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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of this Treasury Interpal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public

| | \ F | or the | 2011 calendar year, or tax year beginning JUL 1, 2011 and endi | ng U | UN 30, 2012 | | | | |
|---------------|-------------------------|--------------------------|--|---|------------------------------|-------------------------------|--|--|--|
| Е | Ci ap | eck if plicable | C Name of organization | | D Employer identific | cation number | | | |
| 1 | | Addres change | MIDDLESEX COUNTY BAR FOUNDATION | | | | | | |
| | | Name change | Doing Business As | | 22-6539580 | | | | |
| | | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room | n/suite | E Telephone number | | | | |
| | | Termir ated | 07 BATAND STREET | | 732- | 828-3433 | | | |
| | | Ameno | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ 515,510. | | | | |
| , | | Applic tion pendir | MEW DRONDWICK, NO 00501 | | H(a) Is this a group re | | | | |
| | | penda | F Name and address of principal officer: LINDA CAVANNA | | for affiliates? | Yes X No | | | |
| _ | | | SAME AS C ABOVE | | H(b) Are all affiliates inc | | | | |
| _ | l Ta | ax-exe | mpt status: X 501(c)(3) | 527 | 4, | list. (see instructions) | | | |
| _ | <u> </u> | ebsit | e: WWW.MCBF.ORG | | H(c) Group exemptio | | | | |
| | | | | L Year | of formation: 1991 | N State of legal domicile: NJ | | | |
| L | ga | rt·I | Summary | יו דרו | CEV COIMING | DAD | | | |
| | 8 | 1 | Briefly describe the organization's mission or most significant activities: THE MII FOUNDATION (MCBF) IS A NON-PROFIT CORPORATION | TOM | ODCANIZED E | OD TUE | | | |
| | 틸 | | | | | | | | |
| | <u>§</u> | | Check this box I if the organization discontinued its operations or disposed of | ot more | 1 | ssets. | | | |
| | Activities & Governance | | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | 3 | 28 | | | |
| | త్ర | | Total number of individuals employed in calendar year 2011 (Part V, line 1a) | | - 4 | 0 | | | |
| | <u>i</u> | | Total number of volunteers (estimate if necessary) | | 6 | 30 | | | |
| | 흜 | | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | | |
| | ĕ | | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | | |
| - | ┪ | ~ | The direction of the second of | | Prior Year | Current Year | | | |
| | | 8 | Contributions and grants (Part VIII, line 1h) | | 21,075. | 30,299. | | | |
| | ξ | | Program service revenue (Part VIII, line 2g) | | 0. | 2,810. | | | |
| | Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 63,162. | 38,888. | | | |
| | ۳ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 14,960. | 11,832. | | | |
| _ | | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 99,197. | 83,829. | | | |
| | ŀ | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u> </u> | 5,000. | 0. | | | |
| | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| 2013 | 8 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | employee benefits (Part IX, column (A), lines 5-10) | | | | | |
| 29 | Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | CAMMA | 0. | 0. | | | |
| | S | | Total fundraising expenses (Part IX, column (D), line 25) | • (**) | | 06 053 | | | |
| | _ | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 11- | 90,669. 95,669. | 86,853. | | | |
| z | | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | , | 3,528. | 86,853. <3,024. | | | |
| JAN | es. | 19 | Revenue less expenses. Subtract line 18 from line 12. ! | | eginning of Current Year | | | | |
| _ ` | Balance | 20 | Total assets (Part X, line 16) | <u>۱۲ ۱</u> | 1,994,402. | End of Year 1,969,565. | | | |
| W . | Bal | | Total liabilities (Part X, line 26) | : i ⊢ | 0. | 0. | | | |
| ANNED ED | | 22 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 209655. N. UT Signature Block | i 🗀 | 1,994,402. | 1,969,565. | | | |
| 51 | Pa | rtill: | Signature Block | | | | | | |
| | _ | - | Ities of perjury, I declare that I have examined this return, including accompanying schedules and | staten | nents, and to the best of m | y knowledge and belief, it is | | | |
| | rue, | corre | t, and complete. Declaration of preparer (other than officer) is based on all information of which p | repare | r has any knowledge. | , | | | |
| | | | JAN 12 | | 12/2 | 26/12 | | | |
| • | Sigr | 1 | Signature of officer | | Date | , | | | |
| ı | Her | е | RICHARD KLEIN, PRESIDENT | | | | | | |
| _ | | | Type or print name and title | | Doto | I DTIN | | | |
| | _ | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | | |
| | Paid | | JOSEPH M. D'AVELLA | / | バルフ/レ setf-employ | | | | |
| | | arer | Firm's name WEISERMAZARS LLP | | Firm's EIN | 13-1459550 | | | |
| 1 | use | Only | Firm's address 399 THORNALL STREET | | | 22 540 2000 | | | |
| - | | | EDISON, NJ 08837-2246 | | Phone no. 7 | 32 549-2800 | | | |
| _ | | | RS discuss this return with the preparer shown above? (see instructions) | | • | X Yes No | | | |
| | 1320 | 01-01-2 | 3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | | Form 990 (2011) | | | |

| • | | | 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 | X | |
| 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 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, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | _ <u>X</u> _ |
| 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | × | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | 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 | 11b | X | |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| | 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 | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | v |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | •• |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 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 | 140 | | |
| 13 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | <u> </u> | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 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 | | <u> </u> |
| 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| _b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | Form | 990 c | 2011) |

