

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493132025634

2012

OMB No 1545-0047

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)

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

Open to Public Inspection

A Fo	or the 2012 ca	lendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3	0-2013					
<b>B</b> Ch	eck if applicable	C Name of organization CALDWELL COLLEGE		D Employe	er iden	tification number		
☐ Add	dress change	Doing Business As		22-150	0483			
∏ Na	me change	Doing Business As						
┌ Ind	tial return	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telephon	e numb	er		
<b>Г</b> Те	rmınated	120 BLOOMFIELD AVENUE		(973)618-3230				
☐ Am	nended return	City or town, state or country, and ZIP + 4	(9/3)0	10-3	230			
Гар	plication pending	CALDWELL, NJ 070066195		<b>G</b> Gross red	eipts \$	57,302,788		
		<b>F</b> Name and address of principal officer	<b>H(a)</b> Is this	s a group r	eturn 1	 for		
		JACK RAINEY 9 RYERSON AVENUE	affiliat			┌ Yes 🗸 No		
		CALDWELL, NJ 07006	H(b) Are al	l affiliates	ınclud	led? 「Yes 「No		
		<u> </u>				see instructions)		
<b>I</b> Ta	ıx-exempt statu:	s	uz-> Groun	p exemptio	n num	har 🌬		
J W	'ebsite: ► H	TTP //WWW CALDWELL EDU	H(c) Grou	p exempere	iii iiuii	iber F		
<b>K</b> For	m of organizatio	n ✓ Corporation Trust Association Other ►	L Year of for	mation 1939	9 <b>M</b> 9	State of legal domicile NJ		
Pa	rt I Sur	nmary						
Governance	CALDW EXEMP	describe the organization's mission or most significant activities VELL COLLEGE IS A PRIVATE LIBERAL ARTS INSTITUTION AFFILIA T PURPOSE IS TO PREPARE OUR STUDENTS THROUGH THE LIBERA CRITICALLY, PURSUE TRUTH, AND CONTRIBUTE TO A JUST SOCIE	AL ARTS AND					
Gover	2 Check	this box 🚩 if the organization discontinued its operations or disposed o	f more than 2	5% of its r	net ass	ets		
	3 Number	r of voting members of the governing body (Part VI, line 1a)		1	з	28		
Activities &		r of independent voting members of the governing body (Part VI, line 1b)			4	27		
돈		umber of individuals employed in calendar year 2012 (Part V, line 2a)			5	985		
ă		umber of volunteers (estimate if necessary)		.	6	18		
	<b>7a</b> Total u	nrelated business revenue from Part VIII, column (C), line 12		. [	7a	91,853		
	<b>b</b> Net unr	related business taxable income from Form 990-T, line 34		<u> </u>	7b	46,565		
			Prior	Year		Current Year		
a.	8 Cont	ributions and grants (Part VIII, line 1h)		4,079,29	8	1,700,883		
ă.		ram service revenue (Part VIII, line 2g)		41,853,8	-	43,168,166		
Rayenue		stment income (Part VIII, column (A), lines 3, 4, and 7d)		162,4	_	333,127		
		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	, <del> </del>	6,485,80	76	8,970,539		
		· · · · · · · · · · · · · · · · · · ·		52,581,3	7 2	54,172,715		
	13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)		13,868,66	54	14,128,734		
		fits paid to or for members (Part IX, column (A), line 4)			0	0		
SS.	15 Salar 5-10	ries, other compensation, employee benefits (Part IX, column (A), lines		19,343,66	5.5	21,053,688		
Expenses		ssional fundraising fees (Part IX, column (A), line 11e)	<b>-</b>	, ,	0	0		
<b>₩</b>		fundraising expenses (Part IX, column (D), line 25) 1,148,702						
Ш		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,950,5	75	16,594,982		
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		50,162,90		51,777,404		
	<b>19</b> Reve	nue less expenses Subtract line 18 from line 12		2,418,46	58	2,395,311		
\$ \$				of Current	t	End of Year		
Sets and	<b>20</b> Total	Jaccate (Part Y June 16)		<b>ear</b> 45,289,41	35			
Not Assets or Fund Balances		l assets (Part X, line 16)		25,220,7		49,803,805		
절품		assets or fund balances Subtract line 21 from line 20		20,068,6		23,270,312		
Pa		nature Block			<u> </u>	, -,		
Unde my k	r penalties of	f perjury, I declare that I have examined this return, including accompan I belief, it is true, correct, and complete Declaration of preparer (other the knowledge						
	***	***	20	14-05-07				
Sigr	Sigi	nature of officer	Da					
Her	e k jac	K RAINEY VP FINANCE						
	Тур	e or print name and title						
	_	Print/Type preparer's name Preparer's signature DitHOMAS LANNING			PTIN P008516	554		
Paid		Firm's name ► COHNREZNICK LLP		's EIN 🕨 22-	147809	9		
	parer	Firm's address ► 4 BECKER FARM ROAD	Dhor	ne no (973)	228-25	<u> </u>		
USE	Only	POCETAND NA 07000	FINI	.5 110 (3/3)		<del></del>		

