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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2012

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

Α	For the	2012 cale	endar year, or tax year beginning <u>July 1</u> , 2012, and end	ing ju	ne 30	, 20 ₁₃		
В	Check if	applicable	C Name of organization Middlesex County College Foundation, Inc.		D Employ	yer identification number		
	Address	change	Doing Business As		Ī	22-6079662		
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telepho	one number		
	Initial ret	urn	2600 Woodbridge Avenue		i	732-906-2564		
	Terminat	ed	City, town or post office, state, and ZIP code					
	Amende	d return	Fdison, N L 08815-3050		G Gross r	eceipts \$ 5.138.944		
	Applicati	on pending		H(a) is this	a group return	for affiliates? Yes No		
			2600 Woodbridge Avenue, Edison, NJ 08818-3050		-	ncluded? Yes No		
	Tax-exer	npt status	√ 501(c)(3)			a list (see instructions)		
J	Website		w.mcc-foundation.org	H(c) Grou	p exemptio	n number ▶		
K	Form of c		✓ Corporation Trust Association Other ► L Year of form			e of legal domicile NJ		
Ρ	art I	Summ		1300		N		
	1	Briefly de	escribe the organization's mission or most significant activities:	ude scholarsi	nine and r	plated financial aid to		
-			ents of Middlesex County College.	NNC-25-(MIGIZI	nna'ennrı	EGICA JIIOICIO.OU M		
Activities & Governance		-1102-31005	DIA DI MUNUCISEA COMITICE CONGRESA					
Та	ļ							
Ş.	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed	of more that	n 25% of	its net assets.		
Ğ	1				- 1	23		
∞ ∞			of independent voting members of the governing body (Part VI, line 1b			19		
ij	t		nber of individuals employed in calendar year 2012 (Part V, line 2a)		5	5		
Ę.			nber of volunteers (estimate if necessary)		6			
Ř			elated business revenue from Part VIII, column (Q), line 12		7a	50		
			lated business taxable income from Form 990-T, line 3400		7b	0		
				Prior Y		Current Year		
4.	8	Contribut	tions and grants (Part VIII, line 1h)	·	875.827	687.709		
ž	9	Program	0/3.02/	007.709				
Revenue	10	Investme	275 245	402 147				
æ	11	Other rev	375.345	483,147				
			renue (Part VIII, column (A), lines 5, 60,8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		87.134	96.728		
			nd similar amounts paid (Part IX, column (A), lines 1-3).		1.337.306	1.267.584		
			paid to or for members (Part IX, column (4), ince 4)		511.453 0	640.965		
u)			other compensation, employee benefits (Part IX, column (A), lines 5-10)			212.000		
Se			onal fundraising fees (Part IX, column (A), line Ne)		268.091	212.098		
Expenses			drawing expenses (Port IV, selving (D) line (E)	7. 1 3. 4. 4. 1	Marie Control	No an away of the poly		
Щ			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,		272.504		
			penses Add lines 13–17 (must equal Part IX, column (A), line 25)		293,693	273.504		
	\$		less expenses. Subtract line 18 from line 12		1.073.236			
- S		110101140	isso superiodi edella cimo to meni into iz	Beginning of Ci	264,070 Irrent Year	141.018 End of Year		
sets or slances	20	Total assi	ets (Part X, line 16)					
Ass. 1 Bal			ilities (Part X, line 26)		522,551	11.406.993		
Net Ass Fund Ba	l .		ts or fund balances Subtract line 21 from line 20		588,407	709.809		
	art II		ure Block	<u>I</u> !	0.134.144	10.697.184		
_			ry, I declare that I have examined this return, including accompanying schedules and stati	ements and to t	he hest of r	ny knowledge, and helief it is		
			ete Declaration of preparer (other than officer) is based on all information of which prepare			ny movieage and selici, it is		
			$\langle \alpha \rangle / \alpha$					
Sig	n	Signa	arun Aratina La Companya da Co	Da	ite/	7		
He			gra hux	12	/23/	/13		
	-	Type	or print name and title Brian Dakewase (1)	un sens	7			
		1, 1	pe preparer's name Preparer's signature D	Date		PTIN		
Pai		1 "	Murphy, CPA Luy Murphy, CPA	0/16/13	Check [쉰 "]		
	parei					7 1 00204001		
US	e Only	Firm's na	ame ► Henry J Murphy, CPA		n's EIN ▶	26-0872281		
May	the IR		s this return with the preparer shown above? (see instructions)	Pho	one no	609-448-1002 Yes No		
_				No 11282V	• •	Yes No		

777.526

` ` ———	90 (2012) TV Chooklist of Required Schodules			Page
Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2	1	
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	1
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	1	
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.		*:	2
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	1	***************************************
	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		1
	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	ļ	1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		1
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.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a 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	14a		✓
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	-	✓
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 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	15		1
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)	16		1
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	√	
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	-	✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Form 9	90 (2012)			Page 4
Part	IV Checklist of Required Schedules (continued)			T
04	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	1
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	1	
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	1	
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		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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	1	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	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	1	
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		✓
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	1	
		For	~ 990	(2012)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check in Concount of 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	S (***	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		. 1	2.3
	reportable gaming (gambling) winnings to prize winners?	1c	/	Section A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7 7	12.0	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5	770	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,	1 72	119
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		1
b	If "Yes," enter the name of the foreign country: ▶	200	4. 3.	19 may 29 19
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ا ما الله الله الله الله الله الله الله		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	,	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Ĺ
7	Organizations that may receive deductible contributions under section 170(c).	1	44.407	i di
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		13.3	XX.
	and services provided to the payor?	7a	✓	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_ [}	
	required to file Form 8282?	7c	<u>- : : </u>	√
d e	If "Yes," indicate the number of Forms 8282 filed during the year	- Žnět	25.34_	أست ليستدة
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\rightarrow	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\dashv	✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	,	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	13.	1 4	
	organization, have excess business holdings at any time during the year?	8	*****	44.11
9	Sponsoring organizations maintaining donor advised funds.	3		,
	Did the organization make any taxable distributions under section 4966?	9a	118	<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter:	1	ا بند غرق	× ,
	Initiation fees and capital contributions included on Part VIII, line 12	13.5	15 6	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	() [. 1
	Section 501(c)(12) organizations. Enter:	1]	1
а	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources	1 1	- [Ì
	against amounts due or received from them)		l	,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	j	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]		i
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which		.	j
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			}
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo	w and	for a	"Mo"
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C Check if Schedule O contains a response to any question in this Part VI). See in	struci	ions.
Secti	on A. Governing Body and Management	<u></u>	<u> </u>	·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	23		1
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit any other officer, director, trustee, or key employee?	19 h		1
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?			1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	. 8b	1	ļ
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	1
	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?			V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	7 12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	" 12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?	y 14	1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	
a	The organization's CEO, Executive Director, or top management official	15a	1	-
b	Other officers or key employees of the organization	15b		1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
đ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Secti	on C. Disclosure	1.00	L	L
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	on 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inter	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: Verenica Clinton Foundation office, 222 805 3554	ls of the	,	

