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Form 990  Department of the Treasury Internal Revenue Service	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 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KESSLER FOUNDATION INC		D Employer identification number 31-1562134
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 300 EXECUTIVE DRIVE Suite	Room/suite	E Telephone number (973) 324-8364
	City or town, state or country, and ZIP + 4 WEST ORANGE, NJ 07052		G Gross receipts \$ 80,447,942
	F Name and address of principal officer RODGER DEROSE 300 EXECUTIVE DRIVE SUITE 70 WEST ORANGE, NJ 07052		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)




I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW KESSLERFOUNDATION ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1986	M State of legal domicile NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH PHYSICAL DISABILITIES BY PREPARING THEM FOR THE WORKPLACE, AND CONDUCTING REHABILITATION RESEARCH			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	116	
Activities & Governance	6	Total number of volunteers (estimate if necessary)	21	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,962,424	5,014,337
	9	Program service revenue (Part VIII, line 2g)	342,398	290,489
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,084,363	9,959,207
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	650,932	74,628
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,040,117	15,338,661
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,776,283
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,340,277	9,531,193
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	742,207	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,127,662	6,437,422
18		Total expenses—Add lines 13–17 (must equal Part IX, column (A), line 25)	17,244,222	18,134,490
19		Revenue less expenses—Subtract line 18 from line 12	1,795,895	-2,795,829
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	213,838,717	226,601,821
	21	Total liabilities (Part X, line 26)	6,284,347	7,528,957
	22	Net assets or fund balances—Subtract line 21 from line 20	207,554,370	219,072,864

Part II 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.

Sign Here	***** Signature of officer			2013-10-15 Date	
	ANNE AMMONS SENIOR VP Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name James Mulroy		Preparer's signature		Date
	Firm's name  WithumSmithBrown PC			Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address  1 SPRING STREET NEW BRUNSWICK, NJ 08901			Firm's EIN  Phone no (732) 828-1614	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

KESSLER FOUNDATION, A PUBLIC CHARITY IN THE FIELD OF DISABILITY, IS A GLOBAL LEADER IN REHABILITATION RESEARCH THAT ADVANCES THE CARE OF PEOPLE WITH MULTIPLE SCLEROSIS, STROKE, INJURIES TO THE BRAIN AND SPINAL CORD, AND OTHER DISABLING CONDITION KESSLER FOUNDATION IS ALSO A LEADER IN FUNDING INNOVATIVE PROGRAMS THAT EXPAND OPPORTUNITIES FOR JOB TRAINING AND EMPLOYMENT FOR PEOPLE WITH DISABILITIES, THE SINGLE LARGEST MINORITY IN THE NATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4



















Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 9,827,214 including grants of \$) (Revenue \$ 4,615,845)
	Kessler Foundation's Research Center. It includes 90 staff members who work in such research areas as neuropsychology, neuroscience, outcomes assessment, traumatic brain injury, spinal cord injury, stroke, rehabilitation engineering, gait analysis and motor control. About 60% of its research are funded directly by the Foundation. The remaining 40% is funded from external research grants from state and federal agencies and private foundation and corporations. In 2012, the Research Center secured \$11.7 million in grant funding for our research so more discoveries can be made to improve the lives of individuals with traumatic brain injury (TBI), spinal cord injury (SCI), multiple sclerosis (MS), stroke, and other neurological conditions. With the renewal of the five-year federal grant for the Northern NJ TBI System, Kessler Foundation became one of only eight centers to have federally funded model systems in both spinal cord injury and traumatic brain injury.
4b	(Code) (Expenses \$ 2,165,875 including grants of \$ 2,165,875) (Revenue \$)
	In 2012, the Program Center awarded more than \$2.1 million in grants to initiatives that create or expand employment opportunities for people with disabilities. For the second consecutive year, Kessler Foundation's Signature Employment Grants were awarded to disability employment programs across the nation. Since 2005, more than \$28 million in grants has been distributed to job training and employment initiatives, leading to more than 3,000 people with disabilities receiving job training and entering the workforce.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 11,993,089

