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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
BLOOMFIELD COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
467 FRANKLIN STREET

City or town, state or province, country, and ZIP or foreign postal code
BLOOMFIELD, NJ 07003

D Employer identification number
22-1494428

E Telephone number
(973) 748-9000

G Gross receipts $ 62,855,192

F Name and address of principal officer
RICHARD LEVAO
467 FRANKLIN STREET
BLOOMFIELD, NJ 07003

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BLOOMFIELD EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1868 **M** State of legal domicile NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PREPARE STUDENTS TO ATTAIN ACADEMIC, PERSONAL AND PROFESSIONAL EXCELLENCE IN A MULTICULTURAL AND GLOBAL SOCIETY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,499
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,653,502	3,612,861
	9	Program service revenue (Part VIII, line 2g)	55,987,497	56,839,690
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	403,671	1,130,130
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,702	145,005
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,031,968	61,727,686
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,147,538	16,467,468
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,463,630	26,313,818
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,360	48,635
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,059,497		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,884,978	16,318,491
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	56,526,506	59,148,412
	19	Revenue less expenses Subtract line 18 from line 12	3,505,462	2,579,274

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	67,992,444	91,352,144
	21	Total liabilities (Part X, line 26)	17,216,504	37,015,664
	22	Net assets or fund balances Subtract line 21 from line 20	50,775,940	54,336,480

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2015-04-29
Signature of officer Date

HOWARD C BUXBAUM VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rachel Spurlock				P00520729
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶	
Firm's address ▶ 488 MADISON AVENUE FLOOR 3 NEW YORK, NY 100225702			Phone no (212) 572-5500	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☐

1 Briefly describe the organization's mission

TO PREPARE STUDENTS TO ATTAIN ACADEMIC, PERSONAL AND PROFESSIONAL EXCELLENCE IN A MULTICULTURAL AND GLOBAL SOCIETY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 52,776,403 including grants of $ 16,467,468) (Revenue $ 56,908,512)