Form 990 (2012)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organ	zation nor any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.
					C)					
(A)	(B)	(do r	ot ch		more	e than d	one	(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per week (list any				$\overline{}$		<u> </u>	from	compensation from related	amount of other
	hours for related	Individual trustee or director	Institutional trus	Officer	Key employee	음란	Former	the organization	organizations	compensation
	organizations	절호	150	ğ	e ji	loye loye	ìer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	약출	<u>a</u>		ŏy	E O				and related
	line)	Iste	l rus		ď	Pen				organizations
			8			Highest compensated employee				
(1) Genette L. Falk						}			ļ ļ	
Trustee Trustee	2	1				,		۰ ا	,	
(2) Dr. Saul Fink	2			-		<u> </u>			ļ	
Trustee		1			!			0	1	•
(3) John J. Hogan										
_Trustee	j '	1				}		o	o	0
(4) Samuel C. Inglese, Esq.										_
Trustee		✓	L					Ĺ _ a		O.
(5) Valerie Latham	2									
Trustee		✓						ο	0	0
(6) James Sausmer, CPA	2			. [l
Trustee		✓					Ш	0	0	0
(7) Mary E. Trickel	2		li							
Trustee		1						0	0	0
(8) Hank Bauer	2							i		
Trustee		✓	_					0	0	0
(9) Jerome F. Katcher	2	,							1	
Trustee		✓							0	0
(10) Charles T. Larsson	2	1			ļ				{	
Trustce		-		_			_	0	0	0
(11) Michael A. Maronev, Jr.	2	1		ļ						
Trustee		✓						0	0	0
(12) John P. Mulkerin	2	1		ĺ			ĺ			
Trustee			-					0	0	0
(13) Dr. Joann LaPerla-Morales	j	/		Ì						
		•	\vdash					0	206.178	37.922
(14) Dr. Ronald Goldfarb	1 1	1		[ļ		ļ			
Trustee	35	٧	<u></u>					O.	160.288	34.957

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (cont	inued)
					•	C)					
	(A)	(8)	(do n	ot ch		more	e than o	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	s pe	rson	is both	n an	-Reportable	Reportable	Estimated
		hours per week (list any		_			or/trus		compensation	compensation from related	amount of other
		hours for	5 2	Inst.	Officer	₹ •	碧春	Former	the	organizations	compensation
		related organizations	ir ec	🕏	ğ	en	o est	Ter	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	₫ <u>₽</u>	onal		Key employee	# S	}	1003 11100,		and related
		line)	Individual trustee or director	Institutional trustee		8	pen		[organizations
				e e			Highest compensated employee		:		
(15) SI	ısan K. Perkins	2				_					
	stee	35	1				ļ		0	150.310	41.529
(16) P	itrick Madama	ľ	,						1		
	stee	35	1			┝		-	<u>0</u>	155.168	22.025
	orathy K. Power	2	1						0		
	nomas Tighe	2									
	stee		/		_				o		0
	Dan J. Daugherty	4	1		/						
	hirperson hn J. Visceglia, Jr.	Α						-	Q		0
	it Vice Chairperson		1		1				0	١ ,	0
	rbara Bernard	4									<u> </u>
	ond Vice Chairperson		1		1			<u> </u>	0		0
(22) _{Br}	ian F. Leaa	4									
	asurer		1		✓	_		├-	0		0
	ane Conboy	4	1		1				0		
	ristant Treasurer	10	<u>`</u> -					_	Q		0
	cutive Director				1				۱ ،	58.153	8.114
(25)											
						<u> </u>		Ļ			
1b	Sub-total						•	•	O	730.097	144.547
c d	Total (add lines 1h and 1c)								ļ		
2	Total (add lines 1b and 1c)							2) 10/	ho received m		
-	reportable compensation from the organi		1 10 111	USC	list			., vv	no received in	ore man proo,o	00 01
											Yes No
3	Did the organization list any former of										ed in the state of
	employee on line 1a? If "Yes," complete \$										3 🗸
4	For any individual listed on line 1a, is the										
	organization and related organizations individual	greater tha						s,	complete Sch	eaule J for su	
5	Did any person listed on line 1a receive o							· run	related organiz	ation or individ	1al 4 1
3	for services rendered to the organization?										
Section	on B. Independent Contractors		<u> </u>								
1	Complete this table for your five highest of	ompensate	ed inc	lepe	ende	ent (contr	acto	ors that receive	ed more than \$1	00,000 of
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	e c	alend	ar y	ear ending wit	h or within the o	organization's tax
	year (A)								(B)		(C)
	Name and business add	ess							Description of s	ervices	Compensation
Nor	ne	· · · · · · · · · · · · · · · · · · ·						_			
				_							
		- , : :						<u></u>			
2	Total number of independent contracto		_					th	ose listed abo	ove) who	*