132003 01-23-12

Page 4

| | The Children Contradics (continued) | | | |
|------------|--|-----|-----|----------|
| * | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | Х |
| ~~ | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Α_ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | 22 | | Х |
| 23 | column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | -22 | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | - | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | _X_ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | v |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 27 | | X |
| 28 | of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | ** | | |
| 26 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | _ X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | Х |
| | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | 33 | | |
| 5 4 | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | x | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | |
| - | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | l | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | ,, | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

| Par | | | | _ |
|------------|--|----------|--|--|
| : | Check if Schedule O contains a response to any question in this Part V | | - | <u> </u> |
| | 1 1 | ^ | Yes | No |
| 1a | Enter the humber reported in Box 3 of Form 1090. Enter 45 in Not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 븨 | | 1 |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | ! |
| | (gambling) winnings to prize winners? | 1c | | ├ |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | ام | | |
| | filed for the calendar year ending with or within the year covered by this return | <u> </u> | | ll |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b_ | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ► | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | _x |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | — |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | - v |
| | any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 1 | 1 | |
| | were not tax deductible? | 6b | | ; |
| 7 | Organizations that may receive deductible contributions under section 170(c). | , | - | Ϊx |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor | | - | <u> </u> |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7c | | x |
| | to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year | 10 | | |
| | 11 700, 110,000,00 10,100,000,000 | 7e | | X |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 76 | | X |
| f | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| g h | 40000 | | | _ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | ~ | | \vdash |
| 0 | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | × ~ | <u> </u> ~ |
| 9 | Sponsoring organizations maintaining donor advised funds. | 1 | | —— í |
| а | Did the organization make any taxable distributions under section 4966? | 9a | 1 | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | ~ ; |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities |] | | . ! |
| 11 | Section 501(c)(12) organizations. Enter: | 7 | | |
| а | Gross income from members or shareholders | | 1 ^ | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | * ` |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | <u> </u> | <u> </u> |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | _ | | , x |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | L | , , |
| а | 1. It is a second of the secon | 13a | <u> </u> | <u> </u> |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | ٠, | | 1 |
| | organization is licensed to issue qualified health plans | 4 | 1 | * |
| С | Enter the amount of reserves on hand | + | <u> </u> | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | <u> </u> | X |
| _ <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | <u> </u> |
| | | Form | 990 | (2011) |

Form 990 (2011) MIDDLESEX COUNTY BAR FOUNDATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b bel

| | Check if Schedule O contains a response to any question in this Part VI | | | | | | X | | |
|---|---|----------|-------------------|----------|------------|----------|----------|--|--|
| <u>Sec</u> | tion A. Governing Body and Management | | | | | | | | |
| | | | | | | Yes | No | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 28 | | | [' | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | |] | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | i | | Ì | | | l i | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | | 28 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | p with | any other | | | | · | | |
| | officer, director, trustee, or key employee? | | | | 2 | X | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e dire | ct supervision | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | ļ | 3 | | X | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 990 wa | as filed? | - 1 | 4 | | Х | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | sets? | | ļ | 5 | | X | | |
| 6 | Did the organization have members or stockholders? | | | ļ | 6 | | Х | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | point | one or | | | | х | | |
| | more members of the governing body? | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | tockh | olders, or | J | | | | | |
| | persons other than the governing body? | | | ļ | 7b | | X | | |
| 8 | | | | | | | | | |
| а | a The governing body? | | | | | | | | |
| b | 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 real | ched | at the | l | 9 | | Х | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | evenu | e Code) | | | | <u> </u> | | |
| | | | | Г | | Yes | No X | | |
| | Did the organization have local chapters, branches, or affiliates? | | - mu | ŀ | 10a | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cl | napter | s, affiliates, | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | et de . e | <u>,</u> | 10b 11a | | X | | |
| - | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | X | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | to con | fliote? | ŀ | 12a 12b | X | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | ŀ | 120 | | _ | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done | 63, U | escribe | | 12c | x | | | |
| 13 | | | | ł | 13 | X | | | |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | | ł | 14 | X | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | al by u | ndenendent | ŀ | 17 | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | шоропиот | | | | | | |
| 9 | The organization's CEO, Executive Director, or top management official | | | | 15a | | <u> </u> | | |
| | 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). | | | | ۸, | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment v | vith a | | 4 | | · | | |
| | taxable entity during the year? | | | | 16a | | X | | |
| ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation | te its i | participation | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | | | | | . 👸 | ; | | |
| | exempt status with respect to such arrangements? | | | | 16b | ^ ** | J | | |
| 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- | (Sec | tion 501(c)(3)s o | nly) a | vailab | le | | | |
| | for public inspection, Indicate how you made these available. Check all that apply | • | , | | | | | | |
| | Own website Another's website X Upon request | | | | | | | | |
| 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and finance | | | | | | | | | |
| statements available to the public during the tax year | | | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books a | nd rec | ords of the orga | anızat | ion. | - | | | |
| | TAXPAYER - 732-828-3433 | | | | | | | | |
| | 87 BAYARD STREET, NEW BRUNSWICK, NJ 08901 | | | | | | | | |
| 13200 01-23- | | | | | Form | 990 | (2011) | | |

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MIDDLESEX COUNTY BAR FOUNDATION

22-6539580

Page 7

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

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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.

