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Department of the Treasury

DLN: 93493324006347 OMB No 1545-0047

2016

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

nterna	Reve	nue Service				, ,			Inspection	
A Fo	or th	e 2016 c		nning 07-01-2016 , and end	ng 06-30	-2017				
3 Check if applicable ☐ Address change ☐ Name change ☐ Initial return Final		change	C Name of organization MIDDLESEX COMMUNITY COLLEGE FOUNDATION C/O KATHLEEN RICH				D Employer identification number 04-2973384			
		-	Doing business as							
□ deturn/terminated □ Amended return □ Application pending			Number and street (or P O box if mail is not delivered to street address) Room/suite 591 SPRINGS ROAD			E Telephone number(781) 280-3523				
			City or town, state or province, country, and ZIP or foreign postal code BEDFORD, MA 01730				G Gross re	G Gross receipts \$ 640,128		
			F Name and address of principal officer H(a)			H(a) Is	s this a group return for			
Tax-exempt status			ABBEY HENDERSON PO BOX 716 SPRING ROAD BEDFORD, MA 01730			subordinates? Yes ✓ No H(b) Are all subordinates Yes ✓ No				
			✓ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				cluded? "No," attach a l	list (see		
J W	ebsit	e:► N/A		((IISERT 110) L 4947(8)(1) 01 L	327		roup exemption	•	•	
∢ Form	n of or	rganızatıon	✓ Corporation ☐ Trust ☐ Ass	✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of f	ormation 1987	M State MA	of legal domicile	
Pai	rt I	Sum	mary							
Activities & Governance	- - - 2	TO ENLIST PRIVATE SECTOR SUPPORT IN FURTHERANCE OF THE EDUCATIONAL AND CHARITABLE PURPOSES OF MIDDLESEX COMMUNIT COLLEGE IT IS THE VEHICLE FOR FUNDRAISING FROM INDIVIDUALS, CORPORATIONS, SMALL BUSINESSES AND PRIVATE FOUNDATIONS Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)								
Activities &								4	13	
			umber of independent voting members of the governing body (Part VI, line 1b)					5	0	
			otal number of volunteers (estimate if necessary)					6	0	
		Total unrelated business revenue from Part VIII, column (C), line 12						7a	0	
	ь	Net unrelated business taxable income from Form 990-T, line 34						7b	0	
Ravenue							Prior Year		Current Year	
	8	Contribut	tributions and grants (Part VIII, line 1h)				409,	385	415,823	
	9	Program service revenue (Part VIII, line 2g)					0		(
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					123,0	540	83,528	
	11	Other rev	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-54,489		-65,030	
	12	Total reve	enue—add lines 8 through 11 (m		478,536		434,321			
Expenses	13	Grants ar	and similar amounts paid (Part IX, column (A), lines 1–3)				134,	500	135,650	
		•	ts paid to or for members (Part IX, column (A), line 4)					0	(
			, other compensation, employee benefits (Part IX, column (A), lines 5–10)					0	(
			onal fundraising fees (Part IX, column (A), line 11e)					0	(
			draising expenses (Part IX, column (D), line 25) ▶0				400		120 11	
		·	penses (Part IX, column (A), lines 11a–11d, 11f–24e)				120,:	_	128,117	
			penses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12			-	254,8 223,0		263,767 170,554	
	19	Revenue	less expenses Subtract line to from line 12			Begins	ning of Current Y		End of Year	
Net Assets or Fund Balances							3			
	20	Total assets (Part X, line 16)					5,731,4	432	6,257,200	
	21	Total liab	Total liabilities (Part X, line 26)				4,0	040	38,074	
ZΨ	22	Net assets or fund balances Subtract line 21 from line 20					5,727,	392	6,219,126	
	t II		ature Block	mined this return, including accor					H	
	edge	and belie	f, it is true, correct, and complet	e Declaration of preparer (other			ed on all inform			
Sign Here		JAMES	ure of officer W HENDERSON TREASURER r print name and title				Date			
		 	rint/Type preparer's name .ICHARD B DIONNE	Preparer's signature RICHARD B DIONNE		ite 17-11-20		PTIN P0014288	2	
Paid Preparer <mark>f</mark> i		<u> </u>					self-employed	elf-employed		
		₹¹ 	rm's name ► ANSTISS & CO PC rm's address ► 1115 WESTFORD STREET					Firm's EIN ► 04-2917204 Phone no (978) 452-2500		
Use	On	ly ˈ					1 110116 110 (3/8)	7JZ-ZJUU		
M=	ac TP	اد	LOWELL, MA 01851	num about 2 / and the state of			<u> </u>		res □ No	
nay ti	ie IK	J UISCUSS	uns return with the preparer sno	own above? (see instructions) .				\ _ \	res ∟ I¶U	

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