BLOOMFIELD COLLEGE IS AN INDEPENDENT COLLEGE HISTORICALLY RELATED TO THE PRESBYTERIAN CHURCH (U S A) LOCATED IN THE NEW JERSEY-NEW YORK METROPOLITAN REGION, THE COLLEGE OFFERS ACADEMIC PROGRAMS LEADING TO THE BACHELOR OF ARTS AND BACHELOR OF SCIENCE DEGREES THE MISSION OF BLOOMFIELD COLLEGE IS TO PREPARE STUDENTS TO ATTAIN ACADEMIC, PERSONAL AND PROFESSIONAL EXCELLENCE IN A MULTICULTURAL AND GLOBAL SOCIETY PROGRAMS OF STUDY ARE ROOTED IN THE LIBERAL ARTS, AND ASSIST STUDENTS IN OBTAINING THE SKILLS, KNOWLEDGE, AND VALUES THEY NEED TO BECOME EMPOWERED INDIVIDUALS ENGAGED IN RENEWING THEMSELVES, THEIR RELATIONSHIPS, THEIR WORKPLACES, AND THEIR COMMUNITIES BLOOMFIELD COLLEGE OFFERS FLEXIBLE CLASS SCHEDULES AND HYBRID LEARNING (ONLINE AND CLASSROOM) TO ACCOMMODATE THOSE STUDENTS WITH FAMILY AND WORK OBLIGATIONS CLASSES, FEES, SEMINARS, RESIDENTIAL HOUSING AND FOOD SERVICE PROVIDE AN EDUCATIONAL, RESIDENTIAL AND SOCIAL EXPERIENCE FOR STUDENTS AND MEMBERS OF THE SURROUNDING COMMUNITY BLOOMFIELD COLLEGE IS CHARTERED BY THE STATE OF NEW JERSEY AND ACCREDITED BY THE MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS ITS ACADEMIC PROGRAMS ARE APPROVED BY THE NEW JERSEY COMMISSION ON HIGHER EDUCATION THE NURSING PROGRAM AT BLOOMFIELD IS ACCREDITED BY COMMISSION ON COLLEGIATE NURSING EDUCATION (CCNE) AND THE NEW JERSEY BOARD OF NURSING THE DIVISION OF EDUCATION IS ACCREDITED BY THE TEACHER EDUCATION ACCREDITATION COUNCIL (TEAC) BLOOMFIELD COLLEGE IS RELATED TO THE PRESBYTERIAN CHURCH, USA, THROUGH THE SYNOD OF THE NORTHEAST AND IS A MEMBER OF THE ASSOCIATION OF PRESBYTERIAN COLLEGES AND UNIVERSITIES THE FALL 2013 STUDENT BODY, OF APPROXIMATELY 1972 STUDENTS, IS APPROXIMATELY 65% FEMALE, 50% AFRICAN AMERICAN, 22% HISPANIC, AND 13% WHITE MANY BLOOMFIELD COLLEGE STUDENTS ARE FIRST GENERATION COLLEGE STUDENTS, OR ARE PROFESSIONALS SEEKING TO KEEP PACE WITH A CHANGING MARKET PLACE AS OF THE FALL OF 2013, ABOUT 510 STUDENTS RESIDE ON CAMPUS IN THE FALL OF 2013, BLOOMFIELD COLLEGE ENROLLED 622 NEW FRESHMAN AND TRANSFER STUDENTS, 409 OF THESE NEW STUDENTS WERE FULL-TIME TRADITIONAL UNDERGRADUATE FRESHMEN ABOUT 98% OF FRESHMEN AND 93% OF CONTINUING STUDENTS RECEIVE SOME FORM OF AID AID IS DISTRIBUTED AS 65% GRANTS,29% STUDENT LOANS, 4% PARENTAL LOANS AND 2% JOBS A TOTAL OF 411 ENROLLED FRESHMEN WERE JUDGED TO HAVE NEED, AND 408 OF THESE WERE OFFERED AID SCHOLARSHIPS AVAILABLE FOR ACADEMICS, ATHLETICS, LEADERSHIP, ALUMNI AFFILIATION, RELIGIOUS AFFILIATION AS OF THE FALL 2013, THE FACULTY WAS COMPRISED OF 72 FULL-TIME PROFESSORS (29 MALE, 43 FEMALE), PLUS 145 ADJUNCT PROFESSORS THE ADMINISTRATION AND STAFF (MINUS FACULTY) IS COMPRISED OF 238 FULL AND PART-TIME EMPLOYEES MANY OF THE FACULTY AND ADMINISTRATION ARE NATIONAL LEADERS IN SCHOLARSHIP, DEVELOPING INNOVATIVE WAYS TO MEET THE INTELLECTUAL, SOCIAL AND DEMOGRAPHIC CHANGES IN SOCIETY BLOOMFIELD COLLEGE OFFERS OVER 60 MAJORS AND AREAS OF CONCENTRATION AS WELL AS OTHER SPECIAL LEARNING OPPORTUNITIES SUCH HONORS PROGRAMS AND STUDY ABROAD IN ADDITION TO THE UNDERGRADUATE CURRICULUM, WE ALSO HAVE A LARGE NON-CREDIT CONTINUING EDUCATION PROGRAM WITH OUR OFFICE OF INTERNATIONAL TRAINING AND PROFESSIONAL STUDIES (ITPS) ITPS OFFERS ONLINE CERTIFICATE PROGRAMS FOR THE CAREER ORIENTED STUDENT THEY ALSO HAVE CUSTOMIZED CORPORATE COURSES THE AMERICAN LANGUAGE CENTER HAS YEAR ROUND ESL CLASSES FOR THOSE LOOKING TO IMPROVE THEIR ENGLISH SKILLS IN ADDITION, THEY ARE LINKED GLOBALLY WITH MANY SCHOOLS AND UNIVERSITIES FOR TRAINING OF INTERNATIONAL STUDENTS IN ENGLISH, NURSING, EDUCATION, HOSPITALITY, AND OTHER FIELDS OF STUDY

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 52,776,403

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	2,615			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,499			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . .	**1a**	31			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent . . .	**1b**	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**		No
6	Did the organization have members or stockholders? . . .			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .			**7a**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body? . . .			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .			**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
▶CINDY MCDANIEL 467 FRANKLIN STREET
BLOOMFIELD, NJ 07003 (973) 748-9000

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,131,194	0	541,777

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶22

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
DRINKER BIDDLE & REATH 500 CAMPUS DRIVE FLORHAM PARK NJ 07932	LEGAL	226,457
MCMORAN & O'CONNOR & BRAMLEY 2399 HIGHWAY 34 BLDG D SUITE D-1 MANASQUAN NJ 08736	LEGAL	179,839
FALLON & PACHECO ARCHITECTS 120 OVERLOOK TERRACE BLOOMFIELD NJ 07003	ARCHITECT	169,761

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶3

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . .

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a	0				
	b	Membership dues 1b	0				
	c	Fundraising events 1c	42,240				
	d	Related organizations . . . 1d	0				
	e	Government grants (contributions) 1e	2,654,291				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	916,330				
	g	Noncash contributions included in lines 1a-1f $	6,680				
	h	**Total.** Add lines 1a-1f . . . . ▶		3,612,861			
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	611310	50,496,931	50,496,931	0	0
	b	AUXILIARY SALES AND SERVICES	611710	6,342,759	6,342,759	0	0
	c			0	0	0	0
	d			0	0	0	0
	e			0	0	0	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶		56,839,690			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		714,138	0	0	714,138
	4	Income from investment of tax-exempt bond proceeds . . ▶		0	0	0	0
	5	Royalties . . . . ▶		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents: 0	0				
	b	Less rental expenses: 0	0				
	c	Rental income or (loss): 0	0				
	d	Net rental income or (loss) . . . . ▶		0	0	0	0
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory: 1,513,901					
	b	Less cost or other basis and sales expenses: 1,097,909					
	c	Gain or (loss): 415,992	0				
	d	Net gain or (loss) . . . . ▶		415,992			415,992
	8a	Gross income from fundraising events (not including $ 42,240 of contributions reported on line 1c) See Part IV, line 18 . . a	13,926				
	b	Less direct expenses . . . b	29,597				
	c	Net income or (loss) from fundraising events . . ▶		-15,671			-15,671
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	PARKING	611710	47,763			47,763
	b	VENDING	611710	44,091			44,091
	c	DORM FINES	611710	18,666	18,666		
	d	All other revenue		50,156	50,156	0	0
	e	**Total.** Add lines 11a–11d . . . . . . ▶		160,676			
	12	**Total revenue.** See Instructions . . . . . ▶		61,727,686	56,908,512	0	1,206,313

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line 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	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	16,467,468	16,467,468		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,496,526	770,131	581,807	144,588
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	18,368,363	16,448,655	1,472,180	447,528
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,368,721	1,186,401	151,485	30,835
9	Other employee benefits	3,452,273	2,972,927	397,704	81,642
10	Payroll taxes	1,627,935	1,411,086	180,174	36,675
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	130,015		130,015	
c	Accounting	107,086		107,086	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	48,635			48,635
f	Investment management fees	22,664		22,664	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,748,135	1,015,606	732,529	0
12	Advertising and promotion	100,916	72,502	28,414	
13	Office expenses	3,468,856	3,206,356	151,467	111,033
14	Information technology	1,072,592	927,438	136,678	8,476
15	Royalties . .	0			
16	Occupancy	1,470,327	1,338,675	117,160	14,492
17	Travel	730,243	703,071	23,217	3,955
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,092,049	1,983,182	61,279	47,588
20	Interest	488,503		488,503	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,623,438	2,388,537	209,044	25,857
23	Insurance	715,202	547,437	167,765	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	BAD DEBT	869,454	869,454		
b	OTHER PROGRAM COSTS AND OTHER EXPENSES	359,989	257,189	50,840	51,960
c	MEMBERSHIP AND DUES	215,191	106,457	102,501	6,233
d	EQUIPMENT	103,831	103,831		
e	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24e	59,148,412	52,776,403	5,312,512	1,059,497
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)	0			

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		240,595	1	233,614
	2	Savings and temporary cash investments		11,698,649	2	12,914,909
	3	Pledges and grants receivable, net		570,985	3	988,916
	4	Accounts receivable, net		880,256	4	767,312
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		942,831	9	822,404
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 91,208,575			
	b	Less accumulated depreciation	10b 29,345,334	42,184,696	10c	61,863,241
	11	Investments—publicly traded securities		10,732,253	11	12,445,344
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		742,179	15	1,316,404
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		67,992,444	16	91,352,144
Liabilities	17	Accounts payable and accrued expenses		2,145,117	17	2,676,643
	18	Grants payable			18	
	19	Deferred revenue		300,763	19	371,955
	20	Tax-exempt bond liabilities		8,194,199	20	27,909,113
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		5,876,929	23	5,553,565
	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 of Schedule D		699,496	25	504,388
	26	**Total liabilities.** Add lines 17 through 25		17,216,504	26	37,015,664
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		39,410,577	27	41,821,545
	28	Temporarily restricted net assets		4,051,182	28	5,108,839
	29	Permanently restricted net assets		7,314,181	29	7,406,096
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		50,775,940	33	54,336,480
	34	Total liabilities and net assets/fund balances		67,992,444	34	91,352,144