Part VIII		Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII											
<i>t</i>		Check it Schedule 0	contains a respo	onse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, Grfts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, g	1b 1c 1d .tributions) 1e	139.495									
Contributions, Grfts, and Other Similar An	g	and similar amounts not inc Noncash contributions includ Total. Add lines 1a–1	cluded above 1f	548.214	687,709	,							
Program Service Revenue	2a b c d			Business Code									
Progra	f g 3	All other program sen Total. Add lines 2a-2 Investment income	vice revenue . f <u>.</u>										
	4 5	and other similar amo Income from investment Royalties	t of tax-exempt bo	<u></u> ▶	328.739			328.739					
	6a b c	Gross rents Less. rental expenses Rental income or (loss)		(ii) Personal		, , , , , , , , , , , , , , , , , , ,	The state of the s						
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 3,971,130	(II) Other			San	A Company					
i	c	and sales expenses . Gain or (loss) Net gain or (loss)	3.816.722 154.408	•	154.408		المعادلة المستخطعة						
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	139.495	54.638	7 A 1 C		2 28	3 ~ 7					
Other	С	Less: direct expenses Net income or (loss) fi Gross income from ga See Part IV, line 19	on fundraising of the second section in the secti	54,638	0	,							
	c 10a	Less: direct expenses Net income or (loss) fi Gross sales of in returns and allowance	rom gaming activentory, less see a	vities >	-			_					
1	b c	Less cost of goods s Net income or (loss) fi Miscellaneous R	rom sales of inve	entory ► Business Code									
	11a b c	In-kind support		561000	96.728								
	d e 12	All other revenue . Total. Add lines 11a- Total revenue. See in			96.728 1.267.584	i = '	· · ·	328.739 Form 990 (2012)					

Part IX Statement of Functional Expenses

<u>Do 20</u>		se to any question i	n this Dort IV								
Do no	Check if Schedule O contains a response to any question in this Part IX										
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				Comment of the second						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	640.965	640.965								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			3 7							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages	160.393	55.259	25.692 5.018	79.442 4.162						
9	Other employee benefits	12.240 20.926	3.060 5.231	8.580							
10	Payroll taxes	18.538	4.634	7.601	6.303						
11	Fees for services (non-employees):	10.330	4,034	7.001							
a b	Management	55.866	13.967	27.933	13.966						
С	Accounting	68.944	17.236	28.267	23.441						
d	Lobbying		ત્રાજ્ય અન્યુ ત્રુક પ્રશ	THE WITTE	· · · · · · · · · · · · · · · · · · ·						
e	Professional fundraising services. See Part IV, line 17			<u> </u>	24.005						
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	72.545	18.136	29.744	24.665						
12	Advertising and promotion	118	30	48	40						
13	Office expenses	7.464	1.866	3,060	2.538						
14	Information technology										
15	Royalties										
16	Occupancy	34.755	8.689	14.249	11.817						
17	Travel	1.016	254	417.	345						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	3.825	956	1.568	1.301						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	172	43	71	58						
23	Insurance				<u> </u>						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				,						
	line 24e amount exceeds 10% of line 25, column	1									
	(A) amount, list line 24e expenses on Schedule O.)										
а	, ,	2.232	558	915	759						
b	Annuity distributions Computer supplies and services	13,365	3.341	5.480	i						
c	Uncollected accounts expense	7.715	1.929	3.163	i e						
d	Credit card charges	4.294	1.074	1.760							
e	All other expenses	1.194	298	490	1						
25	Total functional expenses. Add lines 1 through 24e	1.126.567	777.526	164.056	184.985						
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** Check if Schedule O contains a response to any question in this Part X End of year Beginning of year 384.468 606.553 Savings and temporary cash investments 2 611.723 642.048 3 32,485 39.528 4 295.983 146.925 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section ß 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 740 740 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 93.493 b Less: accumulated depreciation . . 10b 10c 93.350 315 143 11 Investments—publicly traded securities . 11 9.396.837 9.971.056 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11. 13 14 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . 16 16 10.722.551 11.406.993 17 Accounts payable and accrued expenses 17 54.200 50.170 18 18 507.953 636.989 19 Deferred revenue 19 26.254 22.650 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 588.407 709.809 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 65.999 777.446 Temporarily restricted net assets . . . 28 28 1.787.225 1.568.499 29 Permanently restricted net assets . . . 8.280.920 8.351.239 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. þ Net Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 33 10.134.144 10.697.184 34 Total liabilities and net assets/fund balances . 10.722.551 11,406,993

•	•				
orm 99	90 (2012)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.26	37.584
2	Total expenses (must equal Part IX, column (A), line 25)	2		1.12	26.567
3	Revenue less expenses. Subtract line 2 from line 1	3		14	11.017
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10.13	34.144
5	Net unrealized gains (losses) on investments	5		42	22.023
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		10.69	7.184
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u></u>		
-				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		(£ , ```.	3
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		***	1
	Schedule O.			سلامت	£. 3
2a			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or	, i	٠. « پ ^{مار} مو	1
	reviewed on a separate basis, consolidated basis, or both:		1 5 4		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			10.4 E	
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were auditorial statements.	ed on a	3.5	* 'É.	£33 3
	separate basis, consolidated basis, or both:		1 3		
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			المسلم	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o'				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	L
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	P	¥ 2.	
	Schedule O.		15.33	۰,	1