| (A) | (B) | 1 | | _ (| C) | | | (D) | (E) | (F) |
|--------------------|-----------------------|--------------------------------|-----------------------|-------------|---------------|--|----------|---------------------------------|-----------------|-----------------------------|
| Name and Title | Average | (do | not c | Pos heck | ition more | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | ıs bot or/trus | h an | compensation | compensation | amount of |
| | week | | T an | 10 2 0 | l |),, a da | 100, | from | from related | other |
| | (describe | recto | | | | | | the | organizations | compensation |
| | hours for | 0.0 | 9 | | | za ted | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | related organizations | ustee | trust | | | E E | | (VV-2/1099-WIISC) | | organization and related |
| | in Schedule | ual⊄ | lonal | | eg y | 를 다 다 | ١. | | | organizations |
| | O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | i i | | | Organizations |
| (1) SEE ATTACHMENT | , | T- | _ | _ | _ | T | _ | | | |
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| Part VII Section A. Officers, Directors, Tr | (B) | | | (0 | | | | (D) | (E) | | (F) | |
|--|--|--------------------------------|--|---------|--------------|------------------------------|-----------|-------------------------|--------------------|-------|-----------------|--------|
| Name and title | Average | ,. | | Posi | | | | Reportable | Reportable | | Estimat | ed |
| ramo ana mo | hours per | | | | | than is bot | | compensation | compensatio | | amount | |
| | week | offi | cer an | dad | recto | r/trus | tee) | from | from related | 1 : | other | |
| | (describe | ctor | | | | | | the | organization | s | compensa | ation |
| | hours for | Ę | | | | E E | | organization | (W-2/1099-MIS | SC) | from th | e |
| | related | stee | ruste | | | E 22 | | (W-2/1099-MISC) | | | organiza | |
| | organizations in Schedule | 重 | al t | | loyee | S 8 | | | | | and rela | |
| | O) | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | rmer | | | | organizat | ions |
| | | Ė | Æ | Ď | Ϋ́ | 로 등 | <u>.e</u> | | | | | |
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| 1b Sub-total | | | | | | | | 0. | | 00. | | 0. |
| c Total from continuation sheets to Part \ | II, Section A | | | | | | | 0. | | 0. | | |
| d Total (add lines 1b and 1c) | | | | | | <u> </u> | | <u> </u> | | | | 0. |
| 2 Total number of individuals (including but | not limited to th | nose | liste | ed al | bov | e) wł | no r | eceived more than \$100 | 0,000 of reportab | le | | 0 |
| compensation from the organization | <u></u> | | | | | _ | | | | | Yes | No |
| 3 Did the organization list any former office | , director, or tr | uste | e, ke | y er | nplo | yee | or | highest compensated e | mployee on | ĺ | .> | |
| line 1a? If "Yes," complete Schedule J for | | | • | • | • | • | | , | | | 3 | x |
| 4 For any individual listed on line 1a, is the s | | | amo | ensa | atior | n and | dot | her compensation from | the organization | | ¢ | |
| and related organizations greater than \$15 | - | | | | | | | | Ū | | 4 | X |
| 5 Did any person listed on line 1a receive or | | | | | | | | | idual for services | ; | | |
| rendered to the organization? If "Yes," con | | | | | | | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest c the organization. Report compensation fo | | | | | | | | | | npens | ation from | |
| (A) | the calchaar | Cui | 0110 | <u></u> | *1611 | 0 | | (B) | your. | | (C) | |
| Name and busines | s address | N | ON | E | | | | Description of s | services | | ompensation | on |
| | | | | | | | | | | | | |
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| | - | | | | | | 4 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors | | not I | mite | d to | | | sted | d above) who received n | nore than | | | Ą |
| \$100,000 of compensation from the organ | nization > | | | | | 0 | | | | | Form 990 | (0044) |
| | | | | | | | | | | | FUM Service | ייווכו |

| 1 a Federated campagns 1a | Pa | rt VIII | Statement of Rever | nue _ | | | | | |
|---|---|------------------|--|---------------------|---------------|-----------------------------------|-------------------------------|--|--|
| 2 a GRANT REVENUE | 1 | | | | | | Related or exempt function | Unrelated business | Revenue excluded from tax under sections 512, |
| 2 a GRANT REVENUE | outions, Gifts, Grants her Similar Amounts | b c d e | Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran | 1b 1c 1d 1d ts, and | | 4 | | | |
| 2 a GRANT REVENUE | 물리 | ~ | | | 10,310. | | | | |
| 2 a GRANT REVENUE | 일일 | _ | | | <u> </u> | 30,299. | | * ** | |
| 2 a GRANT REVENUE 900099 2,810. 2,810. 4 I other program service revenue g Total. Add lines 2a 2! 2,810. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royaltes 6 a Gross rents 24,000. 5 Royaltes 16,942. 7,058. C Rental income or (loss) 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 8 a Gross ncome from fundraising events (not including \$ 11,783. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net recome or (loss) from gaming activities 10 a Gross sales of inventory less returns and allowances b Less: cost of goods sold c Net recome or (loss) from gaming activities 10 a Gross sales of inventory less returns and allowances b Less: cost of goods sold c Net recome or (loss) from gaming activities 10 a Gross sales of inventory less returns and allowances b Less: cost of goods sold c Net recome or (loss) from gaming activities 10 a Gross sales of inventory less returns and allowances b Less: cost of goods sold c Net recome or (loss) 10 a Gross amount from sales of language and sales active and | | | 100017100111007011 | <u>.</u> | Business Code | | | | |
| Total. Add lines 2a2f | ا يو | 2 a | GRANT REVENUE | | | 2,810. | 2,810. | | ************************************** |
| Total. Add lines 2a2f | Servic | | | <u> </u> | | | | | |
| Total. Add lines 2a2f | | С | | | | | | | |
| Total. Add lines 2a2f | E a | d | | | | | | | |
| Total. Add lines 2a2f | <u>6</u> | е | | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents | ا تە | f | All other program service reve | enue | | | | | |
| other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real | \dashv | g | Total. Add lines 2a-2f | | | 2,810. | , , & | | , |
| Securities Sec | | 3 | | dividends, inter | est, and | 55,023. | | | 55,023. |
| (i) Real (ii) Personal (iii) Personal (iii) Personal (iiii) Personal (iiii) Personal (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | 4 | Income from investment of ta | x-exempt bond p | oroceeds > | | | | |
| Second S | | 5 | Royalties | | | | , | | , |
| The state of the s | | 6 a | Gross rents | 24,000. | | 3 - 47 + | | * | , , |
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| Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 1 1, 783. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 8 19513. 4195 | | c | Rental income or (loss) | 16,942. | | the second or produce a community | | | as mensal and the same |
| assets other than inventory b Less: cost or other basis and sales expenses 419513. c Gain or (loss) 416135. d Net gain or (loss) 5 416.135. d Net gain or (loss) 6 71.783. d Net gain or (loss) 71.783. d Net gain or (loss) 6 71.783. d Net gain or (loss) 71.783. d Net income or (loss) 6 71.10. s Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: corect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: corect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: corect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: corect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: corect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: corect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: corect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: corect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b loss direct expenses b loss dire | | d | Net rental income or (loss) | | | 16,942. | | | 16,942. |
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| 8 a Gross income from fundraising events (not including \$ 11,783. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses content to the following summary of the follo | | | | <10133 | <u> P</u> | -16 136 | <u> </u> | | -16 135 |
| Including \$ 11,783. of contributions reported on line 1c). See Part IV, line 18 | | | | | | <u> </u> | <u> </u> | | <10,133. |
| contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions. 8 3,829 2,810 0. 5,110 < | | 8 a | Gross income from fundraisin | g events (not | | ** | | | |
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| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. > < | æ | | - | | l n. | | | * | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. > < | ا <u>ج</u> | h | • | | | ` | ** | *`` | |
| 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 8 3 , 829 2 2, 810 0 0 50 , 720 0 | ō | | · | _ | • | <5,110. | > :* * * | erd witten | <5,110. |
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| 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | | b | Less: direct expenses | b | | | | | <u> </u> |
| and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | l | c | Net income or (loss) from gan | ning activities | <u> </u> | | | | <u> </u> |
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| Miscellaneous Revenue Business Code 11 a | | | _ | | · | » | | | |
| 11 a | ļ | с | | | ▶ | | | - | |
| b c d All other revenue e Total. Add lines 11a-11d | ļ | | Miscellaneous Revenu | ie | Business Code | | | | |
| c d All other revenue e Total. Add lines 11a-11d | | | | | | | | | |
| d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 83,829. 2,810. 0. 50,720. | | | | | | | | ļ | |
| e Total. Add lines 11a-11d 12 Total revenue. See instructions. 83,829. 2,810. 0. 50,720. | | _ | All other reverse | | | · · · - | 1 | | |
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| | | 12 | | | | 83.829. | 2.810. | 0. | 50,720. |
| | 13200 | | | | | | , , , , , , , , | | Form 990 (2011) |

