *Cash Equivalents*

Cash equivalents consist of short-term highly liquid investments which are readily convertible into cash within 90 days of purchase.

(c) *Investments and Investment Income*

Investments in equity securities with readily determinable fair values and all investments in debt securities are reported at fair values based on quoted prices in active markets (national security exchanges) for identical assets, with gains and losses included in the statement of activities. Donated investments are reflected as contributions at their fair values at date of receipt.

(d) *Firm Pledges*

Firm pledges are recognized as income in the year for which the pledge is made. Pledges that are expected to be received within one year are recorded at net realizable value

(e) *Use of estimates*

Preparation of financial statements in conformity with accounting principles generally accepted in the United States of America require management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Continued

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

**NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2010**

2. Summary of Significant Accounting Policies: (continued)

(f) *Support and Revenue*

1. Unrestricted

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished) in the reporting period in which the support is recognized.

2. Temporarily Restricted

Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted support which increases that net asset class. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

3. Permanently Restricted

Amounts received that are to be held in perpetuity are reported as permanently restricted support which increases that net asset class. The Foundation has no permanently restricted net assets.

(g) *Functional Allocation of Expenses*

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

(h) *Prior-Year Summarized Comparative Information*

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the year ended September 30, 2009, from which the summarized information was derived.

Continued

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

**NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2010**

3 Investments, Investment Return and Expenses:

Investments at September 30, 2010, which may be redeemed or sold on a daily basis, are composed of the following:

	<u>Cost</u>	<u>Fair Value</u>
Mutual funds	\$ 275,624	\$ 245,982
Exchange-traded funds	<u>130,001</u>	<u>140,368</u>
	<u>\$ 405,625</u>	<u>\$ 386,350</u>

The following summarizes the investment return and its classification in the statement of activities for the year ended September 30, 2010:

Dividends and interest	\$ 15,355
Realized gain (loss)	(2,945)
Unrealized gain (loss)	<u>17,899</u>
	<u>\$ 30,309</u>

Investment expenses relating to investment revenues, including custodial fees and investment advisory fees, amounted to \$8,324 and have been included in the management and general supporting services total shown in the accompanying statement of activities.

4. Temporarily Restricted Net Assets:

Temporarily restricted net assets are available for the following purposes or periods:

William J. Foley Memorial Scholarship Fund	\$ 348,355
Sherlock Scholarship Fund	715
V.E.S.T. program	<u>24,704</u>
	<u>\$ 373,774</u>

5 Net Assets Released From Restrictions:

Net assets were released from restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors:

William J. Foley Memorial Scholarship Fund	\$ 5,000
V.E.S.T. Program	<u>6,886</u>
	<u>\$ 11,886</u>

Continued

BLOOMFIELD EDUCATIONAL FOUNDATION, INC.

**NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2010**

6. Cash Flow Information:

For the year ended September 30, 2010, no cash was paid for interest and no liability was incurred or paid for income taxes.

7. Subsequent Event:

In preparing these financial statements, the organization has evaluated events and transactions for potential recognition or disclosure through November 10, 2011, the date the financial statements were available to be issued.

Concluded