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name	of the organization			Employer identification number						
	esex County Colle									079662
			rity Status (All orga						instructi	ons.
1 2 3 4	☐ A church, con☐ A school desc☐ A hospital or a☐ A medical res	ivention of churc cribed in section a cooperative ho	ation because it is: (Fo thes, or association of a 170(b)(1)(A)(ii). (Atta spital service organiz on operated in conjur	f churche ch Sched ation des	es describ dule E.) scribed in	ed in sec section	tion 170	(b)(1)(A)((A)(iii).)(iii). Enter the
5	✓ An organization	=	the benefit of a colle	ege or un	iversity o	wned or	operated	by a go	vernmen	tal unit described in
6 7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)				
9	An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
	= -3									
e f	other than fou or section 509	ındation manage (a)(2).	If c Type II that the organization ers and other than on a written determination	is not co e or more	entrolled on trolled on trolled on the publicly	firectly of support	r indirectl ed organ	y by one izations o	or more described	in section 509(a)(1)
g	organization, o	check this box . 17, 2006, has ti	he organization acce							
	(i) A person v (iii) below,	who directly or i the governing bo	ndirectly controls, eit	her alone organizat	or toget	her with	persons	describe	d ın (ıı) aı	nd Yes No
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in on about the support	(i) or (ii)	above? .					11g(n) 11g(in)
(i) t	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S ?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)					•					
(C)										
(D)										
(E)										
Total		,			-					

Par	Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi	i)
	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	567.910	1.700.545	819.141	875.827	687.709	4.651,132
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	39.250	37.114	36.875	87.134	96.728	297.101
4	Total. Add lines 1 through 3	607.160	1.737.659	856.016	962.961	784.438	4.948.233
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			·			2.448,398
6	Public support. Subtract line 5 from line 4.			<u> </u>		<u> </u>	2.499.835
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	607.160	1.737.659	856,016	962.961	784.438	4.948.233
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180.133	277.574	275,770	296,259	328,739	1.358,475
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	7 1 1					6.306.708
12	Gross receipts from related activities, etc.					12	504()(0)
13	First five years. If the Form 990 is for the organization, check this box and stop her	_			•		, , , ,
Cooti	on C. Computation of Public Suppor			· · · · ·	· · · · ·		<u>· · · </u>
14	Public support percentage for 2012 (line 6			1 column (f)		14	20.54.9/
15	Public support percentage for 2012 (interest					15	39.64 % 33.47 %
16a	331/3% support test—2012. If the organize box and stop here. The organization qual	ation did not o	heck the box	on line 13, and	line 14 is 331/		eck this
ь	331/23% support test—2011. If the organicheck this box and stop here. The organization					15 is 33 ¹ / ₃ % o	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	ınd-circumstar	nces" test, che	ck this box an	d stop here. E	xplaın in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me	on meets the eets the	"facts-and-cir	cumstances" t ances" test. Th	est, check thi	is box and sto	and line p here.
18	Private foundation. If the organization did				or 17b, check	this box and s	

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

(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.)

	if the organization fails to qualify	<u>/ under the te</u>	ests listed bei	ow, please co	omplete Part	11.)	
	on A. Public Support				·		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	1		1	1	1	
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				l.		
	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		ļ				
4	Tax revenues levied for the		1				
	organization's benefit and either paid					}	
	to or expended on its behalf		ļ				
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge				ļ	<u> </u>	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons]	
	· ·		 -			 	
b	Amounts included on lines 2 and 3			Ì			
	received from other than disqualified persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year		({			
С	Add lines 7a and 7b	<u> </u>				 	
8	Public support (Subtract line 7c from	WELL SEE	Participation	w. di. 3258 .	, ' and is 100 Mar , 1		
	line 6)	1.4		Received.		Mark State	
Secti	on B. Total Support	1 2 22 42	11,577, 3 - 3	F-843-4 43	P 1 2 2 2 4. 40	1 70 2 2 7 70 0 0 0 0 0	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		(-,		, , , , , , , , , , , , , , , , , , ,	1-7	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	}					
	loss from the sale of capital assets	1)		1	
4-	(Explain in Part IV.)	<u> </u>				<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12)		1- 6 1			L	504()(2)
14	First five years. If the Form 990 is for the				, or fifth tax ye	ear as a section	
Co -+:	organization, check this box and stop he			· · · · ·	· ·	· · ·	<u> </u>
	on C. Computation of Public Suppor			2 (0)		145	0/
15 16	Public support percentage for 2012 (line a		•	o, column (t))		15	<u>%</u>
16 Socti	Public support percentage from 2011 Sci on D. Computation of Investment In			•	• •	16	%
				v lino 12 colum	an (fl)	17	0/
17 18	Investment income percentage for 2012 (Investment income percentage from 2013)			y inte 13, colun	111 (1 <i>))</i>	17	<u>%</u>
18	331/3% support tests—2012. If the organ	•		on line 14 on	 .d line 15 :c ~		and line
19a	17 is not more than 33½%, check this box						
h	33 ¹ / ₃ % support tests—2011. If the organiz						
þ	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		-	•			
20	ato iounidation. If the organization of	- not officer a				uc	

Schedule A (I	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		•
-		
		•

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

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

Open to Public Inspection

Marino	of the Organization	Employer identification number
Mic	ddlesex County College Foundation, Inc.	22-6079662
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	-
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised
-	funds are the organization's property, subject to the organization's exclusive legal cont	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	
Par	Conservation Easements. Complete if the organization answered "Yes	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	to rolli 550, rartiv, line r.
•	Preservation of land for public use (e.g., recreation or education) Preservation	of an historically important land area
		·
		of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribut	ion in the form of a concentation
~	easement on the last day of the tax year.	ion in the form of a conservation
	outs. The last day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	Tiold at the Line of the Tex Total
a		
b	Total acreage restricted by conservation easements	
c d	Number of conservation easements on a certified historic structure included in (a)	
u	Number of conservation easements included in (c) acquired after 8/17/06, and not historic structure listed in the National Register	1 1
3	Number of conservation easements modified, transferred, released, extinguished, or tel	
•	tax year	minated by the organization during the
4	**	
5	Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, in	spection handling of
•		·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
٠	Standard volunteer rouns devoted to monitoring, inspecting, and emorcing conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	annanta duman tha unar
′	► \$	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170/b)/4\/P\
0	(i) and section 170(h)(4)(B)(ii)?	· · · · · · <u> </u>
_		
9	In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's fi	
	organization's accounting for conservation easements.	manicial statements that describes the
Part		- Other Cimilar Assets
ır alı l	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
4-		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it works of art, historical treasures, or other similar assets held for public exhibition, e	
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	
L		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, e public service, provide the following amounts relating to these items:	ducation, or research in furtherance of
		.
	(i) Revenues included in Form 990, Part VIII, line 1	***************************************
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	items
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ •

0	•
rage	6

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check at lithat apply): a Public exhibition d Loan or exchange programs b Schadry research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yea No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,	Part	Organizations Maintaining	Collections of A	rt, Historical 7	Treasures, or O	ther Similar As	sets (continued)
b	3						ignificant use of its
c	а	_					
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b			e 📙 Other	r		
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV. Iine 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermedary for contributions or other assets not included on Form 990, Part X Iine 21. Ia is the organization an agent, trustee, custodian or other intermedary for contributions or other assets not include on Form 990, Part X Iine 21. Ia is the organization an agent, trustee, custodian or other intermedary for contributions or other assets not include on Form 990, Part X Iine 21. Ia is the organization an agent, trustee, custodian or other intermedary for contributions or other assets not include on Form 990, Part X Iine 21. Ia Beginning balance		Preservation for future generations	3				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7?	4		tion's collections a	na expiain now t	ney turther the or	ganization's exen	ipt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_		achait ar ragaina a	lonations of art	historical treasure	e or other simila	ייי
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV. line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5						
line 9, or reported an amount on Form 990, Part X, line 21. Is the roganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Stable Image: Control Image: Contro	Part						
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?					anneanon anom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
nicluded on Form 990, Part X?	1a	Is the organization an agent, trustee,	custodian or othe	r intermediary fo	or contributions o	r other assets no	ot
C Beginning balance							
C Beginning balance	b	If "Yes," explain the arrangement in Pa	art XIII and complet	te the following to	able:		_
d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 217 Did the organization include an amount on Form 990, Part X, line 217 Did the organization include an amount on Form 990, Part X, line 217 Did the organization include an amount on Form 990, Part X, line 217 Did the organization include an amount on Form 990, Part X, line 217 Did the organization include an amount on Form 990, Part X, line 217 Did the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current yeary (b) Pror year (c) Two years back (d) Three years back (d) Form years back (e) Four years back (e) Accumulated depreciation (fine four years) (e) Four years back (e) Accumulated depreciation (fine four years) (e) Four years back (e) Accumulated depreciation (fine four years) (e) Cost or other basis (e) Accumulated depreciation (fine four years) (e) Cost or other basis (e) Accumulated depreciation (fine four years) (e) Cost or other basis (e) Accumulated depreciation (fine four years)				_		Ar	mount
Ending balance 1	С	Beginning balance			10	c	
Ending balance Did the organization include an amount on Form 990, Part X, line 217 Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. □ □ □ □ □ □ □ □ □	d	Additions during the year			<u>1</u> 0	d L	
Did the organization include an amount on Form 990, Part X, line 217	е	Distributions during the year					
b f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. □	f	•					
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year/ (b) Pror year (c) Two years back (d) Three years back (e) Four years back (b) Four years back (c) Two years back (b) Four years back (b) Four years back (b) Four years back (b) Four years back (c) Two years back (c) Two years back (e) Four years back (b) Four years back (c) Two years back (e) Four years bac		-					
(a) Current year/o (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Fo		If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been provid	ed in Part XIII .	<u></u>
Beginning of year balance	Par	Endowment Funds. Comple	tele if the organiza				
b Contributions	40	Reginning of year balance					1
C Net investment earnings, gains, and losses	_						·
d Grants or scholarships e Other expenditures for facilities and programs 16,166 (35,171) (214,511) (1,529,661) f Administrative expenses g End of year balance End of year balance 8,351,239 8,280,920 8,233,233 7,909,951 7,433,611 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 0% b Permanent endowment ▶ 100% c Temporarily restricted endowment ▶ 0% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation 4 Describe in Part XIII the property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 93,493 93,350 143 Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 143		,	70,319	31,321	338,433	690,63	88,199
d Grants or scholarships	Ŭ						
Other expenditures for facilities and programs	d	}					
Programs 16,166 (35,171) (214,511) (1,529,661)	_	'		·			
f Administrative expenses .				16,166	(35,171)	(214.511	(1,529,661)
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 0% b Permanent endowment ▶ 1000% Temporarily restricted endowment ▶ 0% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i) ✓ (ii) related organizations . 3a(ii) ✓ b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b □ 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation be Buildings . (a) Equipment . (a) Cost or other basis (other) (other) 93,350 143 e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 143	f	Administrative expenses			· · · · · · · · · · · · · · · · · · ·	1	
a Board designated or quasi-endowment ▶ 0% b Permanent endowment ▶ 100% c Temporarily restricted endowment ▶ 0% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	End of year balance	8,351,239	8,280,920	8,233,233	7,909,951	7,433,611
b Permanent endowment ▶ 100% c Temporarily restricted endowment ▶ 0% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i) ✓ (ii) related organizations . 3a(ii) ✓ If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment) (other) (other) (a) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book va	2				, column (a)) held	as:	
Temporarily restricted endowment ▶	а	Board designated or quasi-endowmer	nt ▶0	%			
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	С						
organization by: (i) unrelated organizations . 3a(i)	٥.	The percentages in lines 2a, 2b, and 2	c should equal 100	%. 		lanininterval for the	_
(i) unrelated organizations	за		e possession of the	organization tha	at are new and ac	irministered for the	
(ii) related organizations		•					
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (other) (other) (d) Book value depreciation 1a Land							
Description of property Cost or other basis (other) Cost or other basis (other)	b	• •	zations listed as re	guired on Schedi	ule R?		
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Equipment (other) (f) Cost or other basis (other) (other) (other) (h) Cost or other basis (other) (other) (other) (h) Cost or other basis (other) (o	4						L.T.L.,
Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Cost or other basis (other) (other) (investment) (investment	Part						
b Buildings c Leasehold improvements d Equipment			(a) Cost or other	er basis (b) Cost o	r other basis (c)	I	(d) Book value
b Buildings c Leasehold improvements d Equipment	1a	Land					
c Leasehold improvements d Equipment . 93,493 93,350 143 e Other .							
d Equipment	С	Leasehold improvements					
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 143	d			93,493		93,350	143
	Total.	Add lines 1a through 1e (Column (d) m	oust equal Form 990), Part X, column	(B), line 10(c))	<u> ▶ </u>	143

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.
(2) Closely-held equity interests (3) Other (A) (A) (B)			(b) Book value	
(B) Clother (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financia	al denvatives		
(A) (B) (C)		-held equity interests		
(B) (Column (b) must equal Form 990, Part X, col (B) line 12) (E) (Column (b) must equal Form 990, Part X, col (B) line 13) (E)		•		
C C C C C C C C				
(if) (if) (if) (if) (if) (if) (if) (if)				
(i) (i) (ii) (ii) (iii) (i				
(if) (ii) (iii) (iii) (iii) (iiii) (iiii) (iiiiiiii				
(i) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiiiiii		••••••		
(++++++++++++++++++++++++++++++++++++				
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Total, (Column (b) must equal Form 990, Part X, cot (B) line 12.) Part X Investments — Program Related. See Form 990, Part X, Inne 13. (c) Method of valuation Cost or end-of-lyear market value (d) Cost or end-of-lyear market value (e) Cost or end-of-lyear market value (e) Cost or end-of-lyear market value (f) C				
Investments - Program Related. See Form 990, Part X, Inne 13. (a) Description of investment type (b) Book value Cost or end-of-year market value		(b) must equal Form 900. Part V. col. (P) line 12.1		The Carl of the Mark the Carlot and the State of the Carlot of the Carlo
(a) Description of investment type (b) Book value Ccst or end-of-year market value Ccst or end-of-year market value (1)			See Form 990 Part Y	
Cost or end-of-year market value	I alt VIII			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total: (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Liabilities. See Form 990, Part X, col. (B) line 15. (9) (10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) bescription of investment type	(b) Book value	
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Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value	(10)		*	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (a) Description of liability (b) Book value (b) Book value		ımn (b) must equal Form 990, Part X, co	I. (B) line 15)	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (2)				
(2) (3) (4) (5) (6) (7) (8) (9)	1.			
(3) (4) (5) (6) (7) (8) (9)	(1) Federal	income taxes		•
(4) (5) (6) (7) (8) (9)	(2)			
(5) (6) (7) (8) (9)	(3)			
(6) (7) (8) (9)				
(7) (8) (9)				
(8)				•
(9)	(7)			
(10)				
	(10)			· · · · · · · · · · · · · · · · · · ·
	(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				4
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	2. FIN 48 (AS liability for un	SC 740) Footnote In Part XIII, provide the tencertain tax positions under FIN 48 (ASC 74	ext of the footnote to the orga 40). Check here if the text of t	anization's financial statements that reports the organization's he footnote has been provided in Part XIII
, and the second	liability for ui	ncertain tax positions under FIN 48 (ASC 74	10). Check here if the text of t	he footnote has been provided in Part XIII

= • <i>5</i> 772`	Reconciliation of Revenue per Audited Financial Statement	ents '	With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,617,062
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			77.50	1,017,002
a	Net unrealized gains on investments	2a	422,023		
b	Donated services and use of facilities	2b	122/020		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
_	Add lines 2a through 2d	-		2e	422,023
3	Subtract line 2e from line 1			3	1,195,039
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	72,545		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	72,545
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,267,584
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	r Return	
1	Total expenses and losses per audited financial statements			1	1,054,022
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			***	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,054,022
3	Subtract line 2e from line 1	, .		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		33	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	72,545		
	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	72,545
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	<i></i>	5	1,126,567
	XIII Supplemental Information				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and				
Part V	, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b	o. Also	complete this part to	provide ar	ny additional
inform	ation.				
Part \	, Line 4 The organization's use of endowment funds is to realize a total inve	stmen	t return that will allow	t to continu	e to make
	annual awards of scholarships and financial aid to students.	••			

Schedule D (Fo	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
		•
		•
•		
•		
		••••

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number Middlesex County College Foundation, Inc. 22-6079662 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations g Special fundraising events ✓ In-person solicitations ď Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (iv) Gross receipts from activity (vi) Amount paid to (i) Name and address of individual (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) col (i) Yes No 1 5 6 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	art II	Fundraising Events. Cor than \$15,000 of fundraisi	ng event contributions			
		gross receipts greater tha	(a) Event #1 Casino Night (event type)	(b) Event #2 Golf Outing (event type)	(c) Other events Scholarshin Ball (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	18.840	45.447	129.846	194.133
<u></u>	2	Less: Contributions Gross income (line 1 minus line 2)	11.002	25.671	102.822	139,495
_			7.838	19.776	27.024	54.638
	4	Cash prizes				
	5	Noncash prizes		, -		
enses	6	Rent/facility costs	7.838	19.776	27.024	54.638
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
_	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Comb	oine line 3, column (d), a	nd line 10	> .	(<u>54,638</u>)
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 990	0, Part IV, line 19, or r	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5_	Other direct expenses .				······
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes%	
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colun	nn d, and line 7		
9	En	iter the state(s) in which the or	ganization operates gan	ning activities:		
		the organization licensed to of 'No," explain:	perate gaming activities		?	🗌 Yes 🗌 No
10		ere any of the organization's g 'Yes," explain:	aming licenses revoked			

schedu	ule G (Form 990 or 990-EZ) 2012		Pag	je 🤄
11	Does the organization operate gaming activities with nonmembers?	☐ Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes		Nο
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility			%
14	An outside facility			%
•	records.			
	Name ▶			
	Address ►			
15a		☐ Yes	_ •	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		□'	10
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information.			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ►			
~	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to	_		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	☐ Yes [□ N	10
Part	spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, II	ne 2h		
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compart to provide any additional information (see instructions).	nplete th	IS	
••••				
				·
				·
-				

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number ✓ Yes 22-6079662 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? Middlesex County College Foundation Inc. (b) EIN (1) 1 (a) Name and address of organization or government Part II <u>N</u> 6 9 N € 9 ල 3 9 (12) <u>@</u>

Schedule I (Form 990) (2012)

Cat No 50055P

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

	(a) Type of grant or assistance (b) Number of recipients					
		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Educa	Educational scholarships	342	640,965			
2						
ဗ						•
4						
2						
9						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nplete this part to pr	rovide the informatio	n required in Part I,	, line 2, Part III, column (b), and any other additional
olarshio otors the	Scholarshio, funds and .unancial aid.orants.are transferred to the Bursar.of.Middlesex.Countx.College.for nosting to the gualitying recipients'. Student accounts The Bursar's, Office monitors the students', programs to ensure continued gualification, including regular attendance, maintenance of grades and other relevant criteria	iferred to the Bursat.of.) :d.auabficatonincludii	Middlesex .County .Colle no regular attendance r	sae for postiva to the o maintenance, of grades	ualifving.cecipients'.student a and other relexant.criteria	ccounts. The Bursar's Office
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		*** *** *** *** *** *** *** *** *** **	; } } \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

22-6079662

Department of the Treasury Internal Revenue Service Name of the organization Middlesex County College Foundation, Inc.

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	::	, y	4. 11. 12.
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	2.8	12 . 4 . 2 .	\$ 5°.
	☐ Travel for companions ☐ Payments for business use of personal residence	'		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	~ .	15 4	.5.
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	463	為李	200
		1	75.30	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	, , ,	1967.	1. 7.
	explain	1b		
		1.0	1	1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			-
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	İ	
			2001	2 1 1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	3,1		19.546
•	organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a		L. Fage	**************************************
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	133	at the	E 20
	✓ Compensation committee	115		
	☐ Independent compensation consultant ☐ Compensation survey or study	1	1.50	
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	8.	and the same of	Co.
	- Application of the board of componitation committee			3,4,5,
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		1.1	30 30
	organization or a related organization:	* (2*,		\$30
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	112	\$1.5	4 12
	,	1,3		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			(v)
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	180	7.73	
	compensation contingent on the revenues of:	, ,	1	*
а	The organization?	5a		J
b	Any related organization?	5b		7
	If "Yes" to line 5a or 5b, describe in Part III.			<u> </u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	^		. 3
	compensation contingent on the net earnings of			_
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.			•
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		1	
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	}	✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	- 	\longrightarrow	•
•	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8	ĺ	✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
	Regulations section 53 4958-6(c)?	9	ł	
		, -	r	

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

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.

mms (Bini-Lin) for each listed individual must equal the total amount of Form 990. Part VII. Section A line 1a applicable column (D) and (E) a

equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.		reported as deferred in prior Form 990		244.100		195.245 0	191.839 0		177.193 0	66.267									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
mn (D) and (E) a	(E) Total of col	(a)-(i)(g)																														
1a, applicable colu	(D) Nontaxable	benefits		22.493		22.521	29.237		10.021	3.229		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																				
rt VII, Section A, line	(C) Retirement and	other deferred compensation		15,429		12.436	12.292		12.004	4.885																						
unt of Form 990, Pa	compensation	(iii) Other reportable compensation																														
ed individual must equal the total amount of Form 990	W-2 and/or 1099-MIS	(ii) Bonus & incentive compensation																						• • • • • • • • • • • • • • • • • • •				1				
listed individual musi	(b) Breakdown of	(i) Base compensation		206.178		160,288	150.310		155.168	58 153				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1								+				
r each			ε	Ξ	3	(<u>i</u>)	 Ξ	<u>-</u> :	€	3 3	3	Ξ	3	Ξ	2	3	3	Ξ	Ξ	E	(3)	3	ε	Ξ	ε	3	ε	Œ	3	€	9	E
Note. The sum of columns (B)(i)-(iii) for each listed individual must		(A) Name and Title		1 Joann LaPerla-Morales. Trustee	:	2 Ronald C. Goldfarb. Trustee	3 Susan K. Perkins. Trustee		4 Patrick Madama. Trustee	5 Veronica Clinton Exec Director		9		7		80		O		10		#		12		13		14		15		16

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.
Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number Middlesex County College Foundation Inc. 22-6079662 Part VI, Line 11a: Due to the large number of Board members (24), it is not pratical for each member to review Form 990 and the audited financial statements prior to filing. Therefore, such documents are provided to the Audit Committee and to the key representatives of the Finance Committee, the organization's Chair, Executive Director, and the VP for Finance of Middlesex County College. Part VI, Line 12c: The Foundation has a Conflict of Interest Policy for Trustees and Directors to review and sign new declarations effective for each fiscal year. Forms are included in Board members' packets for completion by each Board member and returned to the Foundation. Part VI, Line 15a: The appropriate compensation package for the Executive Director is determined by reference to comparable positions at Middlesex County College. The Executive Director acts as the Chief Operating Officer. Areas of leadership responsibility which are taken into account include fund raising, scholarship administration, financial management, personnel skills, development of best practices, and similar qualities. Compensation is directly linked to experience, performance objectives and job description. Part VI, Line 15b: There are no officers or other employees who are compensated that meet the definition of "key employee". Part VI, Line 19: Governing documents, conflict of interest policy and financial information will be made available upon receipt at the organization's office of a written request for such information. Form 990 is available on the "Guidestar" website. Part VII, Section A: Average hours per week of the Board members has been estimated by the organization. All of the Board members are volunteers who receive no compensation or expense reimbursement. As non-employees they are not required to file time sheets or otherwise account for their time. They give of their time and expertise to promote the mission of the organization, expending the level of effort they feel is required to fulfill their obligation. Asking them to quantify this effort in terms of hours would be an affront to their dedication and discourage other qualified persons from considering service to the organization.

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

Middlesex County College Foundation, Inc.

Partl

Related Organizations and Unrelated Partnerships

▶ See separate instructions. ▶ Attach to Form 990.

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

IB No 1545-0047	2012
OMB	99

Open to Public Inspection

Employer identification number

22-6079662

(f)
Direct controlling
entity (g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 ž 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.) Yes (f)
Direct controlling 'entity (e) End-of-year assets M.C. College N/A N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section county college 501(c)(3) (c) Legal domicile (state or foreign country) Cat. No 50135Y (c) Legal domicile (state or foreign country) (b)
Primary activity 3 (b) Primary activity community college college bookstore For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) Middlesex County Callege, 2600 Woodbridge Avenue. ..(2) Middlesex Caunty. Calleac Retail Scryices Corporation...... (a) Name, address, and EIN (if applicable) of disregarded entity ___2600 Woodbridge Avenue, Edison, NJ 08818, 22-6082761 (a)
Name, address, and EiN of related organization Edison, NJ 08818, 22-1769370 Part II Ξ 2 ල € Ō 9 ව ₹ (2) 9 E

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	lelated Organizat s or more related c	ions Taxable	as a Partners treated as a pa	ship (Con artnership	nplete if the during the	organizati tax year.)	on answe	red "Yes	" to Form 990	, Part IV, I	ine 34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total S income	(g) Share of end-of- year assets	(h) of- Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(20 managing (-1 partner?)		(k) Percentage ownership
								Yes	No	Yes	N _O	
								+				
												i
											-	
											-	
											-	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Related Organizat	i ons Taxable elated organiz	as a Corpora	ation or T	rust (Comp poration or t	lete if the rrust during	organizati) the tax	ion answ /ear.)	ered "Yes" to	Form 990	, Part I) '
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entrty (C corp. S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section	(i) Section 512(b)(13) controlled entity?
											Yes	8
											_	
			-	1						Schedule R (Form 990) 2012	(Form 9	90) 2012

				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1.
Note. Complete line I if any entity is listed in Parts II, III, or IV of this schedule.			!	-		, E
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related orgar	iizations listed in Parts	- II-IV?			- T
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	>	ا _
b Gift, grant, or capital contribution to related organization(s)			•	1b /	_	
c Gift, grant, or capital contribution from related organization(s)		•	•	10	>	l.
d Loans or loan quarantees to or for related organization(s)	•			1d	>	l.
	•			40	1	١.
e Loans of loan guarantees by related organization(s)				9	> 7	-20
f Dividends from related organization(s)		•		3 =	\ <u>\</u>	١.
			-l- • • •		• `	l.
g Sale of assets to related organization(s)			· · · · · · · · · · · · · · · · · · ·	19	>	. 1
h Purchase of assets from related organization(s)				1	>	ا
i Exchange of assets with related organization(s)				1;	1	l.
i Lease of facilities equinoment or other assets (Ę	>	l.
		•			機関	"
k Lease of facilities equipment or other assets from related organization(s)				1×		1
				=		l.
Deformance or commercial or fundamental and relations by related and resolution of	•	•				Į,
			•	1	\	1
)	1	ļ
o Sharing of paid employees with related organization(s)						ľ
						7
p Reimbursement paid to related organization(s) for expenses				4	>	ͺl
q Reimbursement paid by related organization(s) for expenses				19	>	ا پ
				逐一张		13
r Other transfer of cash or property to related organization(s)				14	>	、 l
s Other transfer of cash or property from related organization(s)				1s ,		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,		including covered relationships and transaction thresholds.	iships and transactio	on threst	olds.	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determinate parameters	יו למוסחצי	payton	
	type (a-s)					
(1) Middlesex County College scholarships to students	а	640.965	cash transfer			
(2) Middlesex County College rent-free use of office snace and mailing services	k and n	40.862	estimate			ı
(3) Middlesex County College		55.866	actual			
			_			l
(4) Middlesex County College Retail Services Corporation	S	7.500	cash transfer			1
(5)						
				-		
			Schedule R (Form 990) 2012	R (Form 9	90) 201	12

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	, -				1		1	6		1.5
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(a) Predominant	(e) Are all partners		Share of	Disproportionate	Code V—UBI		Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income		allocations?	of Schedule K-1 (Form 1065)	managing partner?	ownership
			section 512-514)	Yes No			Yes No		Yes No	
(1)	į									
(2)										
(6)										
(4)										
(5)										
(9)										
(I)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)	-									
(15)										
(16)										
								Sch	edule R (Fo	Schedule R (Form 990) 2012

Donor Bill of Rights

Philanthropy is based on voluntary action for the common good. It is a tradition of giving and sharing that is primary to the quality of life. To ensure that philanthropy merits the respect and trust of the general public, and that donors and prospective donors can have full confidence in the nonprofit organizations and causes they are asked to support, we declare that all donors have these rights:

Ι.

To be informed of the organization's mission, of the way the organization intends to use donated resources, and of its capacity to use donations effectively for their intended purposes.

II.

To be informed of the identity of those serving on the organization's governing board, and to expect the board to exercise prudent judgment in its stewardship responsibilities.

III.

To have access to the organization's most recent financial statements.

IV.

To be assured their gifts will be used for the purposes for which they were given.

V.

To receive appropriate acknowledgement and recognition

VI.

To be assured that information about their donation is handled with respect and with confidentiality to the extent provided by law.

VII.

To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature.

VIII.

To be informed whether those seeking donations are volunteers, employees of the organization or hired solicitors

IX.

To have the opportunity for their names to be deleted from mailing lists that an organization may intend to share.

X.

To teel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.

The Donor Bill of Rights was created by the American Association of Fund Raising Counsel (AAFRC), Association for Healthcare Philanthropy (AHP), the Association of Fundraising Professionals (AFP), and the Council for Advancement and Support of Education (CASE). It has also been embraced by

The Middlesex County College Foundation