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,727,686
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,148,412
3	Revenue less expenses Subtract line 2 from line 1	3	2,579,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,775,940
5	Net unrealized gains (losses) on investments	5	981,266
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,336,480

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 22-1494428
Name: BLOOMFIELD COLLEGE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR ADRIAN A SHELBY SECRETARY	50	X		X				0	0	0
JOHN DELUCCA VICE CHAIR	50	X		X				0	0	0
MARTIN MCKERROW CHAIR	50	X		X				0	0	0
RICHARD LEVAO PRESIDENT	37 50	X		X				375,977	0	70,202
STEPHEN GLASSER VICE CHAIR	50	X		X				0	0	0
CARMEN AMALIA CORRALES TRUSTEE	50	X						0	0	0
CAROLYN GLYNN TRUSTEE	50	X						0	0	0
DOROTHEA BENTON FRANK TRUSTEE	50	X						0	0	0
DR ERNESTO BUTCHER TRUSTEE	50	X						0	0	0
DR MAUREEN GRANT TRUSTEE	50	X						0	0	0
DR NICHOLAS CARLOZZI TRUSTEE	50	X						0	0	0
DR STEVEN M ROSE TRUSTEE	50	X						0	0	0
GEOFFREY CONNOR TRUSTEE	50	X						0	0	0
GLENN M REITER TRUSTEE	50	X						0	0	0
HANK UBEROI TRUSTEE	50	X						0	0	0
HANNAH RICHMAN TRUSTEE	50	X						0	0	0
HECTOR O BANEGAS TRUSTEE	50	X						0	0	0
JAMES R GILLEN TRUSTEE	50	X						0	0	0
JOANNE MARREN TRUSTEE	50	X						0	0	0
JOEL M WEINER TRUSTEE	50	X						0	0	0
JOSEAN FERNANDEZ TRUSTEE	50	X						0	0	0
NANCY LANE TRUSTEE	50	X						0	0	0
NANCY VAN DUYNE TRUSTEE	50	X						0	0	0
PATRICIA ETZOLD TRUSTEE	50	X						0	0	0
RENEE BALDAN-SELITTO TRUSTEE	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
RICHARD LARSEN TRUSTEE	50	X						0	0	0
ROSEMARY IVERSEN TRUSTEE	50	X						0	0	0
SANFORD B PRATER TRUSTEE	50	X						0	0	0
STEPHANIE LAWSON-MUHAMMAD TRUSTEE	50	X						0	0	0
VERNON ENDO TRUSTEE	50	X						0	0	0
WILLIAM H TURNER III TRUSTEE	50	X						0	0	0
ADAM CASTRO VP ENROLLMENT MANAGEMENT	37 50			X				141,685	0	23,911
HOWARD C BUXBAUM VP OF FINANCE	37 50			X				201,168	0	25,919
JACKIE BARTLEY-OXLEY VP OF INSTITUTIONAL ADVANCEMENT	37 50			X				47,736	0	2,098
MARION TERENZIO VP ACADEMIC AFFAIRS	37 50			X				154,484	0	32,123
PATRICK LAMY VP STUDENT AFFAIRS	37 50			X				144,154	0	18,334
PETER JEONG VP GLOBAL PROGRAMS AND PROFESSIONAL STUDIES	37 50			X				337,024	0	62,615
WILLIAM MCDONALD VP CAMPUS PLANNING	37 50			X				149,250	0	126,217
ISMAT MIKKY PROFESSOR	37 50					X		127,628	0	73,925
MARIA VOGT PROFESSOR	37 50					X		108,748	0	31,554
MARIANNE FLOOD PROFESSOR	37 50					X		111,625	0	21,124
NEDDIE SERRA PROFESSOR	37 50					X		123,522	0	24,618
PHYLLIS K MORE PROFESSOR	37 50					X		108,193	0	29,137