Form 990 (2011) MIDDLESEX COULT Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D),

| Do r | Check if Schedule O contains a respon | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|--|-----------------------|------------------------|-----------------------|---------------------------------------|
| | Bb, 9b, and 10b of Part VIII | Total expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | , × | |
| 3 | Grants and other assistance to governments, | | | | *, |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | . ~ | |
| 4 | Benefits paid to or for members | | | · <u> </u> | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | _ | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | 5,500. | | 5,500. | |
| С | Accounting | 3,300. | | 5,500. | · · · · · · · · · · · · · · · · · · · |
| d | Lobbying Co. Bot N. Inc. 47 | | | w | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| 9 | Other | | | | |
| 12 | Advertising and promotion | 730. | | 730. | |
| 13 | Office expenses | 750. | | 730. | |
| 14 •= | Information technology | | | | · |
| 15 16 | Royalties | | | | · · · · · |
| 16 17 | Occupancy Travel | | | | |
| 17 18 | | | | | |
| 10 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 2,130. | | 2,130. | |
| 21 | Payments to affiliates | | | _, | |
| 22 | Depreciation, depletion, and amortization | 10,011. | | 10,011. | |
| 23 | Insurance | 731. | | 731. | |
| 24 | Other expenses. Itemize expenses not covered | ¥ | | | |
| | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | » | | × | § 4 |
| | amount, list line 24e expenses on Schedule 0.) | 40.000 | 40.000 | | |
| а | OFFICE SUPPORT | 40,000. | 40,000. | | |
| b | HOPE FOR THE HOLIDAYS | 12,205. | 12,205. | | |
| С | PROJECT LAW ESSAY CONTE | 7,355. | 7,355. | E 717 | |
| d | BROKER FEES | 5,716. | 2 275 | 5,716. | <u> </u> |
| | All other expenses | 2,475. | 2,375. | 100. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 86,853. | 61,935. | 24,918. | 0 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |

| | t X | Balance Sheet | | | | 1 | Page 11 |
|--------|----------|---|--|------------------------|--|----------|---|
| `` | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | | | 4,040. | 1 | 5,392. |
| | 2 | Savings and temporary cash investments | | | 42,619. | 2 | 146,454. |
| ı | 3 | Pledges and grants receivable, net | | 3 | | | |
| į | 4 | Accounts receivable, net | | 4 | | | |
| ı | 5 | Receivables from current and former officers, di | rectors | s, trustees, key | | | |
| l | | employees, and highest compensated employe | THE PROPERTY OF THE PROPERTY O | | ante den medimer ana videnacióticalità. | | |
| | | of Schedule L | | 5 | | | |
| | 6 | Receivables from other disqualified persons (as | | | | | |
| | | 4958(f)(1)), persons described in section 4958(c | ¢. | Y | * ' | | |
| ı | | employers and sponsoring organizations of sections | tion 50 | 1(c)(9) voluntary | and the Europe opposition. Amendmental Participation on the African Advance in Amendment in Amen | | processor Administration of the house of pages of confes |
| . | | employees' beneficiary organizations (see instru | | | 6 | | |
| 133613 | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | _ | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | , a | 8. | \$ \$ \tag{\alpha}\$ \$ \alph |
| | | basis. Complete Part VI of Schedule D | 10a | 521,387. | , , , , , , , , , , , , , , , , , , , | | i i |
| | b | Less: accumulated depreciation | 10b | 203,701. | 327,698. | 10c | 317,686. |
| ı | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | 11 | | 1,620,045. | 12 | 1,500,033. |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 4 004 400 | 15 | 4 060 565 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 1,994,402. | 16 | 1,969,565. | | |
| | 17 | Accounts payable and accrued expenses | | 17 | | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | <u> </u> | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| | 22 | Payables to current and former officers, director | | | * * | | , |
| ļ | | highest compensated employees, and disqualifi | ed per | sons. Complete Part II | · | | |
| | | of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | • | | 23 | |
| į | 24 | Unsecured notes and loans payable to unrelate | | • | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | i | | | |
| | | parties, and other liabilities not included on lines | 3 17-24 |). Complete Part X of | | ٥. | |
| | 00 | Schedule D | | | 0. | 25 26 | 0. |
| + | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he | | X and complete | · · | 20 | 0 |
| | | lines 27 through 29, and lines 33 and 34. | ere P | and complete | ` | ŀ | |
| | 27 | Unrestricted net assets | | | 1,994,402. | 27 | 1,969,565 |
| | 28 | Temporarily restricted net assets | | | 1,551,1020 | 28 | 1/303/303 |
| | 29 | Permanently restricted net assets | | | 29 | | |
| | 23 | Organizations that do not follow SFAS 117, c | hack h | ere and | | | · |
| | | complete lines 30 through 34. | IICCK I | and | ` | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | a de la lagración de la lagranción de la lacción de lacc |
| | 31 | Paid-in or capital surplus, or land, building, or ed | uunma | nt fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| : | 32 33 | Total net assets or fund balances | COITIE, | or other fullus | 1,994,402. | 33 | 1,969,565. |
| | | | | | 1,994,402. | 34 | 1,969,565. |
| | 34_ | Total liabilities and net assets/fund balances | | | -122514040 | <u> </u> | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