Form 990 (2012)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 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	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d 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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions) 	17	No
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 Yes	
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 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	75	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	3	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	116
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
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 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section 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	22	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
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 arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 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	TAXPAYER 300 EXECUTIVE DRIVE SUITE 70 WEST ORANGE, NJ (973) 324-8364	

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAM GARRUTO TRUSTEE	1 0	X						0	0	0
(2) ROBERT W PARSONS JR PHD TRUSTEE	1 0	X						0	0	0
(3) JOHN R CANNELL ESQ TRUSTEE	1 0	X						0	0	0
(4) DONALD H SEBASTIAN PHD TRUSTEE	1 0	X						0	0	0
(5) JAMES ESTABROOK CHAIR	1 0	X		X				0	0	0
(6) JEFFREY FEINER TRUSTEE	1 0	X						0	0	0
(7) MARY ANNE MCDONALD TRUSTEE	1 0	X						0	0	0
(8) ROBERT HERZ VICE CHAIR	1 0	X		X				0	0	0
(9) RICHARD KESSLER TRUSTEE	1 0	X						0	0	0
(10) BARBARA LEWIS SECRETARY	1 0	X		X				0	0	0
(11) ELIZABETH LOWENSTEIN VICE CHAIR	1 0	X		X				0	0	0
(12) MARK POLLARD TRUSTEE	1 0	X						0	0	0
(13) RYAN SCHINMAN TRUSTEE	1 0	X						0	0	0
(14) LYNN SCHNEEMEYER TRUSTEE	1 0	X						0	0	0
(15) SAUL SIMON TRUSTEE	1 0	X						0	0	0
(16) LOUIS LIPSCHITZ VICE-CHAIR	1 0	X		X				0	0	0
(17) WILLIAM OWEN TRUSTEE	1 0	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RODGER DEROSE PRESIDENT AND CEO	40 0	X		X				512,248	0	143,621
(19) GLENN REITER TRUSTEE	1 0	X						0	0	0
(20) BOBBIE ARBESFELD TRUSTEE	1 0	X						0	0	0
(21) STEPHEN G SUDOVAR TRUSTEE	1 0	X						0	0	0
(22) GUY TUFO TRUSTEE	1 0	X						0	0	0
(23) PAMELA DELUCA CHIEF DEVELOPMENT OFFICER	40 0			X				108,290	0	25,091
(24) ANNE AMMONS VICE PRESIDENT - FINANCE	40 0			X				275,265	0	74,019
(25) JOHN DELUCA VICE PRESIDENT-RESEARCH	40 0				X			287,367	0	77,574
(26) ANNA BARRETT LAB DIRECTOR	40 0					X		240,435	0	63,790
(27) PAUL DOMBROWSKI DIRECTOR - IT DEPARTMENT	40 0					X		164,220	0	41,406
(28) NANCY CHIARAVALOTTI LAB DIRECTOR	40 0					X		197,113	0	51,066
(29) GUANG YUE LAB DIRECTOR	40 0					X		217,783	0	57,136
(30) MOOYEON OH-PARK Assistant Director	40 0					X		157,377	0	39,395
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,160,098	0	573,098

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	9
---	---	---

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
GIBBONS PC , PO BOX 5177 NEW YORK NY 10087	LEGAL SERVICES	163,455
THE CORMAC GROUP , 1730 RHODE ISLAND AVE WASHINGTON DC 20036	CONSULTING SERVICES	196,921
WINNING STRATEGIES , 550 BROAD STREET SUITE 910 NEWARK NJ 07102	CONSULTING SERVICES	105,026
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶3		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	3,120,654		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,893,683		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		5,014,337		
Program Service Revenue			Business Code			
	2a	SEMINAR & COURSE INCOME	541900	180,489	180,489	
	b	LIBRARY USE FEE	541900	110,000	110,000	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		290,489		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,248,454		3,248,454
	4	Income from investment of tax-exempt bond proceeds . .		0		
	5	Royalties		0		
	6a	(i) Real				
		(ii) Personal				
	b	Less rental expenses				
	c	Rental income or (loss)		0	0	
	d	Net rental income or (loss)		0		
	7a	(i) Securities				
		(ii) Other				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)		6,710,753		
	d	Net gain or (loss)		6,710,753		6,710,753
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .				
		a	138,876			
		b	198,841			
c	Net income or (loss) from fundraising events . .		-59,965			
9a	Gross income from gaming activities See Part IV, line 19					
	a	23,550				
	b	16,227				
c	Net income or (loss) from gaming activities . .		7,323			
10a	Gross sales of inventory, less returns and allowances					
	a					
	b					
	b					
c	Net income or (loss) from sales of inventory . .		0			
Miscellaneous Revenue		Business Code				
11a	MISCELLANEOUS REVENUE	900099	127,270	127,270		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		127,270			
12	Total revenue. See Instructions		15,338,661	417,759		9,959,207

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)

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

Do not include amounts reported on lines 6b, 7b, 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	2,115,875	2,115,875		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	50,000	50,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,503,475	364,941	1,005,153	133,381
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	6,155,563	4,844,066	1,130,800	180,697
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	349,103	268,249	68,470	12,384
9	Other employee benefits	1,046,427	870,271	143,989	32,167
10	Payroll taxes	476,625	332,251	125,029	19,345
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	174,687	127,452	25,147	22,088
c	Accounting	52,000	26,000	26,000	0
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	1,383,420		1,383,420	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,279,693	945,605	165,701	168,387
12	Advertising and promotion	0			
13	Office expenses	185,193	60,354	76,606	48,233
14	Information technology	186,700	124,679	48,691	13,330
15	Royalties	0			
16	Occupancy	752,156	655,973	96,183	
17	Travel	267,179	230,978	33,007	3,194
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	276,622	142,835	76,277	57,510
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	597,393		597,393	
23	Insurance	253,402	129,905	123,497	
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	DUES & SUBSCRIPTIONS	78,393	68,234	8,989	1,170
b	SUBJECT COSTS	256,831	256,831	0	0
c	MISCELLANEOUS	220,798	97,377	96,680	26,741
d	RESEARCH & EDUCATION EXPENSES	241,379	204,586	26,741	10,052
e	All other expenses	231,576	76,627	141,421	13,528
25	Total functional expenses. Add lines 1 through 24e	18,134,490	11,993,089	5,399,194	742,207
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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
Assets	1	Cash—non-interest-bearing			13,581,129	1	6,731,470
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			361,355	3	1,629,444
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	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			0	6	0
	7	Notes and loans receivable, net			0	7	250,000
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,418,690	9	1,302,291
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	10,749,377	1,496,978	10c	5,087,600
	b	Less accumulated depreciation	10b	5,661,777			
	11	Investments—publicly traded securities			176,737,687	11	189,516,013
	12	Investments—other securities See Part IV, line 11			19,036,050	12	20,287,119
	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			1,206,828	15	1,797,884
16	Total assets. Add lines 1 through 15 (must equal line 34)			213,838,717	16	226,601,821	
Liabilities	17	Accounts payable and accrued expenses			1,813,936	17	3,493,468
	18	Grants payable			3,617,217	18	2,942,970
	19	Deferred revenue			462,271	19	523,183
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	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			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	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			390,923	25	569,336
	26	Total liabilities. Add lines 17 through 25			6,284,347	26	7,528,957
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			203,431,637	27	213,491,900
	28	Temporarily restricted net assets			2,262,298	28	3,720,529
	29	Permanently restricted net assets			1,860,435	29	1,860,435
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	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				32	
	33	Total net assets or fund balances			207,554,370	33	219,072,864
	34	Total liabilities and net assets/fund balances			213,838,717	34	226,601,821

Part XI 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	15,338,661
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,134,490
3	Revenue less expenses Subtract line 2 from line 1	3	-2,795,829
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,554,370
5	Net unrealized gains (losses) on investments	5	13,360,829
6	Donated services and use of facilities	6	1,238,025
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-284,531
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	219,072,864