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLOOMFIELD COLLEGE

Employer identification number
22-1494428

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLOOMFIELD COLLEGE

Employer identification number
22-1494428

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $

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

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

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	10,717,706	9,511,367	10,146,915	8,498,914	6,626,188
b	Contributions	91,915	107,468	119,835	270,680	1,704,293
c	Net investment earnings, gains, and losses	2,066,437	1,500,596	85,126	1,667,559	485,049
d	Grants or scholarships	291,421	272,782			
e	Other expenditures for facilities and programs	87,352	66,543	349,028		
f	Administrative expenses	59,610	62,400	491,481	290,238	316,616
g	End of year balance	12,437,675	10,717,706	9,511,367	10,146,915	8,498,914

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

a Board designated or quasi-endowment ▶ 12 000 %

b Permanent endowment ▶ 59 550 %

c Temporarily restricted endowment ▶ 28 450 %

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

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings		54,786,720	18,944,831	35,841,889
c Leasehold improvements		1,189,999	1,189,562	437
d Equipment		10,639,376	9,210,941	1,428,435
e Other		24,592,480		24,592,480
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				61,863,241

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ACCRUED RETIREMENT BENEFIT OBLIGATION	300,984
CONDITIONAL ASSET RETIREMENT OBLIGATION	203,404
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	504,388

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	46,862,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	981,266		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	29,597		
e	Add lines **2a** through **2d**			2e	1,010,863
3	Subtract line **2e** from line **1**			3	45,851,477
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			
b	Other (Describe in Part XIII)	4b	15,876,209		
c	Add lines **4a** and **4b**			4c	15,876,209
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	61,727,686

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	43,301,800
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	29,597		
e	Add lines **2a** through **2d**			2e	29,597
3	Subtract line **2e** from line **1**			3	43,272,203
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	15,876,209		
c	Add lines **4a** and **4b**			4c	15,876,209
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	59,148,412

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4, Intended uses of endowment funds	THE ENDOWMENT CONSISTS OF APPROXIMATELY 80 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES (SCHOLARSHIPS AND PROGRAM SUPPORT) IT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT FUNDS WHILE ALSO MAINTAINING THE PURCHASING POWER OF THOSE ENDOWMENT ASSETS OVER THE LONG-TERM THE COLLEGE HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 4% OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OF THE AVERAGE OF THE PRIOR TWELVE QUARTERS PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF THE NEW JERSEY STATE INCOME TAX LAWS ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE COLLEGE HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2014 AND 2013 THE COLLEGE'S US FEDERAL AND STATE TAX FILINGS PRIOR TO FISCAL YEAR 2011 ARE CLOSED, AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS THE COLLEGE RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS OPERATING EXPENSES AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH ACCRUED EXPENSES IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION THERE WERE NO INTEREST OR PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2014 AND 2013
Schedule D, Part XI, Line 2d, Other revenues in audited financial statements not in form 990	DIRECT FUNDRAISING COSTS - 29597,
Schedule D, Part XI, Line 4b, Other revenues in form 990 not in audited financial statements	INSTITUTIONAL AID - 15876209,
Schedule D, Part XII, Line 2d, Other expenses in audited financial statements not in form 990	FUNDRAISING - 29597,
Schedule D, Part XII, Line 4b, Other expenses in form 990 not in audited financial statements	INSTITUTIONAL AID - 15876209,

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLOOMFIELD COLLEGE

Employer identification number
22-1494428

Part I

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

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

Return Reference	Explanation
Schedule E, Part I, Line 3, Racially nondiscriminatory policy	DURING THE REGISTRATION PERIOD, THE NONDISCRIMINATORY POLICY IS PUBLISHED THROUGH THE COURSE OFFERING CATALOG (PAGE 2) WHICH IS GIVEN TO EVERY STUDENT WHEN RECRUITING STUDENTS THROUGH THE MAIL, ALL SOLICITATION MATERIALS ALWAYS CONTAIN THE NONDISCRIMINATORY POLICY
Schedule E, Part I, Line 6a, Financial aid or assistance from a governmental agency	THE COLLEGE ADMINISTERS FEDERAL AND STATE AWARDED GRANTS TO STUDENTS (NJ TAG, EOF AND OTHERS, FEDERAL SEOG, PELL, CWS AND OTHERS THE COLLEGE IS THE RECIPIENT OF FEDERAL AND STATE GRANTS THAT SUPPORT CAMPUS WIDE PROGRAMS

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ. ▶See separate instructions.
▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLOOMFIELD COLLEGE

Employer identification number
22-1494428

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	RUFFALOCODY PO BOX 3018 CEDAR RAPIDS, MI 524063018	FUNDRAISING		No	44,698	56,059	-11,361
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶					44,698	56,059	-11,361

