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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service and ending For the 2012 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization McCORMAC COMMUNITY CHARITY FUND INC Address change Doing Business As 20-5791800 Number and street (or PO box if mail is not delivered to street address) E Telephone number Name change Initial return 94 GREEN STREET 732-634-8900 City, town or post office, state, and ZIP code Terminated 07095 G Gross receipts \$ WOODBRIDGE NJ Amended return Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) Tax-exempt status 501(c) ◀ (insert no) 4947(a)(1) or 527 J Website: ▶ H(c) Group exemption number ▶ X K Form of organization Corporation Trust Other > L Year of formation Association M State of legal domicile 2006 NJ Part I Summary Briefly describe the organization's mission or most significant activities TO SUPPORT COMMUNITY ACTIVITIES AND PROGRAMS FOR THE RESIDENTS AND GUESTS OF THE TOWNSHIP OF WOODBRIDGE, REGARDLESS OF RACE, Activities & Governance COLOR OR CREED WHILE COMBATING COMMUNITY DETERIORATIONS 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 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) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 45,646 74.612 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5 6d 8c/9c/10c/land113e) 10 n 0 11 878 71,936 Total revenue—add lines 8 through 11 (must equal Part_VIII, column (A), line 120 46.524 146,548 Grants and similar amounts paid (Part IX, column (A) ines-13 75,138 95,948 14 Benefits paid to or for members (Part IX, column (A), Jine 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 7,235 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2.117 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 82,373 98,065 19 Revenue less expenses Subtract line 18 from line 12 -35.84948,483 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 41,430 89,913 21 Total liabilities (Part X, line 26) O Net assets or fund balances Subtract line 21 from line 20 41,430 89.913 Signature Block 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 4-24-12 Sign Signature of off Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if Paid self-employed JOHN UR 4/23/2013 JOHN UR P00124032 Preparer ► CASAZZA and UR PUBLIC ACCOUNTANTS LLC Firm's EIN ▶ 27-4098445 **Use Only** Firm's address ▶ PO BOX 863, 171 MAIN STREET, WOODBRIDGE, NJ 07095 Phone no 732-634-4930 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

4c	(Code)	(Expenses \$	including grants o	f\$) (Revenue \$)
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4d	Other program services					
	(Expenses \$	0 including grants of	\$	0)(Revenue \$	0)	
4e	Total program service e	xpenses >	0			
						Form 990 (2012)

Part IV, Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule of Contributors (see instructions)? Is the organization required to complete Schedule of Schedule of Contributors (see instructions)? Did the organization required to complete Schedule of Contributors (see instructions)? Section 501(c)(3) organizations. Did the organization engage in tolbying activities, or have a section 501(f)(h) delection in effect during the tax year? If "Yes," complete Schedule C, Part II 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" "Yes," complete Schedule C, Part III 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 O, Part II 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 III 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 III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part VI Did the organization report an amount in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services. Press complete Schedule D, Part VI If the organization				Yes	No
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "ves," complete Schedule C, Part I 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 is the organization and some solicity), 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 II 5 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 II 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part XII			1	х	
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		·	19		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			20a		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Part IV. McCORMAC COMMUNITY CHARITY FUND INC Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 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 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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-E27 if "Yes," complete Schedule L, Part II 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 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a part				Yes	N-
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A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, 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 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 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, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	а		282		x -
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19? Note. All Form 990 filers are required to complete Schedule O			37		X
	38				
5 000		19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Form 99H (2012)			Form	990	(2012)

		<u>91800</u>	Р	age 5
Par				_
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	3		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ì	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0]
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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 any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7 <u>a</u>		X
b	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 to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	J.		\$0 \$
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1	/	. *
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		Ì
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		l	
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter			5.4
а	Initiation fees and capital contributions included on Part VIII, line 12	╛	4	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	`	3	
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	77.30		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	> 127		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