Form **990** (2011)

| Form | 990 (2011) MIDDLESEX COUNTY BAR FOUNDATION | 22-6 | 539580 | Pac | ge 12 |
|------|--|------------|-------------|-----|---------------|
| | rt XI Reconciliation of Net Assets | | | | , |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u> 29.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u>53.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>24.</u> > |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,994 | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | <21 | .,8 | <u> 13.</u> > |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,969 | 7,5 | <u>65.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| 1 | Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | _ [| Yes | No |
| 2a | | | 2a | | X |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit | | - | |
| • | review, or compilation of its financial statements and selection of an independent accountant? | o adan, | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O | | | * |
| А | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | | l ľ | | í |
| u | separate basis Consolidated basis Both consolidated and separate basis | G OII G | . 4 | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Act and OMB Circular A-133? | ngle Audit | 3a | | x |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

132012 01-23-12 Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2011

Open to Public Inspection

Name of the organization

MIDDLESEX COUNTY BAR FOUNDATION

Employer identification number 22-6539580

Part I 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). 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.) 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 11 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. d Type III - Other **b** ☐☐ Type II c Type III - Functionally integrated 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 following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organizátion in col. organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes Nο

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

| 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | - |
|------|---|--|--|--|---|-----------------------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | ļ | | | | | |
| | or expended on its behalf | | | | _ | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | <u></u> | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | ' 0 ', | * 2); | |
| | governmental unit or publicly | | | | , | | |
| | supported organization) included | Sec | | * | ** ** | ^^ | |
| | on line 1 that exceeds 2% of the | 7 | 4·% | te | 18 4 | * | |
| | amount shown on line 11, | * | · / | * | * `, | ľ | |
| _ | column (f) | | Z | | | | |
| | Public support. Subtract line 5 from line 4 | | | | | | L |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (h) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 4 | (a) 2007 | (b) 2008 | (0) 2009 | (u) 2010 | (e) 2011 | (i) Total |
| 8 | Gross income from interest. | | - | | | | |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | 1 | | | |
| • | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | <u> </u> |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | <i>"</i> | ٠,۶ | * | , «, | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | s fırst, second, th | ird, fourth, or fifth t | ax year as a section | n 501(c)(3) | |
| _ | organization, check this box and stor | here | | | | | <u> </u> |
| | ction C. Computation of Publ | · · · · · · · · · · · · · · · · · · · | | | | I I | |
| | Public support percentage for 2011 (| | | column (f)) | | 14 | <u>%</u> |
| | Public support percentage from 2010 | | | an line 40 and li | .14 in 00 1/00/ | 15 | % av and |
| 16a | 33 1/3% support test - 2011. If the control have The experience qualifies | | | | 14 IS 33 1/3% OF F | nore, check this b | ox and |
| j. | stop here. The organization qualifies 33 1/3% support test - 2010. If the 6 | | | | d line 15 ie 22 1/20 | 6 or more check t | his box |
| L | and stop here. The organization qual | | | | u iii ie 13 i3 33 1737 | o of filore, check t | ▶ □ |
| 179 | 10% -facts-and-circumstances tes | | | | ne 13. 16a. or 16b. | and line 14 is 10% | or more. |
| 118 | and if the organization meets the "fac | | | | | | |
| | | , and onouniotal | | | | | ▶□ |
| | | test. The organiza | ition dualities as : | | | | ! |
| F | meets the "facts-and-circumstances" | • | • | | _ | 17a, and line 15 is | 10% or |
| t | meets the "facts-and-circumstances" 10% -facts-and-circumstances tes | t - 2010. If the org | anization did not | check a box on lin | e 13, 16a, 16b, or | | |
| t | meets the "facts-and-circumstances" 10% -facts-and-circumstances tes more, and if the organization meets t | et - 2010. If the org the "facts-and-circu | ganization did not umstances" test, | check a box on lin | ne 13, 16a, 16b, or I stop here. Explair | n in Part IV how the | |
| 18 | meets the "facts-and-circumstances" 10% -facts-and-circumstances tes | t - 2010. If the org he "facts-and-circu cumstances" test. | panization did not umstances" test, o The organization | check a box on lin check this box and qualifies as a pub | ne 13, 16a, 16b, or I stop here. Explair licly supported org | n in Part IV how the anization | e ▶□ |

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | | | | | |
|------------|--|--------------------------|------------------------|------------------------|---------------------|----------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 19,617. | 11,981. | 22,100. | 21,075. | 30,299. | 105,072. |
| 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 | 35,290. | 14,727. | | | | 50,017. |
| 3 | Gross receipts from activities that | | - | | | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 54,907. | 26,708. | 22,100. | 21,075. | 30,299. | 155,089. |
| 7 a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. |
| 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 | | | | | | 0. |
| , | Add lines 7a and 7b | | 1 | · · · · · · | | | 0. |
| | Public support (Subtract line 7c from line 6.) | | | | * " | | 155,089. |
| | ction B. Total Support | | <u> </u> | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | 54,907. | (b) 2008 26,708. | (c) 2009 22,100. | (d) 2010 21,075. | (e) 2011 30, 299. | 155,089. |
| | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 105,987. | 75,491. | 24,343. | 63,162. | 38,889. | 307,872. |
| t | Unrelated business taxable income | | | | | | _ |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | 105,987. | 75,491. | 24,343. | 63,162. | 38,889. | 307,872. |
| 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.) | | | | | | |
| | Total support (Add lines 9, 10c, 11, and 12) | | 102,199. | 46,443. | 84,237. | | 462,961. |
| 14 | First five years. If the Form 990 is fo | r the organization's | s first, second, third | d, fourth, or fifth ta | ıx year as a sectio | n 501(c)(3) organız | ation, |
| | check this box and stop here | | | | | | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2011 (| line 8, column (f) d | ıvıded by line 13, c | olumn (f)) | | 15 | 33.50 % |
| 16 Se | Public support percentage from 2010 ction D. Computation of Inve | | | | - | 16 | 82.28 % |
| 17 | Investment income percentage for 20 |)11 (line 10c, colur | nn (f) divided by lin | e 13, column (f)) | | 17 | 66.50 % |
| 18 | Investment income percentage from | 2010 Schedule A, | Part III, line 17 | | | 18 | 17.72 % |
| 19: | a 33 1/3% support tests - 2011. If the | | | | | | 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | organization quali | fies as a publicly s | supported organiz | ation | ▶□ |
| ı | 33 1/3% support tests - 2010. If the | organization did n | not check a box on | line 14 or line 19a | , and line 16 is mo | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | | | | | | ►X |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19a | a, or 19b, check th | nis box and see in: | structions | <u> </u> |
| 1320 | 023 01-24-12 | | | 16 | Sch | edule A (Form 99 | 0 or 990-EZ) 2011 |

SCHEDULE D

·(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

| _ | MIDDLESEX COUNTY BAR FOUNDATION | | 22-6539580 |
|-----|--|---|---------------------------------------|
| Pai | rt I Organizations Maintaining Donor Advised Funds or Other Simila | r Funds or A | Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6. | | |
| | (a) Donor advised fund | 3 (| (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in d | onor advised fur | nds |
| | are the organization's property, subject to the organization's exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fun | ds can be used | |
| _ | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other | | |
| | impermissible private benefit? | , p | Yes No |
| Pai | rt II Conservation Easements. Complete if the organization answered "Yes" to Fe | orm 990. Part IV. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| • | | n of an historical | lly important land area |
| | | n of a certified h | |
| | Preservation of open space | i or a certifica ii | istoric structure |
| 2 | · | the form of a a | annoniation accoment on the last |
| ~ | Complete lines 2a through 2d if the organization held a qualified conservation contribution in | i the form of a ct | onservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| _ | Total number of conservation easements | | 2a |
| a | | | 2b |
| b | | | 2c |
| C | Number of conservation easements on a certified historic structure included in (a) | | 20 |
| d | , , , | one structure | 2d |
| _ | listed in the National Register | A | in-k |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or termina | ited by the organ | nization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation easement is located | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, have | rialing of | Yes No |
| _ | violations, and enforcement of the conservation easements it holds? | . concerto di uma t | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas | - | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of se | (Clion 170(11)(4)(E | Yes No |
| • | and section 170(h)(4)(B)(ii)? | d avnanaa atata | |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue an include, if applicable, the text of the footnote to the organization's financial statements that | - | |
| | | describes the or | gariization's accounting for |
| Pai | rt III Organizations Maintaining Collections of Art, Historical Treasur | es or Other | Similar Assets |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | , | |
| 10 | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve | nuo etatoment a | nd halance cheet works of art |
| 14 | historical treasures, or other similar assets held for public exhibition, education, or research | | |
| | the text of the footnote to its financial statements that describes these items. | in functionalities of | public service, provide, in Fait Aiv, |
| | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue | statement and h | colones about works of out bustomest |
| U | | | |
| | treasures, or other similar assets held for public exhibition, education, or research in furthers | ince of haptic se | avice, 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, historical treasures, or other similar assets f | • | provide |
| | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these in | tems: | . |
| a | · · · · | | > \$ |
| b | Assets included in Form 990, Part X | | 5 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

(a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4) (5) (6)(7) (8)(9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
FIN 48 (ASC 740) FOOMOUT IN Part XIV, provide the text of the foomout to the or
FIN 48 (ASC 740)

132052

132053 01-23-12

Schedule D (Form 990) 2011

SCHÈDULE O

'(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

MIDDLESEX COUNTY BAR FOUNDATION

Employer identification number 22-6539580

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| BENEFIT OF AND TO CARRY OUT THE CHARITABLE, SCIENTIFIC, LITERARY AND | | | | | | | | | | | | |
| EDUCATIONAL PURPOSES OF THE MIDDLESEX COUNTY BAR FOUNDATION AND FOR | | | | | | | | | | | | |
| OTHER EXCLUSIVELY CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL | | | | | | | | | | | | |
| PURPOSES RELATED TO THE PROFESSION OF LAW AND THE ADMINISTRATION OF | | | | | | | | | | | | |
| JUSTICE. | | | | | | | | | | | | |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | | | | | | | | | | | |
| LITERARY AND EDUCATIONAL PURPOSES RELATED TO THE PROFESSION OF LAW AND | | | | | | | | | | | | |
| THE ADMINISTRATION OF JUSTICE. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: | | | | | | | | | | | | |
| VARIOUS AWARDS GIVEN TO LAW STUDENTS FOR RECOGNITION OF ACCOMPLISHMENTS | | | | | | | | | | | | |
| IN THE LEGAL ARENA | | | | | | | | | | | | |
| EXPENSES \$ 600. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. | | | | | | | | | | | | |
| DRUG COURT PROGRAM | | | | | | | | | | | | |
| EXPENSES \$ 100. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. | | | | | | | | | | | | |
| NATIONAL ADOPTION DAY | | | | | | | | | | | | |
| EXPENSES \$ 387. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. | | | | | | | | | | | | |
| HELP THE HOMELESS | | | | | | | | | | | | |
| EXPENSES \$ 1,200. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. | | | | | | | | | | | | |

Schedule O (Form 990 or 990-EZ) (2011)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Employer identification number Name of the organization MIDDLESEX COUNTY BAR FOUNDATION 22-6539580 OFFICE SUPPORT IN ADMINISTERING VARIOUS PROGRAM SERVICES EXPENSES \$ 40,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. HOPE FOR THE HOLIDAYS EXPENSES \$ 12,205. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. HOLIDAY TOY DRIVE EXPENSES \$ 88. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: PAST PRESIDENTS KENNETH OLECKNA AND KARAN OLECKNA ARE HUSBAND AND WIFE. IMMEDIATE PAST PRESIDENT TARA AUCIELLO IS THE DAUGHTER OF PAST PRESIDENT DENNIS ALAN AUCIELLO. FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR RECEIVES AND REVIEWS THE 990 PRIOR TO SUBMITTING TO THE PRESIDENT OF THE ORGANIZATION. ONCE THE PRESIDENT RECEIVES THE 990, IT IS REVIEWED AGAIN. PENDING THE PRESIDENT'S APPROVAL, THE RETURN IS SIGNED AND FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES GOVERNING BODY MEMBERS TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. THE POLICY INCLUDES ENFORCEMENT AND PERIODIC REVIEW PROVISIONS IN IT. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -21,813.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011 Open to Public

OMB No 1549-0047

Employer identification number 22-6539580

Direct controlling

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income ਉ ➤ See separate instructions. Part I — Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) MIDDLESEX COUNTY BAR FOUNDATION ► Attach to Form 990. Primary activity Name, address, and EIN of disregarded entity Name of the organization Part

(g) Section 512(b)(13) ŝ × controlled entity? Yes Direct controlling Public charity status (if section 501(c)(3)) Exempt Code section 501(C)(6) ত্ত Legal domicile (state or foreign country) TEW JERSEY 22-2005076, 87 BAYARD STREET, NEW BRUNSWICK, MIDDLESEX CTY NJ ATTORNEY NJ 08901 ASSOCIATION Primary activity MIDDLESEX COUNTY BAR ASSOCIATION Name, address, and EIN of related organization

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

Page 2

Schedule R (Form 990) 2011 MIDDLESEX COUNTY BAR FOUNDATION 22-6539580

22-6539580

22-6539580

22-6539580

22-6539580

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | me Share of total d, income inder 4) | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes No | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | (j) (k)- General or Percentage managing ownership |
|---|--|--------------------------------------|-------------------------------------|---|--|--|--|--|--|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | ganizations Taxable as rporation or trust during | s a Corpo | ration or Trust (Colear.) | mplete if the orga | nization answered "Y | es" to Form 990 | , Part IV, line 3 | 4 because it ha | ad one or mo | ore related |
| (a) Name, address, and EIN of related organization | N c | | (b) Primary activity | (c) Ity Legal domicile (state or foreign country) | (d) Direct controlling or entity n y) | (C corp., S corp. | | Share of total sincome er | (g) Share of end-of-year assets | (h) Percentage ownership |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 132162 01-23-12 | | | | 24 | | | | Sche | dule R (Forr | Schedule R (Form 990) 2011 |

Page 3.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

| Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. | | | | | Yes | ž |
|--|----------------------------------|-----------------------------|---|----------|-----|------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | s with one or more re | lated organizations listed | in Parts II-IV? | | | |
| a Recept of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1p | | × |
| c Gift, grant, or capital contribution from related organization(s) | | | | 10 | | × |
| d Loans or loan quarantees to or for related organization(s) | | | | 14 | | × |
| | | | | - | | × |
| | | | | | - | |
| f Sale of assets to related organization(s) | | | | 14 | | X |
| g Purchase of assets from related organization(s) | | | | 19 | | × |
| | | | | 4F | | × |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | ÷ | × | |
| | | | | 1 | | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | 1, | | × |
| k Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | ‡ | | X |
| | anization(s) | | | = | | × |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | tion(s) | | | T, | X | |
| n Sharing of paid employees with related organization(s) | | | | 1n | × | |
| | | | | | l | |
| Reimbursement paid to related organization(s) for expenses | | | | 9 | | × |
| p Reimbursement paid by related organization(s) for expenses | | | | 5 | | × |
| | | | | 1 | | , |
| q Other transfer of cash or property to related organization(s) | | | | 루 | | ∢ |
| r Other transfer of cash or property from related organization(s) | | | | + | | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | who must complete the | iis line, including covered | relationships and transaction thresholds. | | | İ |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | | | |
| (1) | | | | | | |
| 6 | _ | | | | | |
| (6) | | | | | | |
| | | | | | | |
| (4) | | : | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
| 132163 01-23-12 | 25 | | Schedule R (Form 990) 2011 | R (Form | 990 | 2011 |

Part VI | Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

| that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | (f) (g) (f) (h) | Primary activity Legal domicile (related, unrelated except from tax country) under section 512-514) Yes No Perdominant income parties as sets Primary activity Class of Schedule (Form 1065) Yes No Percentage Share of Schedule (Form 1065) Yes No Percentage Share of Schedule (Form 1065) Yes No Percentage Share of Schedule (Form 1065) Yes No Percentage Amount in box 20 Percentage and Percentage Amount in box 20 Percentage | | | | | | | | | | | | | | | | Schedule R (Form 990) 2011 | |
|--|-----------------|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|----------------------------|--|
| ructions regarding exclusion for | (q) | | | | | | | | | | | | | _ | | | | | |
| that was not a related organization. See inst | (a) | Name, address, and EIN of entity | | | | | | | | | | | | | | | | | |

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Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

| • If you | are filing for an Automatic 3-Month Extension, comple | te only Pa | art I and check this box | | | X |
|--|--|-------------|--|---------------|------------------|-------------------|
| If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II (on page 2 of | this form). | | |
| | ompicto i artii anicoo | | atic 3-month extension on a previous | - | | |
| Electro | nic filing _(e-file) . You can electronically file Form 8868 if y | you need a | a 3-month automatic extension of tin | ne to file (6 | 6 months for a | a corporation |
| required | to file Form 990-T), or an additional (not automatic) 3-mo | nth extens | sion of time. You can electronically fi | ile Form 8 | 868 to reques | t an extension |
| of time t | o file any of the forms listed in Part I or Part II with the ex- | ception of | Form 8870, Information Return for | Transfers / | Associated W | ith Certain |
| Persona | l Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions). For more details of | on the elec | ctronic filing o | f this form, |
| visit ww | w irs.gov/efile and click on e-file for Charities & Nonprofits | i | | | | |
| Part. | Automatic 3-Month Extension of Time | ∍. Only s | submit original (no copies nee | eded). | | |
| A corpo | ration required to file Form 990-T and requesting an autor | natic 6-mo | onth extension - check this box and | complete | | |
| Part I or | nly | | | | | |
| All other | corporations (including 1120-C filers), partnerships, REM | IICs, and t | rusts must use Form 7004 to reques | t an exten | sion of time | |
| to file ın | come tax returns. | | | | | |
| Type or | Name of exempt organization or other filer, see instru | ctions. | | Employe | ridentification | number (EIN) or |
| print | | | | | | |
| | MIDDLESEX COUNTY BAR FOUND | ATION | | X | 22-653 | 9580 |
| File by the due date for filing your | | ee instruc | tions. | Social se | curity numbe | r (SSN) |
| return See | | | | | | |
| instruction | City, town or post office, state, and ZIP code. For a foliation in the state of | oreign add | iress, see instructions. | | | |
| | INEW BRUNSWICK, NO 08301 | | | | | |
| F-44h | Detrine and for the vetroe that the property of the (fill) | | to application for each return) | | | 01 |
| Enter tn | e Return code for the return that this application is for (file | e a separa | te application for each return) | | | |
| Applies | | Boturn | Application | | | Botum |
| Applica | tion | Return | 1 '' | | | Return |
| Is For | | Code | Is For | | | Code |
| Form 99 | | 01 | Form 990-T (corporation) | | | 07 |
| Form 99 | | 02 | Form 1041-A | | | 08 |
| Form 99 | | 01 | Form 4720 | | | 09 |
| Form 99 | | 04 | Form 5227 | | _ | 10 |
| | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 99 | 10-T (trust other than above) | 06 | Form 8870 | | | 12 |
| | TAXPAYER | 1200 I | NEW DOINGWICK NIT | 00001 | | |
| | pooks are in the care of \triangleright 87 BAYARD STRE | <u> </u> | $\frac{\text{NEW BRUNSWICK, NJ}}{\text{FAX No.}} \rightarrow 732-828-58$ | 00301 | | |
| | phone No. ► 732-828-3433 | | · | 04 | | , [|
| | organization does not have an office or place of busines | | | | | |
| • If this | s is for a Group Return, enter the organization's four digit | 7 | | | | |
| box 🕨 | | | | | ers the exten | sion is for. |
| 1 1 | equest an automatic 3-month (6 months for a corporation | | | | | |
| _ | FEBRUARY 15, 2013, to file the exemp | t organiza | ition return for the organization nami | ed above. | The extension | n |
| ıs | for the organization's return for: | | | | | |
| | calendar year or | | TIDY 20 2010 | | | |
| • | X tax year beginning JUL 1, 2011 | , an | nd ending <u>JUN 30, 2012</u> | | <u></u> · | |
| | | | | | | |
| 2 If | the tax year entered in line 1 is for less than 12 months, o | check reas | son: Initial return I | Final retur | ฑ | |
| L | Change in accounting period | | | | | |
| | | | | | | |
| 3a If | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | enter the tentative tax, less any | | } | • |
| <u>n</u> | onrefundable credits. See instructions. | | | 3a | \$ | 0. |
| | this application is for Form 990-PF, 990-T, 4720, or 6069, | _ | | | 1 | _ |
| e | stimated tax payments made. Include any prior year over | payment a | llowed as a credit. | 3b | \$ | 0. |
| | alance due. Subtract line 3b from line 3a. Include your pa | | | | | |
| b | y using EFTPS (Electronic Federal Tax Payment System). | See instru | uctions. | 3c | \$ | 0. |
| Cautio | n. If you are going to make an electronic fund withdrawal | with this F | orm 8868, see Form 8453-EO and F | orm 8879 | EO for payme | ent instructions. |
| LHA | For Privacy Act and Paperwork Reduction Act Notice. | | | | | 368 (Rev. 1-2012) |

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