3 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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	56,166			56,166
	2 Less Contributions	42,240			42,240
	3 Gross income (line 1 minus line 2)	13,926	0	0	13,926
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	15,620			15,620
	7 Food and beverages				0
	8 Entertainment	1,500			1,500
	9 Other direct expenses	12,477			12,477
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(29,597)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-15,671

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain ____

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

b If "Yes," explain ____

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 ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

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2013

Open to Public Inspection

Name of the organization
BLOOMFIELD COLLEGE

Employer identification number
22-1494428

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) INSTITUTIONAL TUITION ASSISTANCE	1840	16,467,468			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	**Explanation**
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	THE ORGANIZATION ISSUES GRANTS TO QUALIFIED INDIVIDUALS THE GRANT FUNDS ARE THEN USED DIRECTLY AGAINST THE STUDENTS ACCOUNT AS PAYMENT TOWARDS THEIR COLLEGE EDUCATION

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

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2013
Open to Public Inspection

Name of the organization
BLOOMFIELD COLLEGE

Employer identification number
22-1494428

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)ADAM CASTRO VP ENROLLMENT MANAGEMENT	**(i)**	141,578	0	107	14,674	9,237	165,596	0
	(ii)	0	0	0	0	0	0	0
(2)MARION TERENZIO VP ACADEMIC AFFAIRS	**(i)**	153,911	0	573	15,860	16,263	186,607	0
	(ii)	0	0	0	0	0	0	0
(3)WILLIAM MCDONALD VP CAMPUS PLANNING	**(i)**	148,952	0	298	15,577	110,640	275,467	0
	(ii)	0	0	0	0	0	0	0
(4)PETER JEONG VP GLOBAL PROGRAMS AND PROFESSIONAL STUDIES	**(i)**	336,782	0	242	25,501	37,114	399,639	0
	(ii)	0	0	0	0	0	0	0
(5)PATRICK LAMY VP STUDENT AFFAIRS	**(i)**	144,154	0	0	14,431	3,903	162,488	0
	(ii)	0	0	0	0	0	0	0
(6)RICHARD LEVAO PRESIDENT	**(i)**	275,977	100,000	0	25,500	44,702	446,179	0
	(ii)	0	0	0	0	0	0	0
(7)HOWARD C BUXBAUM VP OF FINANCE	**(i)**	201,168	0	0	20,237	5,682	227,087	0
	(ii)	0	0	0	0	0	0	0
(8)ISMAT MIKKY PROFESSOR	**(i)**	127,628	0	0	7,466	66,459	201,553	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a, Housing allowance or residence for personal use	THE ORGANIZATION PROVIDES HOUSING FOR THE PRESIDENT AS AGREED UPON IN HIS CONTRACT, THE COLLEGE REQUIRES HIM TO MAINTAIN A RESIDENCE ON CAMPUS AS SUCH, THE COLLEGE CONSIDERS THIS TO BE FOR BUSINESS USE AND IS NOT TAXABLE TO THE PRESIDENT
Schedule J, Part I, Line 1a, Health or social club dues or initiation fees	THE ORGANIZATION PROVIDES HEALTH/SOCIAL CLUB DUES FOR THE PRESIDENT FOR USE IN BUSINESS RELATED MEETINGS AS SUCH, THIS BENEFIT IS NOT TAXABLE TO THE PRESIDENT

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLOOMFIELD COLLEGE

Employer identification number
22-1494428

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511		05-13-2013	32,267,000	CONSTRUCTION OF NEW DORMITORY, REFUNDING PRIOR ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	32,284,179			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	17,179			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	548,758			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	21,009,203			
11	Other spent proceeds	7,020,516			
12	Other unspent proceeds	3,688,523			
13	Year of substantial completion	2014			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, TOTAL PROCEEDS NOT IDENTIAL TO ISSUE PRICE IN PART I	THE TOTAL PROCEEDS OF ISSUE IN SCHEDULE K, PART II, LINE 3 HAVE BEEN ADJUSTED ACCORDING TO THE INSTRUCTIONS TO INCLUDE CAPITALIZED EARNINGS OF $17,179, AND THEREFORE IS NOT IDENTICAL TO PART I, COLUMN (E)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLOOMFIELD COLLEGE