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

✓ Yes ☐ No

	990 (2012) t IIII Statement	of Program Service	Accomplishments		Page 2
Pal			e to any question in this Part III .		٦
AES DOM THE	NDED IN 1939 BY TH THETIC GROWTH TO IINIC DE GUZMAN AI	A DIVERSE POPULATIO ND OUR CATHOLIC HERI	MINIC, CALDWELL COLLEGE PROM N AND WELCOMES ALL CULTURES TAGE, WE MAKE A DIFFERENCE IN SSIONAL STUDIES TO THINK CRITI	AND FAITH TRADITIONS IN THE LIVES OF OUR STUDEN	ISPIRED BY ST ITS AND PREPARE
2	the prior Form 990 o		orogram services during the year whic	h were not listed on	┌ Yes ┌ No
3	services?	cease conducting, or make · · · · · · · · · · · · · · · · · · ·		s, any program	┌Yes ┌ No
4	expenses Section 5	01(c)(3) and 501(c)(4) org	complishments for each of its three la ganizations are required to report the a n program service reported		
4a	(Code	, , ,	44,650,524 including grants of \$ STUDENTS (1.591 UNDERGRADUATE AND 622	14,128,734 ) (Revenue \$	52,069,822 )
	MINORITY GROUP, WITH WOMEN COMPRISE 67 F STUDENTS, INCLUDING INSTRUCTION THAT CH, ALMOST \$13M (44 PERCOF STUDENTS - WHOSE YEAR RETENTION ROSE STUDENT SATISFACTION TUITION THAN OTHER IN CITIZENS, PERSONALIZE JERSEY'S BEST TOWNS IS SUITE AND ACADEMIC SIMULATION LABORATOR HAS UPGRADED MANY OTHE ADMINISTRATION BIMPROVEMENTS WILL BELIVING AND LEARNING OTHERAPY, BIOLOGY, BROCKIMINAL JUSTICE, EDLESIGN, HUMAN RESOUS CEIENCES, NURSING, PISPORTS MANAGEMENT, BEHAVIOR ANALYSIS (MANAGEMENT, AND BAND ONLINE), LITERACY AN UNDERGRADUATE OF GRADUATES WITH A DIFPROGRAMS ORGANIZAT COUNSELING AND RELACCOLLEGIATE NURSING ERECEIVED RECOGNITION REPORT'S BEST COLLEG COLLEGIATE NURSING ERECEIVED RECOGNITION REPORT'S BEST COLLEGES COM, ANTS-YEAR HISTORY BY THE LIFE OF ST DOMIN COMMUNITY AND MISSI WITH THE EARTH WE BENUTUAL RESPECT WE CEXCELLENCE IN ALL INTINTENTIONAL OUTREACT JUST AND COMPASSION LEARNING AND SKILLFU MISSION TRIPS DEMONS FINANCIAL STABILLTY COUPERATION REFONNAL STABILLTY COUPERATION REFONNAL STABILLTY COUPERATION RESOURCE FROM SEVERAL NEW JEIDEPARTMENT OF EDUCYOPERATION REFONNAL STABILLTY COUPERATION RESOURCE FROM SEVERAL NEW JEIDEPARTMENT OF EDUCYOPERATION REFONNAL SINCE FOUNDATION RESOURCE FROM SEVERAL NEW JEIDEPARTMENT OF EDUCYOPERATION REFONNAL SINCE FOUNDATION RESOURCE FROM SEVERAL NEW JEIDEPARTMENT OF EDUCYOPERATION REFONNAL SINCE FOUNDATION RESOURCE FROM SEVERAL NEW JEIDEPARTMENT OF EDUCYOPERATION REFONNAL AND SCHOLARSHIPS TWO COUNTED TO THE COUPERATION RESOURCE FROM SANTANDISCHOLARSHIPS TWO COUNTED TO THE COUPERATION RESOURCE FROM SANTANDISCHOLARSHIPS TWO COUNTED TO THE COUPERATION RESOURCE FROM SANTANDISCHOLARSHIPS TWO COUNTED TO THE COUPERATION SCHOLARSHIPS TWO COUNTED TO THE	HEIGHT (8) PERCENT REPORTING PERCENT OF THE COLLEGE'S STU A SIZEABLE GROUP OF STUDENT ARACTERIZE A CALDWELL EDUCA PENT) OF THE TOTAL FINANCIAL AVERAGE DEBT UPON GRADUAT FROM A DECADE-LONG AVERAGE IN REASONS WHY STUDENTS CHOOLS, ED ATTENTION AND ADVISING, IF RECENT FACILITY RENOVATIONS RECENT FACILITY RENOVATIONS RECENT FACILITY RENOVATIONS RECENT FACILITY RENOVATIONS RIES FOR NURSING EDUCATION RECENTANDENT OF THE COLLEGE'S INA CALDWELL OFFERS 25 UNDERGR. DICATION (EARLY CHILDHOOD, EL RCE MANAGEMENT, MARKETING HILOSOPHY, POLITICAL SCIENCE, STUDIO ART AND THEOLOGY THA A, PH D, AND COMBINED B A/ /M B A), EDUCATION (M A I), SPECIAL NUMBER A IN PSYCHOLOGY AND RESSIONAL ADVANCEMENT EXTE FERENTIATED CAREER CREDEN TIONS LIKE THE ACCREDITATION TONS LIKE THE ACCREDITATION TONS LIKE THE ACCREDITATION TON SLIKE THE ACCREDITATION TON SLIKE THE ACCREDITATION TON SLIKE THE COLLEGE HAS/ WILD HE NUMBER-ONE SAFEST PR HE CORE VALUES OF RESPECT, IN COM, BOTH A GREAT COLLEGE ARGEST COLLEGE/SCHOLARSHIP WILINE ORG THE COLLEGE HAS/ WILINE ORG THE SACRED D RESPECTING	AN BACKGROUND EIGHTEEN (18) PERCENT (18) HISPANIC HERITAGE, SEVEN (7) PERCENT (16) HISPANIC HERITAGE, SEVEN (7) PERCENT (16) PERCENT (16) PERCENT (16) PERCENT (17) PERCENT (18) PERCENT (18) FOR MICH (18) PERCENT (	IDENTIFYING AS BLACK, AND TWO (2 OF CALDWELL UNDERGRADUATES AI ATTO HIGHLIGHTS THE INDIVIDUALIZE OR ALL DESERVING STUDENTS, CALD DOTHER AID THIS ASSISTANCE BER AGE STUDENT DEBT OF \$29,400 IN 2 RCENT, BEATING THE NATIONAL AVE ALLY RECOGNIZED ACADEMICS, SMA DBEAUTIFUL CAMPUS, EMPHASIS OF CLASS SCHEDULES, AND LOCATION DIMENTS INCLUDE \$0 8M NURSING CLASS SCHEDULES, AND LOCATION DESTANCE BER ATTORISM TO STATE OF THE BEATING THE NATIONAL AVE ALLY RECOGNIZED ACADEMICS, SMA DECLASS SCHEDULES, AND LOCATION DESTAIL TO SEVEN THE BEATING THE ASSISTANCE BER AT CLASSROOMS, HEALTH ASSISTANCE BER AT A CLASSROOMS, HEALTH ASSISTANCE BER AT CLASSROOMS, HEALTH ASSISTANCE BER BER AND	2) PERCENT AS ASIAN RE INTERNATIONAL D MENTORSHIP AND WELL CONTRIBUTED EFITS OVER 90 PERCEN' 2013 IN 2013, FIRST-RAGE AND AFFIRMING LL CLASS SIZES, LOWER NO DEVELOPING GLOBAL IN ONE OF NEW FACULTY/STAFF OFFICE ESSMENT AND ACTIVE AQUOS BOARDS, ENTLY INSTALLED ATOP JRE FACILITY ENEFIT OF STUDENT RT HISTORY, ART AND TECHNOLOGY, BUSINESS, GRAPHIC CURAL AND PHYSICAL IOLOGY, SPANISH, SINCLUDING APPLIED ID NON-PROFIT (M A CAMPUS-BASED ID NON-PROFIT (M A CAMPUS-BASED IN A CAMPUS BASED IN A CAMPUS BASE
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
4d	Other program serv (Expenses \$	ices (Describe in Schedule includin	•	Revenue \$	)
<b>4</b> e	Total program servi	ce expenses ► 44	,650,524		Form <b>990</b> (2012

art 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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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 $IV^{\square}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
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		No
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		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part <i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\footnote{M}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
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)? If "Yes," complete Schedule R, Part V, line $2 \cdot . \cdot .$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	

Par				_
	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   1a   90		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 4			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
	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).			
	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	
	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		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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
	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	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.	<b>.</b>		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or snareholders			
ט	against amounts due or received from them )			
l2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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															. V
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

Se	ection 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								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent								
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		No					
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									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No No					
6	Did the organization have members or stockholders?	6	Yes						
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	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,		Yes						
8	or persons other than the governing body?								
-	year by the following The governing body?	8a	Yes						
	Each committee with authority to act on behalf of the governing body?	8b	Yes						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		165						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo					
	No. B. B. Linia - (This Continue Boundary information of the Australia and Australia Australia			- \					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reven		•					
			ue Cod Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		•					
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No					
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No					

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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
  - Own website Another's website Vipon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JOHN RAINEY VP - FINANCE 120 BLOOMFIELD AVENUE CALDWELL, NJ (973)618-3230

Form 990	(2012	•
----------	-------	---

# 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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

								_		1			
	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han ( on is	one l both	box, an	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	·_	(F) Estima imount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											-		
											-		
1b c	Sub-Total	 ts to Part VII. S	 ection A	٠.	•			<b>▶</b>					
d	Total (add lines 1b and 1c) .	_				•	•	۰	1,822,151		0		277,012
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) w	ho received more th	an			
										Г		Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
_s	ection B. Independent Co	ntractors											
1	Complete this table for your fire compensation from the organization	ve highest comp										tay year	
	compensation from the organiz	zacion κεροιί C	mpens	ลเเบก	101	ше (	carenda	ягуе	ar enumy with of Wi	unn me organizati	UIIS	tax year	

(A) Name and business address	(B) Description of services	(C) Compensation
	FOOD SERVICE	1,695,525
SJE GROUP LLC PO BOX 1573 MONTCLAIR NJ 01042	CONSTRUCTION	766,537
HUDSON CONSTRUCTION GROUP 309 BLOOMFIELD AVE CALDWELL NJ 07006	CONSTRUCTION	639,608
APG SECURITY SERVICES 116 NORTH BROADWAY SOUTH AMBOY NJ 08879	SECURITY SERVICES	371,990
WILLIAM H CONNOLLY & CO LLC 56 PARK ST MONTCLAIR NJ 07042	INSURANCE BROKER	362,359
Takal annulus and the state of	value and a second and a second bloom	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►9

But   Description   Descript	Form 99			_					Page <b>9</b>
CA   CO   CO   CO   CO   CO   CO   CO	Part V	/ • • •			nse to any question i	in this Part VIII			
December			Check it Selled	are o comanis a respon	ise to uny question	(A)	<b>(B)</b> Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,513,or
Business Code	s s	1a	Federated cam	paigns 1a					
Business Code	ant	ь	Membership du	ies <b>1b</b>					
Business Code	ىق ق	c	Fundraising eve	ents <b>1c</b>	257,753				
Business Code	ffs, ⊩A	d	Related organiz	zations 1d					
Business Code	: <u>5</u>				422 964				
Business Code	Sin.		_						
Business Code	첉뇹	f			1,020,166				
Business Code	들통	g		ons included in lines	40,596		j	į	j
Business Code	ont nd	h	·	s 1 a - 1 f		1,700,883			
Turning affects   Section   Sectio					Business Code	, ,			
10   10   10   10   10   10   10   10	E e	2a	TUITTON & FFFS			42 169 166	12 169 166		
10   10   10   10   10   10   10   10	ekel		TOTTON & TEES		011710	43,100,100	43,108,100		
10   10   10   10   10   10   10   10	Æ.								
10   10   10   10   10   10   10   10	Š								
10   10   10   10   10   10   10   10	33								
10   10   10   10   10   10   10   10	Ē		ΔII other progra	am service revenue					
10   10   10   10   10   10   10   10	ر بر	•							
### Add other similar amounts)		<del>-</del>				43,168,166			
10   10   10   10   10   10   10   10		3				208,962			208,962
181,947   181,947   181,947   181,947   181,947   181,947   90,094   91,853   181,94		4	Income from inves	stment of tax-exempt bond	proceeds 🕒 🕨				
181,947		5	Royalties		🕨				
D   Less certail   Core   Less certail   Les					(11) Personal				
Rental income									
Net rental income or (loss)   (ii) Securities   (iii) Other		•	expenses	_					
10   10   10   10   10   10   10   10		С		181,947					
Ta   Gross amount from sales of assets other than inventory		d	Net rental inco		· · · · · ·	181,947	90,094	91,853	
Total Service			Cross amount	(ı) Securities	(II) O ther				
## A contract the pass and sales expenses or Gam or (loss)   124,165   124,		74	from sales of assets other than inventory	3,170,589					
C   Gain or (loss)   124,165   124		Ь		3,046,424					
## A Secretary Companies of Control of Cont		c		124,165					
# 257,753 of contributions reported on line 1c) See Part IV, line 18		d	Net gain or (los	ss)		124,165			124,165
\$ 257,753 of contributions reported on line 1c) See Part IV, line 18  a 52,629  b Less direct expenses b 83,649 c Net income or (loss) from fundraising events		8a							
9a Gross income from gaming activities See Part IV, line 19	ïe		2.53						
9a Gross income from gaming activities See Part IV, line 19	क ≥		of contributions						
9a Gross income from gaming activities See Part IV, line 19	æ		See Part IV, lin		52.620				
9a Gross income from gaming activities See Part IV, line 19	Jer	ь	Less directex						
See Part IV, line 19     a	₹					-31,020			-31,020
b Less direct expenses b		9a							
b Less direct expenses b  c Net income or (loss) from gaming activities			See Part IV, lin						
c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances .  a  b Less cost of goods sold . b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a ROOM & BOARD 611710 5,392,086 5,392,086  b ED4MIL 611710 2,360,545 2,360,545  c AUTISM CENTER 611710 877,668 877,668  d All other revenue		ь	Less directex						
returns and allowances .  a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue  Business Code  11a ROOM & BOARD  611710  5,392,086  5,392,086  611710  2,360,545  C AUTISM CENTER  All other revenue  611710  877,668  877,668  All other revenue				l l	vities				
a		10a	Gross sales of	ınventory, less					
b       Less cost of goods sold b       c         c       Net income or (loss) from sales of inventory ▶       Miscellaneous Revenue       Business Code         11a       ROOM & BOARD       611710       5,392,086       5,392,086         b       ED4MIL       611710       2,360,545       2,360,545         c       AUTISM CENTER       611710       877,668       877,668         d       All other revenue       189,313       189,313			returns and allo						
c Net income or (loss) from sales of inventory ▶         Miscellaneous Revenue       Business Code         11a       ROOM & BOARD       611710       5,392,086       5,392,086         b       ED4MIL       611710       2,360,545       2,360,545         c       AUTISM CENTER       611710       877,668       877,668         d       All other revenue       189,313       189,313		h	1000 0000 060						
Miscellaneous Revenue         Business Code           11a         ROOM & BOARD         611710         5,392,086         5,392,086           b         ED4MIL         611710         2,360,545         2,360,545           c         AUTISM CENTER         611710         877,668         877,668           d         All other revenue          189,313         189,313				· · ·	entory 🛌				
b         ED4MIL         611710         2,360,545         2,360,545           c         AUTISM CENTER         611710         877,668         877,668           d         All other revenue          189,313         189,313		_			-				
b         ED4MIL         611710         2,360,545         2,360,545           c         AUTISM CENTER         611710         877,668         877,668           d         All other revenue          189,313         189,313		11a	ROOM & BOAF	RD	611710	5,392,086	5,392,086		
C         AUTISM CENTER         611710         877,668         877,668           d         All other revenue          189,313         189,313			-	_	611710	2,360,545	2,360,545		
<b>d</b> All other revenue		c		ER	611710	877,668	877,668		
e Total Add lines 11a-11d		d				189,313	189,313		
8,819,612		е	Total. Add lines	s 11a-11d	🕨	8.819 612			
12 Total revenue. See Instructions		12	Total revenue.	See Instructions .	🛌		52 077 872	Q1 <u>Q</u> 52	302,107

#### 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 (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 14,128,734 14,128,734 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,313,474 1,042,723 220,826 49,925 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . Other salaries and wages 15,709,214 12,471,016 2,641,098 597,100 Pension plan accruals and contributions (include section 401(k) 529.049 419,995 88,946 and 403(b) employer contributions) . . . . 20.108 2,390,231 1,897,524 401,855 Other employee benefits . . . . 90,852 10 1,111,720 882,557 186,908 42,255 11 Fees for services (non-employees) 151,367 151,367 Management . . . . 239,337 239,337 Legal . . . . . . . . Accounting . . . . . . . . . . . . . 117,688 117,688 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 129,910 129,910 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 56,735 56,735 Schedule O) . . . . . . . Advertising and promotion . . 1,137,550 1,127,403 10,147 12 13 Office expenses . . . . . 918,890 747,098 144,484 27,308 196,758 428,337 14 Information technology . . . 628,280 3,185 15 Royalties . 4,120,668 3,818,486 240,372 61,810 16 Occupancy . . . . . . **17** Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . 535,247 407,641 95,819 31,787 20 1,433,802 1,343,301 55,163 35,338 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 1,839,287 1,704,807 90,746 43,734 23 329,660 329,660 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 FOOD 1,440,689 1,440,689 UTILITIES 1,164,221 1,102,753 48,895 12,573 SPECIAL PROJECTS 660,237 361,817 231,135 67,285 d BAD DEBT 582,658 582,658 e All other expenses 1,108,756 974,564 68,750 65,442 Total functional expenses. Add lines 1 through 24e 25 51,777,404 44,650,524 5,978,178 1,148,702 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 ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	τx	Check if Schedule O contains a response to any question in this Part X				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		573,510	1	2,948,262
	2	Savings and temporary cash investments		973,016	2	2,288,090
	3	Pledges and grants receivable, net		142,803	3	231,260
	4	Accounts receivable, net		1,062,481	4	1,661,963
	5	Loans and other receivables from current and former officers, directors, trust employees, and highest compensated employees. Complete Part II of Schedule L	ees, key		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing earned sponsoring organizations of section $501(c)(9)$ voluntary employees' benorganizations (see instructions) Complete Part II of Schedule L	mployers		6	
200	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		535,423		605,486
	10a	Land, buildings, and equipment cost or other basis Complete	63,229,988	,		333, 133
	ь	Less accumulated depreciation 10b	27,703,015	35,084,883	10c	35,526,973
	11	Investments—publicly traded securities		4,192,963	11	4,629,577
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11			13	_
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,724,356	15	1,912,194
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	_	45,289,435		49,803,805
	17	Accounts payable and accrued expenses		2,422,423		4,233,354
	18	Grants payable			18	
	19	Deferred revenue		810,935	19	960,267
	20	Tax-exempt bond liabilities		19,194,739		20,759,872
	21	Escrow or custodial account liability Complete Part IV of Schedule D		, ,	21	, ,
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
æ		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		653,546	23	580,000
	24	Unsecured notes and loans payable to unrelated third parties			24	_
	25	Other liabilities (including federal income tax, payables to related third partic and other liabilities not included on lines 17-24) Complete Part X of Schedu		2 420 425	3.5	
	2.	D		2,139,135	_	26 533 403
აი ტ	26	Total liabilities. Add lines 17 through 25	te	25,220,778	26	26,533,493
ဋ်	27	Unrestricted net assets		15,510,815	27	18,423,118
<u>ප</u>	28	Temporarily restricted net assets		834,403		917,401
<u> </u>	29	Permanently restricted net assets		3,723,439	29	3,929,793
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and		5,720,400	23	5,525,755
9		complete lines 30 through 34.				
Assets	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building or equipment fund	•		31	
d d	32	Retained earnings, endowment, accumulated income, or other funds			32	
Ř	33	Total net assets or fund balances		20,068,657	33	23,270,312
	34	Total liabilities and net assets/fund balances		45,289,435	34	49,803,805

Pai	Reconcilliation 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		54,1	172,715
2	Total expenses (must equal Part IX, column (A), line 25)	2		51,7	777,404
3	Revenue less expenses Subtract line 2 from line 1	3		2,3	395,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,0	068,657
5	Net unrealized gains (losses) on investments	5		2	250,209
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		Ę	556,135
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		23,2	270,312
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ın		1:	1:
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: **Software Version:** 

**EIN:** 22-1500483

Name: CALDWELL COLLEGE

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	Trı,	ıste	es,	Key	En	nployees, Highe	st	
<b>(A)</b> Name and Title	(B) A verage hours per week (list		than	one one on is r and trust	box, s bot d a cee)	,		( <b>D</b> )  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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
BARRY E VANKAT TRUSTEE	1 00	×						0	0	0
DANIEL A GERARDI PHD TRUSTEE	1 00	х						0	0	0
EDWARD R COLLINS TRUSTEE	1 00	х						0	0	0
ELIZABETH CHALAS BERMAN TRUSTEE	1 00	х						0	0	0
GERALD J SMITH JR TRUSTEE	1 00	х						0	0	0
GREGORY J CARAFELLO TRUSTEE	1 00	х						0	0	0
JAMES R GONZALEZ VICE-CHAIR	1 00	х						0	0	0
JOHN C PETERSON SECRETARY	1 00	х		х				0	0	0
JOSEPH BECKER CPA TRUSTEE	1 00	х						0	0	0
KATHLEEN BARABAS TRUSTEE	1 00	х						0	0	0
KENNETH J GILMORE TRUSTEE	1 00	х						0	0	0
LAURITA WARNER TRUSTEE	1 00	х						0	0	0
LESLIE ANDERSON TRUSTEE	1 00	х						0	0	0
LINDA LUCIANO TRUSTEE	1 00	х						0	0	0
LISA M BROMBERG ESQ TRUSTEE	1 00	х						0	0	0
MARILYN BASTARDI CHAIR	1 00	х		Х				0	0	0
MARK A REDA TRUSTEE	1 00	х						0	0	0
MAUREEN T BEZER TRUSTEE	1 00	х						0	0	0
NANCY COSTELLO MILLER ESQ VICE-CHAIR	1 00	х		Х				0	0	0
NANCY H BLATTNER PHD PRESIDENT	35 00	х		х				235,565	0	73,138
PATRICK OSINSKI ESQ TRUSTEE	1 00	х						0	0	0
ROBERT G PURDY TRUSTEE	1 00	х						0	0	0
ROBERT IACULLO TRUSTEE	1 00	х						0	0	0
SR ARLENE ANTCZAK TRUSTEE	1 00	х						0	0	0
SR DONNA CIANGIO TRUSTEE	1 00	×						0	0	0

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

Compensated Employees, and Indepe	ndent Contr <i>a</i>	actors						ı	1	1
(A) Name and Title	(B) Average hours per week (list		than	o not n one son i er an	e box is bot nd a	th		(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
	illicy	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations
SR LUELLA RAMM TRUSTEE	1 00	х						0	0	0
SR MARY EILEEN O'BRIEN OP PHD TRUSTEE	1 00	х						0	0	0
SR MARY LOU BAUMAN TRUSTEE	1 00	х						0	0	0
SR PATRICIA COSTELLO TRUSTEE	1 00	х						0	0	0
JOHN T RAINEY VP FINANCE AND ADMIN	35 00			х				168,518	0	27,463
JOSEPH POSILLICO VP/ENROLLMENT MANAGEMENT	35 00			х				143,607	0	34,553
KEVIN P BOYLE VP FOR DEVELOPMENT	35 00			х				157,106	0	10,475
LAURA A BAYLESS INTERIM VP FOR SL	35 00			х				11,428	0	441
PATRICK PROGAR VP ACADEMIC AFFAIRS	35 00			х				137,843	0	29,057
SHEILA O'ROURKE VP FOR INST EFFECTIVENESS	35 00			х				123,997	0	26,668
SISTER KATHLEEN A TUITE VP FOR STUDENT LIFE	35 00			х				0	0	0
JASON C VLADESCO ASST PROFESSOR OF ABA	35 00					х		154,165	0	8,512
RUTH M DEBAR ASSISTANT PROFESSOR OF PSY	35 00					х		175,548	0	11,131
SHARON REEVE PROFESSOR OF ABA	35 00					х		212,307	0	25,466
STEPHEN MARET PROFESSOR OF PSYCHOLOGY	35 00					х		158,801	0	16,068
TINA M SIDENER ASSOC PROFESSOR OF PSYCHOLOGY	35 00					х		143,266	0	14,040

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132025634

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

CALDWELL COLLEGE

Name of the organization

## **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.

Open to Public Inspection

									22-1500		
	rt I			blic Charity Sta						instruction	s
	rganı		•	te foundation becaus	•			•	•		
1	<u> </u>		•	on of churches, or a				ection 170	(b)(1)(A)(i).		
2	고			in <b>section 170(b)(</b> 1			· ·				
3				perative hospital se							
4	Г			h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>s</b> e	ection 170(b)	(1)(A)(iii).	Enter the
5	$\vdash$			ty, and state erated for the benefi	t of a college	or universi	ty owned or o	nerated hy	a dovernmen	ntal unit des	crihed in
_	'	_	•	(A)(iv). (Complete P	-	. 01 411110101	c, omica or o	peracea by	a governmen	icar anne aco	
6	$\vdash$			local government o	· ·	al unit desc	ribed in <b>secti</b>	ion 170(b)	(1)(A)(v).		
7	,			at normally receives	_			• •		from the ger	neral public
-	'			on 170(b)(1)(A)(vi).			зарроте пот	a governii	ionical anne or	nom the gen	rerar public
8	Γ	A com	munity trust	described in <b>sectio</b>	n 170(b)(1)(	<b>A)(vi)</b> (Cor	nplete Part II	[ )			
9	Γ	An org	anızatıon th	at normally receives	(1) more th	an 331/3% c	of its support	from contr	ıbutıons, men	nbershıp fee	s, and gross
		receipt	s from activ	ities related to its e	xempt functi	ons—subjec	t to certaın e	xceptions,	and (2) no m	ore than 33	1/3 <b>%</b> of
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less	s section 511	. tax) from b	usinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee <b>section</b> !	<b>509(a)(2).</b> (C	omplete Pa	art III )		
10		An org	anızatıon or	ganized and operate	d exclusively	to test for	public safety	See <b>sectio</b>	on 509(a)(4).		
11	Г	_		ganized and operate	,				,	,	
				ly supported organız bes the type of supp						see <b>section</b>	<b>509(a)(3).</b> Check
				<b>b</b> Type II <b>c</b>						Ion-function	ally integrated
е	$\sqcap$		* *	ox, I certify that the			=		* *		· -
		othert	han foundat	on managers and ot							
_			1 509(a)(2)		- k k	f th TD	C +1+ -+	T T. T			
f			rganization this box	received a written d	etermination	from the IR	S that it is a	Type I, Ty	pe II, or I ype	e III suppor	ting organization,
g				2006, has the organ	ızatıon accer	ted any gift	or contributi	on from an	y of the		,
_		followir	ng persons?	-							
		., .		irectly or indirectly o	•		3	persons d	escribed in (ii		Yes No
		•	•	governing body of th		-	n?				g(i)
			*	er of a person descr							g(ii)
				lled entity of a perso						119	y(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)				
	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	notify	(vi) Is	the	(vii) A mount of
•	uppo		` ´	organization	organizati		the organi		organiza		monetary
OI	ganiz	ation		(described on	col (i) lis		ın col (i) c	•	col (i) or	_	support
				lines 1-9 above or IRC section	your gove docume		suppor	t?	in the U	JS?	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	$\dashv$
					1 63	140	1.63	140	162	140	+
										+	
Tota	1								+	+	+

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	<del>                                     </del>	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493132025634

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

Open to Public

emai	Revenue Service	m 990. F See separate instructions.		Inspection
	me of the organization DWELL COLLEGE			loyer identification number
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990			1500483 <b>or Accounts.</b> Complete if the
	organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
:	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	_	nor adv	sed Yes No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene- conferring impermissible private benefit?			
aı	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	n or education)	certifie	d historic structure
	easement on the last day of the tax year	•		
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified history	• •	2c	
	Number of conservation easements included in (c) accommissions structure listed in the National Register		2d	
	Number of conservation easements modified, transferi	red, released, extinguished, or terminate	ed by th	ne organization during
	the tax year 🛌			
	Number of states where property subject to conservat	ion easement is located ►		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and <b>Yes No</b>
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	ments o	luring the year
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
li	Complete if the organization answered "Y	ns of Art, Historical Treasures, (es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	or rese	arch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
	Revenues included in Form 990, Part VIII, line 1			<b>-</b> \$
,	Assets included in Form 990, Part X			<u></u>
				- т

Part	Organizations Maintaining Co	<u>llections of Art</u>	t, HIS	itorical li	<u>reasures, or </u>	Otne	r Similar As	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	ds, cl	neck any of	the following tha	t are a	significant use	e of its
а	Public exhibition		d	┌ Loan	or exchange pro	grams	•	
b	Scholarly research		е	┌ Othe	r			
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIII	ollections and expla	ain ho	w they furth	er the organizati	on's ex	kempt purpose	ın
5	During the year, did the organization solicit of						nılar	
	assets to be sold to raise funds rather than t		-					Yes No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					ea "Y	es" to Form !	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			•		ssets	not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing table				
							Aı	mount
C	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•				┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation has	been provided ir	Part	XIII	
Pa	rt V Endowment Funds. Complete		n ans	wered "Ye				
		(a)Current year	(b)	Prior year	<b>b</b> (c)Two years ba	-	· ·	
1a	Beginning of year balance	2,138,323		2,248,655	1,964,0	_	1,724,910	1,984,918
Ь	Contributions	183,541		140,101	49,0	00	3,250	29,264
С	Net investment earnings, gains, and losses	183,036		-129,186	267,2	67	308,884	-222,977
d	Grants or scholarships							
e	Other expenditures for facilities and programs	216,371		121,247	31,6	38	73,018	66,295
f	Administrative expenses							
g	End of year balance	2,288,529		2,138,323	2,248,6	55	1,964,026	1,724,910
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g, colum	nn (a)) held as			
а	Board designated or quasi-endowment ►							
b	Permanent endowment ► 98 910 %							
c	Temporarily restricted endowment ► 1 0 The percentages in lines 2a, 2b, and 2c shot	90 % uld equal 100%						
3a	Are there endowment funds not in the posses organization by	_	atıon	that are hel	d and admınısteı	ed for	the	Yes No
	(i) unrelated organizations						3a	
	(ii) related organizations					•	3a	<del></del>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second or the seco						3	<u> </u>
	t VI Land, Buildings, and Equipme				10			
	Description of property		, , , ,	(a) Cost or basis (inves	other (b)Cost or		(c) Accumulated depreciation	d (d) Book value
1a	Land				1,1	51,371		1,151,371
b	Buildings					72,955		
	Leasehold improvements							
d I	Equipment				9,7	64,276	5,988,33	3,775,938
_е	Other				6,1	41,386	2,436,89	3,704,496
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), lıne	10(c).)			35,526,973

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

,	adic 5 (101111 530) 2012		r age <del>-i</del>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	40,831,368
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-13,424,996
3	Subtract line <b>2e</b> from line <b>1</b>	3	54,256,364
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	-83,649
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	54,172,715
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	37,629,713
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	83,649
3	Subtract line <b>2e</b> from line <b>1</b>	3	37,546,064
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	14,231,340
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	51,777,404

#### 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF THE NEW JERSEY STATE INCOME TAX LAWS ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE COLLEGE HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2013 AND 2012 THE COLLEGE'S US FEDERAL AND STATE TAX FILINGS PRIOR TO FISCAL 2010 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS THE COLLEGE RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS OPERATING EXPENSES AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH ACCRUED EXPENSES IN THE STATEMENTS OF FINANCIAL POSITION THERE WERE NO INTEREST OR PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2013 AND 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIP ALLOWANCE -14,128,734 INTEREST RATE SWAP 556,135 INVESTMENT EXPENSE -100,899 RECLASS OF 990-T PAYMENTS -1,707
PART XI, LINE 4B - OTHER ADJUSTMENTS		EVENT EXPENSE -83,649
PART XII, LINE 2D - OTHER ADJUSTMENTS		EVENT EXPENSES 83,649
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP ALLOWANCES 14,128,734 INVESTMENT EXPENSE 100,899 RECLASS OF 990-T PAYMENTS 1,707

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132025634

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

CALDWELL COLLEGE

Name of the organization

# **Schools**

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

	22-1500483			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
_	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3_	Yes	
		-		
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
	Admissions policies?			
L	Additional policies.	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		-		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	- 6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	_		
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	CALDWELL COLLEGE USES THE FOLLOWING NOTICE IN NEWSPAPER, BROADCAST MEDIA ADMISSIONS AND CATALOGUES CALDWELL COLLEGE DOES NOT DISCRIMINATE IN APPLICATIONS FOR STUDENTS IN PROGRAMS, FACILITIES OR SCHOLARSHIPS ON THE BASIS OF RACE, COLOR, CREED, AGE, NATIONAL OR ETHNIC ORIGIN OR DISABILITY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE ORGANIZATION RECEIVES FUNDS FROM STATE OF NEW JERSEY UNDER THE EDUCATIONAL OPPORTUNITY FUND (EOF) OF NEW JERSEY

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493132025634

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

CA	LDWELL COLLEGE					22-1500483	
Pa	art I Fundraising Act	ivities. Complete	e if the oi	ganızatı	ion answered "Yes" t	to Form 990, Part IV	, line 17.
1 a	Indicate whether the organi	ızatıon raısed funds	through aı			eck all that apply government grants	
b	Internet and email solid	ritations		f	Solicitation of gov	=	
c	Phone solicitations	creacions		a	Special fundraisin	<del>-</del>	
d	_			,	, -,	<b>3</b>	
	Did the organization have a or key employees listed in	written or oral agre Form 990, Part VII)	or entity	ın connec	ction with professional f	undraising services?	┌ Yes ┌ N
b	If "Yes," list the ten highest to be compensated at least			undraiser	rs) pursuant to agreeme	ents under which the fu	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tot	al						
3	List all states in which the d	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or
				<b></b>			

Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
		<u> </u>	(a) Event #1  PRESIDENTIAL GALA	(b) Event #2  GOLF OUTING (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(cocar namber)	
E.	1	Gross receipts	249,607	60,775	;	310,382
Revenue	2	Less Contributions	216,052	41,701		257,753
	3	Gross income (line 1 minus line 2)	33,555	19,074		52,629
	4	Cash prizes				
ဟ	5	Noncash prizes				
Expenses	6	Rent/facility costs	30,500	28,322	!	58,822
ă	7	Food and beverages .				
Direct	8	Entertainment	2,000	)		2,000
ā	9	Other direct expenses .	16,254	6,573	3	22,827
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)		(83,649)
	11	Net income summary Combine li	_			-31,020
Par	t II		rganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	·
Revenue		\$15,000 on Form 990-EZ, lii	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Ş Ş	1	Gross revenue				
-Se	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes	☐ Yes	☐ Yes	_
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)		
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)	🕨	
9 a b	Ist		gaming activities in eacl	n of these states?		
b If "No," explain						

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

(a) Name and address of

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States OMB No 1545-0047

DLN: 93493132025634

ment of the Treasury I Revenue Service							pen to Public Inspection
of the organization WELL COLLEGE						Employer identification	on number
						22-1500483	
t I General Inform	nation on Grants and	Assistance					
Does the organization mai the selection criteria used Describe in Part IV the org	to award the grants or ass	sistance?					√ Yes
Form 990, Part IV	er Assistance to Gov /, line 21, for any recip						es" to
) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
	I	ı	ı	ı	1	1 1	

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

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

Schedule I (Form 990) 2012					Page 2			
Art 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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
(1) TUITION ASSISTANCE-SEE SUPPLEMANTAL INFORMATION PART V	1535	14,128,734	1	1 1				

Part IV	Supplemental Info	rmation
	Subblemental Inc	,, ,,,a,,,,,,

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
		SUPPLEMENTAL TO SCHEDULE I PART I SPECIAL DISCOUNTS - 736,862 COLLEGE CONTRIBUTION - WORK STUDY 32,227 COLLEGE GRANTS 4,706,708 COLLEGE SCHOLARSHIPS 6,308,245 PRESIDENTIAL AWARDS 1,897,538 RESTRICTED SCHOLARSHIPS 164,539 CAMPUS EMPLOYMENT 199,382 GRADUATE ASSISTANTS 87,233 TOTAL TUITION ASSISTANCE 14,128,734

DLN: 93493132025634

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CALDWELL COLLEGE

**Employer identification number** 

22-1500483

Рa	Questions Regarding Compensation				
		1		Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p				
		✓ Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organi				
	reimbursement or provision of all of the expenses descri	ibed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reiml directors, trustees, and the CEO/Executive Director, req		2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that a used by a related organization to establish compensatio	apply Do not check any boxes for methods			
		✓ Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payi	ment?	4a		Νo
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based	d compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provid	le the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must o				
5	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	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 compensation contingent on the net earnings of	e 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 67 If "Yes," desc		7		No
8	Were any amounts reported in Form 990, Part VII, paid	-			
	subject to the initial contract exception described in Reg				
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$ ?	outtable presumption procedure described in Regulations	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)(1)-(111) 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	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

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

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 22-1500483

Name: CALDWELL COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

to this book of the state of the state	TI Officers, Direc	tors, rrustees, ke	ey Employees, and	riighest compens	Juccu Employees		
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
NANCY H BLATTNER (I)	[]	0	276 0	14,688 0	59,197 0	309,450 0	0 0
JOHN T RAINEY (II		0	792 0	10,321 0	18,459 0	197,298 0	0
JOSEPH POSILLICO (II)		0	180	9,211	26,347 0	179,165 0	0
KEVIN P BOYLE (II		0	183	9,475 0	10,475 0	177,056 0	0
PATRICK PROGAR (II	_	0	196 0	8,523 0	21,203 0	167,569 0	0
SHEILA O'ROURKE (II	[]	0	332	7,477 0	20,081 0	151,555 0	 0 0
JASON C VLADESCO (II		0	8 0	1,119 0	7,907 0	163,191	0
RUTH M DEBAR (II		0	13	3,738 0	7,922 0	187,208	0
SHARON REEVE (II		0	43	5,134 0	21,051 0	238,492	0
STEPHEN MARET (II		0	77	4,687 0	12,023 0	175,511	0
TINA M SIDENER (I)	) 143,247 ) 0	0	19	0	14,568	157,834	0 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

DLN: 93493132025634 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

► Attach to Form 990. ► See separate instructions.

	al Revenue Service										Inspe				
	of the organization  DWELL COLLEGE								Em	ployer i	dentifica	ation nu	mber		
CALL	)WELL COLLEGE									22	-15004	483			
Pa	rt I Bond Issues						-								
				T							- ]		O n	(i)	Pool
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rıce	<b>(f)</b> [	Description	of purpose	( <b>g)</b> De	feasea				ncing
ĺ	'									Yes	No	Yes	No	Yes	No
A	NJEFA 2013 SERIES E			06-18-2013	20,000	,000 RE	EFUN	IDING & FII	NANCING		Х		х		х
Part II Proceeds						,									
					-	1		В	3		С			D	
1	A mount of bonds retired														
2	<u>. — </u>														
3	Total proceeds of issue					20,000,0	00,000								
4	Gross proceeds in reserve fun	nds													
5	5 Capitalized interest from proceeds														
6	Proceeds in refunding escrows					18,514,6	518								
7	Issuance costs from proceeds					231,4	457								
8	Credit enhancement from proc	ceeds													
9	Working capital expenditures f	from proceeds													
10	Capital expenditures from prod	ceeds													
11	O ther spent proceeds														
12	O ther unspent proceeds				1,253,925										
13	Year of substantial completion	n			20	2007			1						
l —					Yes	No		Yes	No	Yes	"	No	Yes	;	No
14	Were the bonds issued as part	t of a current refund	ding issue?		Х										
15	Were the bonds issued as part of an advance refunding issue?					Х									
16	6 Has the final allocation of proceeds been made?					Х									
17	allocation of proceeds?														
Part IIII Private Business Use					1										
1					<u> </u>		$\perp$	В			C			D	
_	Mag the companies on a power			I C which award	Yes	No	_	Yes	No	Yes	<u> </u>	No	Yes		No
1	Was the organization a partner property financed by tax-exem		or a member of an L	LC, which owned		Х									

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)								_	•
				Α		В		c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed property									
4	Enter the percentage of financed property used in a private business use b other than a section $501(c)(3)$ organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, another (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nond bonds of the issue are remediated in accordance with the requirements unclean Regulations sections 1 141-12 and 1 145-2?		Х							
Dor										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T?	X								
2	If "No" to line 1, did the following apply?			<u> </u>		<u> </u>	<u>_</u>	I		
a	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed				·	<u> </u>				
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
				•		-	· ·			

		A		В		c		D	
		Yes	No	Yes	No	Yes	No	Yes	No
a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		х						
Pa	t V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
				•	•	•	-	-	
Pa	<b>rt VI</b> Supplemental Information. Complete this part to	<u>provide addition</u>	<u>al informat</u>	on for respor	ises to ques	tions on Sch	<u>edule K (see</u>	: instructions)	<u>.                                    </u>
	Identifier Return Reference				Explan	ation			

THIS BOND IS PARTIALLY THE RESULT OF A REFUNDING OF AN OUTSTANDING BOND FROM 2006

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132025634

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Name of the organization CALDWELL COLLEGE

Employer identification number

Pa	TT Types of Property				22-1500483			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
•	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
•	Securities—Publicly traded .	Х	9	40,596	FMV			
	Securities—Closely held stock $ . $							
L	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
Ļ	Qualified conservation contribution—Other							
;	Real estate—Residential .							
	Real estate—Commercial							
,	Real estate—O ther							
3	Collectibles							
)	Food inventory							
)	Drugs and medical supplies .							
L	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
ŀ	Archeological artifacts							
5	O ther ▶ ()							
5	O ther ▶()							
,	O ther ▶()							
3	O ther ► ()							
	Number of Forms 8283 received for which the organization comple				29			
	ior willen the organization comple	eteu Form o	203, Part IV, Donee Ackin	owiedgement			Yes	No
0a	During the year, did the organiza	ation receiv	e hy contribution any prope	erty reported in Part I lines	1-28 that it		163	140
-	must hold for at least three year							
	for exempt purposes for the enti					202		No
b	If "Yes," describe the arrangement					30a		110
ı	Does the organization have a gif			review of any non-standard	contributions?	31		Νo
د(	Does the organization hire or us							
Ł۵		· · ·		· · · · · · · · ·		32a		Νo
b	If "Yes," describe in Part II							
3	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (	a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

DLN: 93493132025634

OMB No 1545-0047

Inspection

#### **SCHEDULE 0** (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.

Name of the organization CALDWELL COLLEGE **Employer identification number** 22-1500483

,,	Data D. f	
Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBER IS THE CONGREGATION OF THE SACRED HEART OF JESUS OF THE THIRD ORDER OF SAINT DOMINIC
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE POWER TO APPOINT OR REMOVE TRUSTEES
	FORM 990, PART VI, SECTION A, LINE 7B	THE CONGREGATION OF THE SACRED HEART OF JESUS OF THE THIRD ORDER OF SAINT DOMINIC HAVE RESERVED POWERS EXCLUSIVELY WITH CALDWELL COLLEGE.
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED IN DETAIL BY THE BOARD FINANCE COMMITTEE AND BOARD AUDIT COMMITTE E PRIOR TO FILING THE FORM 990 WAS PROVIDED TO AND MADE AVAILABLE TO THE ORGANIZATION'S B OARD OF TRUSTEES AND EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO ITS FILING THE FEDERAL FORM 990 AS PART OF THE TAX RETURN PREPARATION PROCESS, THE ORGANIZATI ON HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN NOT-FOR-PROFIT TAX RETUR N PREPARATION TO PREPARE THE FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WIT H THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION T O COMPLETE THE PREPARATION OF THE RETURN THE CPA FIRM PRESENTED AND EXPLAINED THE TAX RET URN TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AS PART OF THEIR MEETING
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY MONITORS AND COMPLIES WITH ITS CONFLICT OF INTEREST POLICY ANN UALLY, OFFICERS, KEY EMPLOYEES AND EACH MEMBER OF THE BOARD OF TRUSTEES RECEIVES THE ORGAN IZATION'S CONFLICT OF INTEREST POLICY TO REVIEW
	FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY, THE COLLEGE ESTABLISHES AND MAINTAINS REASONABLE EXECUTIVE COMPENSATION AND BENE FITS PROGRAMS THAT ALLOW THE COLLEGE TO EFFECTIVELY ATTRACT, RETAIN AND MOTIVATE KEY EXECU TIVES WHILE MAINTAINING COMPLIANCE WITH ALL LEGAL REQUIREMENTS THE PROCESS FOR DETERMININ G COMPENSATION OF THE PRESIDENT AND OTHER KEY OFFICERS OF THE ORGANIZATION INCLUDES UTILIZ ING COMPARABLE INDUSTRY DATA THE COMPENSATION OF THE PRESIDENT IS REVIEWED AND APPROVED B Y THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART VII	SISTER KATHLEEN TUITE IS AN OFFICER OF THE COLLEGE, BUT SHE IS NOT ISSUED A W-2 FOR THE SA LARY SHE DERIVES FOR CALENDAR YEAR 2012, SISTER KATHLEEN WAS PAID \$82,250 HOWEVER, SHE RE CEIVES NO BENEFITS FROM THE COLLEGE AND HER ENTIRE SALARY IS DEPOSITED DIRECTLY TO THE SIS TERS OF SAINT DOMINCK BANK ACCOUNT PER THE INSTRUCTIONS TO THE FORM 990, HER SALARY IS NO T REQUIRED TO BE REPORTED IN SCHEDULE J OR FORM 990 PART VII
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	INTEREST RATE SWAP 556, 135
	FORM 990 PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE WHO OVERSEES THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTS ITS INDEPENDENT ACCOUNTANTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493132025634

OMB No 1545-0047

Schedule R (Form 990) 2012

**Employer identification number** 

22-1500483

2012

Open to Public Inspection

## **SCHEDULE R** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

CALDWELL COLLEGE

Part I

**Related Organizations and Unrelated Partnerships** 

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ▶ See separate instructions.

(f) (b) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) Name, address, and EIN of related organization Public charity status Section 512(b) Primary activity Legal domicile (state Exempt Code section Direct controlling (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1) SISTERS OF ST DOMINIC 501(C) 3 RELIGIOUS ORGANIZATION NJ RELIGIOUS 1 RYERSON AVENUE N/A CALDWELL, NJ 07006 22-1524780

Cat No 50135Y

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lıs	ted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)				1e	Yes	
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
0	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1p	Yes	
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i  (a) (i)	(b)		(d)			
	Name of other organization Trans	nsaction e (a-s)	(c) Amount involved	Method of determining amo	ount ir	nvolved	

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

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

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

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		-	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 22-1500483

Name: CALDWELL COLLEGE

Schedule R (Form 990) 2012

Page **5** 

### Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
			Explanation						