20-5791800

Part VI

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

Sect	ion A. Governing Body and Management				<u> </u>	
				Yes	No_	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a 4</u>				
	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]]			
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b 4</u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip 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					
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		X	
6	Did the organization have members or stockholders?		6		_ X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint				
	one or more members of the governing body?		7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1	1			
	stockholders, or persons other than the governing body?		7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during				
	the year by the following				'	
а	The governing body?		8a		X	
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 read the appropriate of the part of	eached				
Soot	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Internal Devenue	9	`	X	
Seci	ion B. Policies (This Section B requests information about policies not required by the	<u>imemai Revenue (</u>	Joue	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	100		-^- -	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	•	10b 11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· · · · · · · · · · · · · · · · · · ·	1			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	give rise to conflicts?	12b		X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"				
	describe in Schedule O how this was done		12c			
13	Did the organization have a written whistleblower policy?		13		Х	
14	Did the organization have a written document retention and destruction policy?		14		X	
15	Did the process for determining compensation of the following persons include a review and appro	val by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?] .]	-		
а	The organization's CEO, Executive Director, or top management official		15a		X	
b	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)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	gement			ļ ļ	
	with a taxable entity during the year?		16a		X	
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of evaluation of the organization of the organization of evaluation of the organization of the organiz					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	100			
Cook	the organization's exempt status with respect to such arrangements?		16b	L	ــــــا	
<u>Sect</u>	ion C. Disclosure 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 99	0-T (Section 501(c)/3	ls only	 /\	- 	
.0	available for public inspection. Indicate how you made these available. Check all that apply	o / (00000011 001(0)(0	(۱۱۱۱ در	,		
		(plain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,					
-	policy, and financial 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	and records of the				
	organization ► MCCORMAC COMMUNITY CHARITY FUND, INC	722 624 900	00			
	94 GREEN STREET, WOODBRIDGE, NJ 07095					

Form 990 (2012)	McCORMAC COMMUNITY CHARITY FUND INC	20-5791800	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, I	Highest Compensated	
	Employees, and Independent Contractors		

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor any	y related organiz	ation	con	<u> </u>		eo ar	ıy c	urrent onicer, air	ector, or trustee	
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(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated
Home and Hub	hours per	office	er and		irecto	arltruete		compensation	compensation	amount of
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	hours for related	d k	善	Officer	, e	hei	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ict a	g	~	펄	yee	–	(W-2/1099-MISC)	(** 2. *********************************	organization
	below dotted line)	7 5	al ti		oye	ğ "				and related organizations
	11116)	Individual trustee or director	Institutional trustee		e	ens				Organizations
		"	ee			Highest compensated employee				
(4) 10111 MOOO BAAA	DADT TIME	├	-	<u> </u>		-				
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PRESIDENT		ļ		X	_	ļ	<u> </u>			
(2) CAROLINE EHRLICH	PART-TIME									
VICE-PRESIDENT				X						
(3) MICHAEL EHRLICH	PART-TIME	ļ		1				į		
SECRETARY				Х						
(4) TAMRA MCCORMAC	PART-TIME									
TREASURER	<u> </u>			X						i
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	1	compensation from the organization. Report co										s tax		
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Total number of independent contractors (including but not limited to those listed above) who received														0

Form 990 (2012) McCORMAC COMMUNITY CHARITY FUND INC 20-5791800 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512, 513, or 514 Federated campaigns 0 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b 0 С Fundraising events 0 1c Related organizations 1d 0 Government grants (contributions) 1e 0 All other contributions, gifts, grants, and similar amounts not included above 1f 74,612 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 74,612 **Business Code** Program Service Revenue 2a 0 0 0 0 All other program service revenue 0 Total. Add lines 2a-2f 0 Investment income (including dividends, interest, and other similar amounts) 0 Income from investment of tax-exempt bond proceeds 0 5 Royalties 0 (ı) Real (II) Personal 6a Gross rents b Less rental expenses 0 С Rental income or (loss) 0 Net rental income or (loss) d \blacktriangleright 0 (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 0 0 Less cost or other basis and sales expenses 0 Gain or (loss) 0 Net gain or (loss) \blacksquare 0 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 85,970 а Less direct expenses b 14,034 Net income or (loss) from fundraising events 71,936 С 9a Gross income from gaming activities See Part IV, line 19 а 0 b Less direct expenses b 0 Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances 0 а Less cost of goods sold 0 b Net income or (loss) from sales of inventory 0 Miscellaneous Revenue **Business Code** 11a 0 b 0

0

0

0

146,548

C

d

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expens	ses
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	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must co	omplete column (A)	
0000	Check if Schedule O contains a response to any		_	simplicite column (r.y	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the United States See Part IV, line 21	35,897	35,897		
2	Grants and other assistance to individuals in the	00.054	00.054		
3	United States See Part IV, line 22	60,051	60,051		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified			-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b c	Legal Accounting	500		500	
ď	Lobbying	0			 ·
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column			**	
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0.			
16	Occupancy	0			
17	Travel	0			 -
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	375		375	······
20	Interest	0		373	.,
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	<u> </u>
23	Insurance	0			
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) amount, list line 24e expenses on Schedule O)				
a	BANK SERVICE CHARGE	10		10	
b	REGISTRATION FEE	60	2.1	60	
C	BUSINESS EXPENSES	642	642		
d	LICENSES & PERMITS	530	530		
e 25	All other expenses	09.065	07 400	045	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	98,065	97,120	945	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and			1	
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Total liabilities and net assets/fund balances

Part X: **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 41,430 1 89,913 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net ol 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 0 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 0 0 10c 0 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities See Part IV. line 11 0 12 0 13 Investments—program-related See Part IV, line 11 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 41,430 16 89,913 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 25 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here > and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 41,430 32 89,912 33 Total net assets or fund balances 33 41,430 89.912

89,912

41,430

34

Part.	XIs Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		146	5,548
2	Total expenses (must equal Part IX, column (A), line 25)	2		98	3,06 <u>5</u>
3	Revenue less expenses Subtract line 2 from line 1	3		48	3,48 <u>3</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		41	430
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
	Prior period adjustments	8			
	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		89	<u>9,913</u>
Part 2					\Box
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
0-	Schedule O				, · ˈ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				'
l	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b		_ X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				ن ا
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ_
			Form	990	(2012)

20-5791800 Page **12**

Form 990 (2012) McCORMAC COMMUNITY CHARITY FUND INC

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047
2012

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

► See separate instructions Inspecti

Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

Employer identification

Open to Public	
Inspection	
cation number	

McC(ORM	AC COMMUN	ITY CHARITY F	UND INC						20-57	91800		
Par	t I	Reason	for Public Ch	arity Status (All org	anızatıor	ns must d	complete	this par	t) See ir	structio	าร		
The	orgar	nization is not a	a private foundat	ion because it is (For	lines 1 thr	ough 11, d	check only	y one box)				
1		A church, cor	vention of churc	hes, or association of o	churches	described	ın sectio	n 170(b)(1)(A)(i).				
2		A school desc	cribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Schedu	ule E)							
3		A hospital or	a cooperative ho	spital service organiza	tion descr	ribed in se	ection 170)(b)(1)(A)	(iii).				
4			earch organizati ne, city, and stat	on operated in conjunc	ction with	a hospital	described	d in sectio	on 170(b)(1)(A)(iii).	Enter th	те	
5		An organizati	on operated for t	the benefit of a college Complete Part II)	or univer	sity owned	d or opera	ted by a g	governme	ntal unit d	escribe	d L	
6	\Box			rnment or governmenta	al unit des	cribed in s	section 1	70(b)(1)(<i>A</i>	A)(v).				
7	$\overline{\mathbb{X}}$	An organizati	on that normally	receives a substantial I)(A)(vi). (Complete Pa	part of its					om the ge	eneral p	ublic	
8				n section 170(b)(1)(A)		nplete Par	tII)						
9		An organizati receipts from support from	on that normally activities related gross investmen	receives (1) more that to its exempt function at income and unrelated after June 30, 1975. See	n 33 1/3% s—subjec d busines	of its sup to certains taxable	pport from n exception ncome (le	ons, and (ess sectio	2) no mor n 511 tax)	e than 33	1/3% o	fits	5
10		An organizati	on organized an	d operated exclusively	to test for	r public sa	fety See	section 5	i09(a)(4).				
11 e		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—Non-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)											
					C	0045-44	.	· 11					
f g		organization,	check this box t 17, 2006, has th	written determination fine organization accept				- '		ı supporı	ng		
				or indirectly controls, ei	ther alone	or togeth	er with pe	ersons de	scribed in	(II)		Yes	No
			-	erning body of the supp		_	-			()	11g(ı)		
		(ii) A fami	ly member of a p	person described in (i) a	above?						11g(II)		
			•	of a person described							11g(III)		
h		Provide the f	ollowing informa	tion about the supporte	ed organiz	ation(s)	Г		_				
(1)		Name of supported organization (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization (v) Did you notify the organization in col (i) listed in your governing document? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) organization in the support? (vii) Type of organization in col (iii) Isseed in your governing document? (viii) Type of organization in col (iv) Is the organization in col (iv) organizatio						onetary					
					Yes	No	Yes	No	Yes	No	1		
(A)													
/D)						-				-	-		
(B)													
(C)													
(D)													
(E)													
Tota	ı												0

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)

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning ın) 🕒 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	56,704	42,128	100,552	45,646	74,612	319,642
2	Tax revenues levied for the organization's	,					
	benefit and either paid to or expended on				-		
	its behalf	ol	o	o	o		0
3	The value of services or facilities				·		<u>.</u>
•	furnished by a governmental unit to the						
	organization without charge	o	o	o	0		n
4	Total. Add lines 1 through 3	56,704	42,128	100,552	45,646	74,612	319,642
5	The portion of total contributions by each	70,700	72,120	100,002	10,010	7 1,012	010,012
•	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						319,642
	ion B. Total Support	i i				1	313,042
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		<u> </u>					
7	Amounts from line 4	56,704	42,128	100,552	45,646	74,612	319,642
8	Gross income from interest, dividends,					}	
	payments received on securities loans,						
	rents, royalties and income from similar	ا ا					
_	sources	0	0	0	0		0
9	Net income from unrelated business						
	activities, whether or not the business is	_ [_	_			_
	regularly carried on	0	0	0	0		0
10	Other income Do not include gain or						
	loss from the sale of capital assets	ا			070	74.000	70.044
	(Explain in Part IV)	0	0	0	878	71,936	72,814
11	Total support. Add lines 7 through 10					10	392,456
12	Gross receipts from related activities, etc (se			<i>*</i> ****		12	
13	First five years. If the Form 990 is for the org	ganization's first	t, second, third,	, fourth, or fifth t	tax year as a se	ection 501(c)(3)	. \Box
	organization, check this box and stop here						▶
Sect	tion C. Computation of Public Support						
14	Public support percentage for 2012 (line 6, co			lumn (f))		14	81 45%
15	Public support percentage from 2011 Schedu	ıle A, Part II, line	e 14			15	0 00%
16a	33 1/3% support test—2012. If the organization	tion did not che	ck the box on li	ne 13, and line	14 is 33 1/3%	or more, check t	
	and stop here. The organization qualifies as	a publicly supp	orted organizat	ion			► X
b	33 1/3% support test—2011. If the organization	tion did not che	ck a box on line	e 13 or 16a, and	d line 15 is 33 1	/3% or more, ch	neck this
	box and stop here. The organization qualifie	s as a publicly s	supported orgai	nızatıon			▶
17a	10%-facts-and-circumstances test—2012.	If the organizati	on did not ched	ck a box on line	13, 16a, or 16	b, and line 14	
	is 10% or more, and if the organization meets						n
	Part IV how the organization meets the "facts				•	•	
	organization				•	, , ,	▶□
b	10%-facts-and-circumstances test—2011.	If the organizati	on did not ched	ck a box on line	13, 16a, 16b	or 17a. and line	
	15 is 10% or more, and if the organization me						aın ın
	Part IV how the organization meets the "facts			·		•	
	supported organization			<i></i> q	pu ab a pu		▶ []
18	- · · · ·	ot obook a bay	on line 12 16c	16h 17a ar 1	7h chook this b	nov and see	• 🗆
10	Private foundation. If the organization did no	Of CHECK a DOX (on line 15, 16a,	, 100, 178, 0f I	i b, check this t	JUX AIIU SEE	. □
	instructions						▶∟

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 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)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning ın)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						0
2	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished		ļ				
	in any activity that is related to the			i			
	organization's tax-exempt purpose	Ţ					0
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's				'		
	benefit and either paid to or expended on	ľ		Ì			
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge	0				0	0
6	Total. Add lines 1 through 5		<u>U</u>	0	0		0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
þ	Amounts included on lines 2 and 3 received			j			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					•	
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		l				0
500	tion P. Total Support		<u></u> .		<u> </u>	<u></u>	0
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Caic	indar year (or risear year beginning in)			(6) 2010			
9	Amounts from line 6	0	0	0	0	<u> </u>	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,		ì			i i	•
	rents, royalties and income from similar sources					 	0
р	Unrelated business taxable income (less section 511 taxes) from businesses)		·	}	
	acquired after June 30, 1975		l			į	0
С	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business		<u>_</u>	<u> </u>		<u>-</u>	
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets					\ \	
	(Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	o	0	o	o		0
14	First five years. If the Form 990 is for the organization	ation's first, secor	nd, third, fourth,	or fifth tax year a	<u> </u>		
	organization, check this box and stop here	,	, , ,	,	`	, ,	▶ 🔲
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2012 (line 8, column	(f) divided by line	13, column (f))			15	0 00%
16	Public support percentage from 2011 Schedule A,	Part III, line 15		<u> </u>		16	0 00%
Sec	tion D. Computation of Investment Inco	ome Percenta	ige		<u> </u>		
17	Investment income percentage for 2012 (line 10c,	column (f) divided	d by line 13, colu	mn (f))		17	0_00%
18	Investment income percentage from 2011 Schedul					18	0 00%
19a	33 1/3% support tests—2012. If the organization						
	not more than 33 1/3%, check this box and stop h						▶ []
b	33 1/3% support tests—2011. If the organization						<u>, </u>
	line 18 is not more than 33 1/3%, check this box ar	na stop nere. Th	e organization di	ualifies as a publ	icly supported of	ganization	▶ 🔲
20	Private foundation. If the organization did not che				_		. —

	990 or 990-EZ) 2012	McCORMAC	COMMUNITY C	CHARITY FUND	INC	20-5791800	Page 4
Part IV	Supplemental	Information.	Complete this	part to provid	de the explanations red	guired by Part II, line	10.
					te this part for any add		
		or 176, and 1	art III, IIIIC 12	7 1130 COMPIC	e this part for arry add	monai monnadon (300
	instructions)						
						•	
				· · · · · · · · · · · · · · · · · · ·	·		
					·		
••••							
	·						· • • • • • • • • • • • • • • • • • • •
	·						· • • • • • • • • • • • • • • • • • • •
	·			·		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·						
				• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •
	·						
	•						
				• • • • • • • • • • • • • • • • • • • •			
						•••••••••	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a

McCC	RMAC COMMUNITY CHARITY FUN	ID INC				20-579	1800
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17							
T AU	Form 990-E2 filers are not required to complete this part						
1	Indicate whether the organization ra	ised funds throi					
а	Mail solicitations		=		of non-government g		
b	X Internet and email solicitations		=		of government grants	5	
С	Phone solicitations		g X S	special fund	raising events		
d	In-person solicitations						
2a	Did the organization have a written of key employees listed in Form 990, F						Yes X No
b	If "Yes," list the ten highest paid indition to be compensated at least \$5,000 to			sers) pursu	ant to agreements u	nder which the fund	draiser is
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody	ndraiser have or control of butions?	(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			
1							
		ļ	<u> </u>		0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7							
8			†		0	0	0
9			 		0	0	0
10			1		0	0	0
					0	0	0
Total				>	0	0	0
3	List all states in which the organizat registration or licensing	ion is registered	d or license	ed to solicit	contributions or has	been notified it is e	xempt from
NJ							
-							
							
	• • • • • • • • • • • • • • • • • • • •						
							.,
	•		·				

McCORMAC COMMUNITY CHARITY FUND INC 20-5791800 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events **GOLF OUTING STE OF WOODBRID** (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts 64.940 10.805 85,970 10,225 Less Contributions Gross income (line 1 minus line 2) 64,940 10,805 10,225 85,970 8,500 Cash prizes 8,500 Noncash prizes Direct Expenses Rent/facility costs 0 Food and beverages 0 Entertainment Other direct expenses 1,751 2,468 1,315 5,534 Direct expense summary Add lines 4 through 9 in column (d) 14,034) Net income summary Combine line 3, column (d), and line 10 71,936 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 Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 0 Gross revenue **Direct Expenses** Cash prizes 0 2 Noncash prizes 0 Rent/facility costs 0 5 Other direct expenses % Yes Yes Yes % % 6 Volunteer labor No No No

	Purect expense summary Add lines 2 through 3 in Column (d)			- 0)
	8 Net gaming income summary Combine line 1, column d, and line 7	•		0
9	Enter the state(s) in which the organization operates gaming activities			
a b	o If "No," explain		Yes	☐ No
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain		Yes	☐ No
	Sch	edule	G (Form 990 or 99	0-EZ) 2012

Schedu	ule G (Form 990 or 990-EZ) 2012 McCORMAC COMMUNITY CHARITY FUND INC	20-	<u>57918</u>	00	Page 3
11	Does the organization operate gaming activities with nonmembers?		Ye	s	No
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?	[Ye	s	No
13 a b 14	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records	13a 13b			% %
	Name ▶		- 		
	Address ▶			-	
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization \$\bigs \text{0} and the amount of gaming revenue retained by the third party \$\bigs \text{0} & 0 If "Yes," enter name and address of the third party	[Ye	es [] No
	Name >				
	Name ▶				
	Address ▶		· 		
16	Gaming manager information				
	Name ▶				
			• • • • • • •		
	Gaming manager compensation \$ 0				
	Description of services provided				
	Director/officer Employee Independent contractor				
17 a b	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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	[Ye	es [] No 0
Part					
		·			
					
				- -	
					

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047	2012	Onen to Public

20-5791800

Yes

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

▶ Attach to Form 990.

Employer identification number McCORMAC COMMUNITY CHARITY FUND INC

the :	the selection criteria used to award the grants or assistance?	Yes
Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
t II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990	"Yes" to Form 990
	Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Part I

		-			-	_		
1 (6	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(E)	(1) TEAM BELIEVE-ERIC LEGRAN			11,600				
(2)								
ව								
(4)								
(9)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
7 6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	itions listed in the line 1	table		A	
اد	Enter total number of other organizations listed in the line 1 tab	ganizations liste	d in the line I table				^	·

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

Schedule I (Form 990) (2012)

20-5791800

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l (Form 990) (2012)

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal other) non-cash assistance (d) Amount of • (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Information Part III Part IV က 2

SCHEDUL'E O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

0MB No 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization 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

Open to Public Inspection

Name of the organization	Employer identification number
McCORMAC COMMUNITY CHARITY FUND INC	20-5791800 ·
Form 990 Part VI Section B Line 11b THE 990 IS REVIEWED BY THE OFFICERS PRIOR TO SIG	NING AND
BEING MAILED TO THE IRS	
Form 990 Part VI Section C Line 19 THE DOCUMENTS ARE AVAILABLE UPON REQUEST	
TOTAL 930 Fait VI decitor o Line 13 THE DOCOMENTO AIRE AVAILABLE OF ON TREADEST	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name•of the organization	Employer identification number
McCORMAC COMMUNITY CHARITY FUND INC	20-5791800
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