Employer identification number
22-1494428

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 5, NUMBER OF EMPLOYEES	
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OFFICERS OF THE BOARD OF TRUSTEES AND CHAIRPE RSONS OF ALL STANDING COMMITTEES WHEN THE CHAIRPERSON OF A STANDING COMMITTEE IS UNABLE T O ATTEND AN EXECUTIVE COMMITTEE MEETING, THE VICE CHAIRPERSON OF THAT STANDING COMMITTEE, WHO MAY ATTEND IN THE CHAIRPERSON'S PLACE, SHALL HAVE FOR THAT MEETING ALL OF THE POWERS O F AN EXECUTIVE COMMITTEE MEMBER AND SHALL BE COUNTED FOR THE PURPOSE OF ESTABLISHING A QUO RUM THE PRESIDENT OF THE COLLEGE SHALL SERVE AS AN EX OFFICIO MEMBER WITH VOTE. DURING TH E PERIOD BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, THIS COMMITTEE SHALL EXERCISE ALL OF T HE POWERS OF THE BOARD OF TRUSTEES AT SUCH TIME AS THE BOARD IS NOT IN SESSION EXCEPT TO E LECT MEMBERS OF THE BOARD, AMEND THESE BYLAWS, REMOVE FROM OFFICE, OR ANY OTHER MATTERS SP ECIFICALLY RESERVED TO ITSELF BY THE BOARD IT SHALL REPORT ALL ACTION AT THE NEXT REGULAR MEETING OF THE BOARD OF TRUSTEES THIS COMMITTEE SHALL BE RESPONSIBLE FOR LONG RANGE PLAN NING POLICIES FOR THE COLLEGE AND FOR INCLUDING IN THIS PROCESS THE VARIOUS CONSTITUENCIES OF THE COLLEGE, AND SHALL CAUSE PERIODIC MANAGEMENT REVIEW TO ASSURE EFFICIENT AND EFFECT IVE POLICY IMPLEMENTATION, GOOD ADMINISTRATIVE PRACTICE AND OPEN COMMUNICATION THROUGHOUT THE ACADEMIC COMMUNITY
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION WILL REVIEW A COMPLETE COPY OF THE FORM 9 90 WITH THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS MANAGEMENT AND THE ORGANIZATIO N'S TAX CONSULTANTS WILL ALSO PRESENT A COMPLETE COPY OF THE THE FORM 990 TO THE AUDIT COM MITTEE FOR ITS REVIEW BEFORE FILING WITH THE IRS
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	UNDER CHAPTER II, ARTICLE G OF THE COLLEGE BYLAWS THE BOARD OF TRUSTEES ARE COVERED BY THE CONFLICT OF INTEREST POLICY IN GENERAL A CONFLICT CAN OCCUR IN TWO CASES FIRST, IF THER E IS AN EXISTING OR POTENTIAL FINANCIAL OR OTHER INTEREST THAT IMPAIRS OR APPEARS TO IMPAI R THE TRUSTEES INDEPENDENT UNBIASED JUDGMENT SECOND, IF A FAMILY MEMBER OR ORGANIZATION I N WHICH THE TRUSTEE HAS A CONTROLLING INTEREST HAS AN RELATIONSHIP WITH THE COLLEGE THAT W OULD IMPAIR THE UNBIASED AND INDEPENDENT JUDGMENT OF THE TRUSTEE. CONFLICTS WOULD BE REVIE WED BY THE BOARD OF TRUSTEES THERE IS A REQUIRED RECUSAL FROM VOTING IN WHICH A CONFLICT OCCURS
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	COMPENSATION FOR THE PRESIDENT IS REVIEWED BY THE COMPENSATION COMMITTEE AND ALSO REVIEWED BY THE BOARD IN CLOSED SESSION THE COLLEGE PREPARES A STUDY OF COMPARABLE POSITIONS BASE D ON DATA OBTAINED BY THE COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION DOCUMENTATION OF D ELIBERATIONS & DECISIONS ARE DOCUMENTED BY MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN 20 14
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	COMPENSATION FOR THE OFFICERS IS REVIEWED BY THE PRESIDENT AND THE COMPENSATION COMMITTEE AND ALSO REVIEWED BY THE BOARD IN CLOSED SESSION THE COLLEGE PREPARES A STUDY OF COMPARAB LE POSITIONS BASED ON DATA OBTAINED BY THE COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION D OCUMENTATION OF DELIBERATIONS & DECISIONS ARE DOCUMENTED BY MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN 2014
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST