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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning May 1 , 2008, and ending Apr 30 , 2009

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization: NEWARK EMERGENCY SERVICES FOR FAMILIES

Number and street (or P O. box if mail is not delivered to street addr): 982 BROAD STREET

Room/suite:

City, town or country: NEWARK

State: NJ ZIP code + 4: 07102

D Employer Identification Number: 22-2191674

E Telephone number: (973) 639-7620

G Gross receipts $ 2,805,011.

F Name and address of principal officer: REED DUBOW 982 BROAD STREET NEWARK NJ 07102

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation. 1978

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDES NETWORK OF EMERGENCY SERVICES TO THE GREATER NEWARK C

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 — 13

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 — 13

5 Total number of employees (Part V, line 2a) . . . 5 — 57

6 Total number of volunteers (estimate if necessary) . . . 6 — 0

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a — 0.

b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,956,480.	2,689,082.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,635.	6,290.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,498.	82,203.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,991,613.	2,777,575.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,062,042.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,469,983.	1,738,354.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	754,878.	1,390,688.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,286,903.	3,129,042.
	19 Revenue less expenses Subtract line 18 from line 12	-295,290.	-351,467.

Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	3,626,156.	3,351,057.
	21 Total liabilities (Part X, line 26)	486,776.	563,144.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,139,380.	2,787,913.

Part II Signature Block

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

Sign Here

► Signature of officer — Date: 03/18/10

► KARLA BOUIE — ACTING EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► MUHAMMAD UMAR, CPA	Date	Check if self-employed ► [ ]	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Maligu Associates LLC, 779 Bergen Ave Suite 202, Jersey City NJ 07306		EIN ►	
		Phone no ►	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

G2 74

SCANNED AUG 30 2010

INTERNAL REVENUE SERVICE
W & I FIELD ASSISTANCE
JERSEY CITY, NJ 07302
APR 23 2010

RECEIVED
14846

RECEIVED
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