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 31-1562134

Name: KESSLER FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAM GARRUTO TRUSTEE	1 0	X						0	0	0
ROBERT W PARSONS JR PHD TRUSTEE	1 0	X						0	0	0
JOHN R CANNELL ESQ TRUSTEE	1 0	X						0	0	0
DONALD H SEBASTIAN PHD TRUSTEE	1 0	X						0	0	0
JAMES ESTABROOK CHAIR	1 0	X		X				0	0	0
JEFFREY FEINER TRUSTEE	1 0	X						0	0	0
MARY ANNE MCDONALD TRUSTEE	1 0	X						0	0	0
ROBERT HERZ VICE CHAIR	1 0	X		X				0	0	0
RICHARD KESSLER TRUSTEE	1 0	X						0	0	0
BARBARA LEWIS SECRETARY	1 0	X		X				0	0	0
ELIZABETH LOWENSTEIN VICE CHAIR	1 0	X		X				0	0	0
MARK POLLARD TRUSTEE	1 0	X						0	0	0
RYAN SCHINMAN TRUSTEE	1 0	X						0	0	0
LYNN SCHNEEMEYER TRUSTEE	1 0	X						0	0	0
SAUL SIMON TRUSTEE	1 0	X						0	0	0
LOUIS LIPSCHITZ VICE-CHAIR	1 0	X		X				0	0	0
WILLIAM OWEN TRUSTEE	1 0	X						0	0	0
RODGER DEROSE PRESIDENT AND CEO	40 0	X		X				512,248	0	143,621
GLENN REITER TRUSTEE	1 0	X						0	0	0
BOBBIE ARBESFELD TRUSTEE	1 0	X						0	0	0
STEPHEN G SUDOVAR TRUSTEE	1 0	X						0	0	0
GUY TUFO TRUSTEE	1 0	X						0	0	0
PAMELA DELUCA CHIEF DEVELOPMENT OFFICER	40 0			X				108,290	0	25,091
ANNE AMMONS VICE PRESIDENT - FINANCE	40 0			X				275,265	0	74,019
JOHN DELUCA VICE PRESIDENT-RESEARCH	40 0				X			287,367	0	77,574

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNA BARRETT LAB DIRECTOR	40 0					X		240,435	0	63,790
PAUL DOMBROWSKI DIRECTOR - IT DEPARTMENT	40 0					X		164,220	0	41,406
NANCY CHIARAVALOTTI LAB DIRECTOR	40 0					X		197,113	0	51,066
GUANG YUE LAB DIRECTOR	40 0					X		217,783	0	57,136
MOOYEON OH-PARK Assistant Director	40 0					X		157,377	0	39,395

SCHEDULE A
(Form 990 or 990EZ)

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
KESSLER FOUNDATION INC

Employer identification number
31-1562134

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)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(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 ")	3,741,922	5,015,664	4,536,622	4,962,424	5,014,338	23,270,970
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,741,922	5,015,664	4,536,622	4,962,424	5,014,338	23,270,970
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						23,270,970

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	3,741,922	5,015,664	4,536,622	4,962,424	5,014,338	23,270,970
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,474,666	3,210,561	3,179,192	2,958,512	3,248,454	15,071,385
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	2,245	190,739	127,270	320,254
11	Total support (Add lines 7 through 10)						38,662,609
12	Gross receipts from related activities, etc (see instructions)					12	1,656,554
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	60 190 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	58 173 %
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIIPart 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
KESSLER FOUNDATION INC

Employer identification number
31-1562134

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,197,709	2,264,658	2,120,051	3,250,719	3,250,719
b Contributions					
c Net investment earnings, gains, and losses	232,224	-66,949	229,969	31,099	
d Grants or scholarships	114,190		78,537	1,161,767	
e Other expenditures for facilities and programs			6,825		
f Administrative expenses					
g End of year balance	2,315,743	2,197,709	2,264,658	2,120,051	3,250,719

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

80 000 %

c

Temporarily restricted endowment

20 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,406,959	780,272	626,687
d Equipment		7,262,059	4,881,505	2,380,554
e Other		2,080,359		2,080,359
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,087,600

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements		1	30,969,009
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	13,360,829	
b	Donated services and use of facilities	2b	3,437,870	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	215,069	
e	Add lines 2a through 2d		2e	17,013,768
3	Subtract line 2e from line 1		3	13,955,241
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,383,420	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	1,383,420
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	15,338,661

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements		1	19,450,515
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	2,199,845	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	499,600	
e	Add lines 2a through 2d		2e	2,699,445
3	Subtract line 2e from line 1		3	16,751,070
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,383,420	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	1,383,420
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	18,134,490

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SPECIAL EVENT EXPENSES	PART XI, LINE 2D	SPECIAL EVENT EXPENSES = \$215,069
IN-KIND CONTRIBUTIONS	PART XII, LINE 2D	PUBLIC SERVICE ANNOUNCEMENTS = \$2,150,976 DONATED USE OF FACILITIES = \$1,286,895
IN-KIND CONTRIBUTIONS	PART XIII, LINE 2D	PUBLIC SERVICE ANNOUNCEMENTS = \$2,150,976 DONATED USE OF FACILITIES - \$48,869
FIN 48	FORM 990, SCHEDULE D, PART X, Line 2	The Foundation follows the accounting pronouncement dealing with uncertain tax positions. The Foundation had no unrecognized tax benefits at December 31, 2012. The Foundation has no open years prior to 2009. There were no tax related interest or penalties.
INTENDED USES OF ENDOWMENT FUNDS	Schedule D, Part V, Line 4	Organization's endowment funds are used to support research and education.
ADJUSTMENT TO DEFERRED COMPENSATION LIABILITY	PART XIII, LINE 2D	THE FOUNDATION HAD MAINTAINED SEVERAL DEFERRED COMPENSATION ARRANGEMENTS WITH PAST EXECUTIVES. ADJUSTMENT IS FOR CHANGE IN VALUE OF DEFERRED COMPENSAION LIABILITY. TOTAL ADJUSTMENT = -284,531
SPECIAL EVENT EXPENSES	PART XII, LINE 2D	SPECIAL EVENT EXPENSES = \$215,069

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>HURRICANE SANDY</u>	<u>STROLL N ROLL</u>	<u>1</u>	(add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	51,958	86,584	334	138,876	
2	Less Contributions . . .					
3	Gross income (line 1 minus line 2)	51,958	86,584	334	138,876	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes . . .				
	6	Rent/facility costs . . .		11,923	11,923	
	7	Food and beverages .	56,614	562	57,176	
	8	Entertainment	20,028		20,028	
	9	Other direct expenses .	60,356	49,348	109,704	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(198,831)
	11	Net income summary Combine line 3, column (d), and line 10 ▶				-59,955

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		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			23,550	23,550
Direct Expenses	2 Cash prizes			12,882	12,882
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			3,345	3,345
	6 Volunteer labor	<div><input type="checkbox"/> Yes..... <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes..... <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes..... <input checked="" type="checkbox"/> No</div>	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					16,227
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					7,323

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ 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? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in



a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records


Name  JEFFREY MORRIS

Address  300 EXECUTIVE DRIVE
WEST ORANGE, NJ 07052

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

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

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

Name  _____

Address  _____

16 Gaming manager information

Name  _____


Gaming manager compensation  \$ _____

Description of services provided  _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
Fundraising	Schedule G, Part II, Line 1, Column a	All revenues from the Hurricane Sandy event were used to fund grants to organizations serving people with disabilities who were adversely impacted by Hurricane Sandy. In addition, Kessler Foundation has provided an additional \$109,000 of its own funds to provide these emergency grants in 2012 and 2013.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
KESSLER FOUNDATION INC

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
31-1562134

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶

3

Enter total number of other organizations listed in the line 1 table

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) JOHN WHYTE		50,000			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN US	SCHEDULE I, PAGE I, PART I, LINE 2	THE ORGANIZATION REQUIRES PERIODIC REPORTS FROM GRANTEES ON PROGRESS TOWARDS MEETING THE GOALS OF THE PROJECTS IT FUNDS AS WELL AS THE EXPENDITURES OF THE FUNDS LARGER GRANTS REQUIRE AN OUTSIDE EVALUATOR TO ASSESS THE ACHIEVEMENTS OF THE PROJECTS

Software ID:

Software Version:

EIN: 31-1562134

Name: KESSLER FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
APSE416 HUNGERFORD DRIVE SUITE 418 ROCKVILLE,MD 20850	54-1645986	501(c)(3)	323,333				Maxing out Diversity
ALLIANCE CENTER FOR INDEPENDENCE629 AMBOY AVENUE EDISON,NJ 08837	22-3070650	501(c)(3)	25,000				To support the NJ Disability Pride Parage and Celebration in downtown Trenton, NJ to promote the belief that disability is a natural part of human diversity, while generating national awareness for the disability community

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALTERNATIVES INC600 1ST AVE RARITAN,NJ 08869	22-1686764	501(c)(3)	40,000				To provide job training and accommodation assistance to people with disabilities in a retail setting
THE ARC OF UNION COUNTY52 FADEM ROAD SPRINGFIELD,NJ 07081	22-1686764	501(c)(3)	40,000				To provide community based training and employment opportunities for individuals with developmental disabilities in an ecologically-conscious retail business selling discounted sports equipment

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTER FOR HEAD INJURY SERVICES11786 WESTLINE INDUSTRIAL DRIVE ST LOUIS,MO 63146	43-1554015	501(c)(3)	500,000				This project creates a business with a social mission to increase the employment outcomes for individuals with brain injuries and other neurological disorders Training and employment occurs in a customized cookie bakery and delivery business It provides the missing vocational elements in their Work Oriented NeuroRehabilitation Program to promote job success
CHAIR SCHOLARS FOUNDATION16101 CARENIA LANE ODESSA,FL 33556	65-0442193	501(c)(3)	15,000				To provide college tuition support to high school seniors with severe physical disabilities residing in the New York Metropolitan area neurological disorders Training and employment occurs in a customized cookie bakery and delivery business It provides the missing vocational elements in their Work Oriented NeuroRehabilitation Program to promote job success

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHESHIRE HOME9 RIDGEDALE AVENUE FLORHAM PARK,NJ 07932	22-1936587	501(c)(3)	38,000				To provide training that teaches disadvantaged young people with disabilities to use adaptive technology and gain computer proficiencies they will apply to employment and higher education
County of Bergen - Department of Human ServicesOne Bergen County Plaza 2nd Floor Hackensack,NJ 07601	22-6002426	501(c)(3)	15,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities BY PREPARING THEM FOR THE WORKPLACE, AND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JEWISH COMMUNITY CENTER IN MANHATTAN INC334 AMSTERDAM AVENUE NEW YORK,NY 10023	13-3490745	501(c)(3)	20,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED MW395 PLEASANT VALLEY WAY WEST ORANGE,NJ 07052	22-2281774	501(c)(3)	25,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

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KEAN UNIVERSITY FOUNDATION INC1000 MORRIS AVENUE UNION,NJ 07083	22-2849480	501(c)(3)	13,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
LADACIN NETWORK1701 KNEELEY BOULEVARD WANAMASSA,NJ 07712	21-0674715	501(c)(3)	40,000				To launch a document management project , including document imaging, retention, and shredding, which offers people with disabilities competitive employment opportunities

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MATHENY MEDICAL AND EDUCATIONAL CENTER65 HIGHLAND AVENUE PEAPACK,NJ 07977	22-1482276	501(c)(3)	35,000				To provide prevocational opportunities for persons served (students and adults), including collaboration with community organizations, volunteering, in-house and community vocational opportunities and experiences
NATIONAL MULTIPLE SCLEROSIS SOCIETY - GDV CHAPTER30 SOUTH 17TH STREET SUITE 800 PHILADELPHIA,PA 19103	23-1401535	501(c)(3)	23,350				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

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NATIONAL MULTIPLE SCLEROSIS SOCIETY NJ METRO246 MONMOUTH ROAD OAKHURST,NJ 07755	22-6080521	501(c)(3)	15,000				To educate and empower people with MS and other disabilities and the people who employ them
NATIONAL DISABILITY INSTITUTE1667 K STREET NW SUITE 640 WASHINGTON,DC 20006	20-4205838	501(c)(3)	484,452				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

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NEWARK ALLIANCE INC 744 BROAD STREET SUITE 1705 NEWARK,NJ 07102	22-3664305	501(c)(3)	25,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
NEW YORK SERVICE FOR THE HANDICAPPED1140 BROADWAY SUITE 903 NEW YORK,NY 07002	13-5674230	501(c)(3)	40,000				To engage adolescents/young adults with physical disabilities in a 6 week residential summer program where they will receive support and training in the areas of physical independence, vocational skills and in literacy

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NORTH JERSEY NAVIGATORSPO BOX 1517 BAYONNE,NJ 07002	22-0007488	501(c)(3)	60,000				To engage young people in special recreational and competitive adaptive programs that have been specially designed to develop and enhance the mobility skills of children and youth with physical disabilities
OPPORTUNITY PROJECT INC60 EAST WILLOW STREET MILLBURN,NJ 07041	22-3242203	501(c)(3)	40,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

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PATHWAYS FOR EXCEPTIONAL CHILDREN4 CHEROKEE COURT MONTVILLE,NJ 07045	05-0547509	501(c)(3)	35,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
PUSH TO WALK6 NORTH CORPORATE DRIVE RIVERDALE,NJ 07457	20-8059368	501(c)(3)	15,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

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PRIDE INDUSTRIES10030 FOOTHILLS BOULEVARD ROSEVILLE,CA 95747	94-1650529	501(c)(3)	25,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
RAISE HOPE FOUNDATION 21 LAUREL COURT VERONA,NJ 07044	27-2461923	501(c)(3)	30,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

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SENIOR CITIZENS COMMUNITY SERVICES146 BLACK HORSE PIKE MOUNT EPHRAIM,NJ 08059	22-2283793	501(c)(3)	25,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
WASHINGTON CENTER FOR INTERNSHIPS AND SEMINARS1333 16TH STREET NW WASHINGTON DC,DC 20036	52-1019820	501(c)(3)	25,000				Public Service Internship Program for College Students with Disabilities to offer an internship program which enables students with disabilities from New Jersey to learn and develop skills, engage in productive work, and participate fully in their communities

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THE CEREBRAL PALSY LEAGUE INC61 MYRTLE STREET CRANFORD,NJ 07016	22-1532195	501(c)(3)	50,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
CEREBRAL PALSY OF NORTH JERSEY220 SOUTH ORANGE AVE STE 300 LIVINGSTON,NJ 07039	22-6069076	501(C)(3)	31,320				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

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DAWN CENTER FOR INDEPENDENT LIVING INC 30 BROAD STREET SUITE 5 DENVER,NJ 07834	22-3496995	501(C)(3)	45,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
EASTER SEALS NEW JERSEY25 KENNEDY BOULEVARD SUITE 600 EAST BRUNSWICK,NJ 08816	22-1508591	501(C)(3)	40,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

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UNIVERSITY OF MINNESOTA - INSTITUTE ON COMM INTEGR335 GEORGE STREET PO BOX 2688 NEW BRUNSWICK, NJ 08903	41-6007513	501(C)(3)	50,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
CITY WITHOUT WALLS6 CRAWFORD STREET NEWARK, NJ 07201	22-2119859	501(C)(3)	15,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DISABILITY FUNDERS NETWORK13725 SYCAMORE VILLAGE DRIVE MIDLOTHIAN,VA 23114	20-1642812	501(C)(3)	25,000				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities
HELDRICH CENTER30 LIVINGSTON AVENUE NEW BRUNSWICK,NJ 08901	22-6001086		45,050				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Perlman Music Program Suncoast IncPO Box 3407 Sarasota,FL 342303407	26-2714384	501(c)(3)	5,250				Grant paid to fulfill the Organization's mission of improving the quality of life for people with physical disabilities

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization KESSLER FOUNDATION INC	Employer identification number 31-1562134
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
4a	Receive a severance payment or change-of-control payment?	4a		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
5a	The organization?	5a		No
5b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
6a	The organization?	6a		No
6b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RODGER DEROSE PRESIDENT AND CEO	(i) (ii)	512,248 0	 0	 0	20,000 0	123,621 0	655,869 0	 0
(2)JOHN DELUCA VICE PRESIDENT- RESEARCH	(i) (ii)	287,367 0	 0	 0	20,000 0	57,574 0	364,941 0	 0
(3)ANNA BARRETT LAB DIRECTOR	(i) (ii)	240,435 0	 0	 0	19,192 0	44,598 0	304,225 0	 0
(4)PAUL DOMBROWSKI DIRECTOR - IT DEPARTMENT	(i) (ii)	164,220 0	 0	 0	12,838 0	28,568 0	205,626 0	 0
(5)NANCY CHIARAVALOTTI LAB DIRECTOR	(i) (ii)	197,113 0	 0	 0	15,107 0	35,959 0	248,179 0	 0
(6)ANNE AMMONS VICE PRESIDENT - FINANCE	(i) (ii)	275,265 0	 0	 0	20,000 0	54,019 0	349,284 0	 0
(7)GUANG YUE LAB DIRECTOR	(i) (ii)	217,783 0	 0	 0	8,453 0	48,683 0	274,919 0	 0
(8)MOOYEON OH- PARK Assistant Director	(i) (ii)	157,377 0	 0	 0	5,697	33,698	196,772 0	 0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
HEALTH CLUB DUES	SCHEDULE J, PART I, LINE 1A	THE FOUNDATION MAY ELECT TO REIMBURSE EMPLOYEES FOR HEALTH CLUB DUES UP TO A MAXIMUM OF \$1,600 ANNUALLY

SCHEDULE 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 to provide any additional information.**
► Attach to Form 990 or 990-EZ.

2012

**Open to Public
Inspection**

Name of the organization
KESSLER FOUNDATION INC

Employer identification number

31-1562134

Identifier	Return Reference	Explanation
990 REVIEW PROCESS	990, PAGE 6, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AND THE BOARD OF TRUSTEES BEFORE IT IS FILED ALL TRUSTEES RECEIVE A COPY OF THE FORM 990
CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT	990, PAGE 6, PART VI, SECTION B, LINE 12C	TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, THE ORGANIZATION REQUIRES OFFICERS, TRUSTEES, AND ALL EMPLOYEES TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS, ALONG WITH REQUIRING THEM TO ANNUALLY SIGN A CONFLICT OF INTEREST QUESTIONNAIRE CONFLICTS OF INTEREST AMONG TRUSTEES ARE REVIEWED BY THE EXECUTIVE COMMITTEE AND TRUSTEES RECUSE THEMSELVES FROM DISCUSSION RELATED TO MATTERS WHERE A CONFLICT MAY EXIST EMPLOYEE CONFLICTS OF INTEREST ARE REVIEWED AND MONITORED BY MANAGEMENT TO ENSURE THAT THESE CONFLICTS DO NOT POSE A HARDSHIP TO THE ORGANIZATION NOR GAIN TO THE EMPLOYEE
PROCESS FOR DETERMINING COMPENSATION	990, PAGE 6, PART VI, SECTION B, LINE 15A & B	CEO SALARY IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, AND THEN APPROVED BY THE BOARD OTHER STAFF COMPENSATION IS RECOMMENDED BY MANAGERS, APPROVED BY THE CEO, AND REVIEWED BY THE COMPENSATION COMMITTEE IN 2010, A REVIEW OF EXECUTIVE COMPENSATION AND OTHER SENIOR STAFF COMPENSATION WAS CONDUCTED BY AN INDEPENDENT THIRD PARTY AND REVIEWED BY THE BOARD IT WAS DETERMINED AT THAT TIME THAT ALL COMPENSATION WAS LESS THAN OR EQUAL TO COMPARABLE POSITIONS IN LIKE ORGANIZATIONS CEO COMPENSATION IS PERIODICALLY REVIEWED BY AN INDEPENDENT THIRD PARTY AND RESULTS ARE REPORTED TO THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE ANNUALLY REVIEWS CEO PERFORMANCE AND THE CEO'S EMPLOYMENT CONTRACT AND RECOMMENDS ADJUSTMENTS TO CEO COMPENSATION TO THE BOARD OF TRUSTEES AN INDEPENDENT REVIEW OF CEO COMPENSATION WAS CONDUCTED IN JANUARY 2013
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	990, PAGE 6, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST THE ORGANIZATION ALSO MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST