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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

2008

OMB No 1545-0047

Open to Public Inspection

<b>B</b> Che	eck if ai	pplicable	Please	C Name of organization			D Employer ider	ntification number								
_	ress ch		use IRS	SERV CENTERS OF NEW JERSEY INC		22-2090976	5									
┌ Nai	me chai	nge	label or print or	Doing Business As			E Telephone nui	mber								
┌ Init	al retur	rn	type. See Specific	Number and street (or P O box if ma	all is not delivered to street addr	ress) Room/suite	(609) 406-0									
Г <sub>Тег</sub>	mınatıo	n	Instruc- tions.	20 SCOTCH ROAD THIRD FLOOR	an is not delivered to street dual	css/ Room, suite	G Gross receipts	\$ \$ 29,270,164								
┌ Am	ended r	return		City or town, state or country, and Z	IP + 4											
Г Арт	olication	pending		EWING, NJ 08628												
		ľ	<b>F</b> Nan	ne and address of Principal Office	er	H(a) Is the	Ls a group return t	for								
			JAMES	ROSE OTCH ROAD THIRD FLOOR		affilia		⊤Yes <b>▽</b> No								
				i, NJ 08628		H(b) Are all	affiliates included	d?								
<b>I</b> Ta	x-exem	pt status	501(c)	) ( 3 ) ◀ (insert no )	or <b>「</b> 527			See instructions )								
J W	eb sit	e: 🕨 WW	W SERVBH	IS ORG		H(c) Grou	p Exemption Nun	nber 🟲								
			_			1	L Year of Formation 1974 M State of legal domicile NJ									
<b>К</b> Тур	e of org	janization	<b> ∨</b> Corporat	ion trust association other		<b>L</b> Year of For	mation 1974   M S	State of legal domicile NJ								
Da	T	Sumn														
Ра			_	e organization's mission or most	significant activities											
a)				OF NEW JERSEY OFFERS SOCIA	•	DENTIAL AND	VOCATIONAL	SERVICES TO								
ě				LTS WHO HAVE EXPERIENCED E INDIVIDUALS WITH A SUPPO												
Ë				PROGRAMS TAILORED TO THE			L COMMONITY	ANDINOVIDES								
Governance	2	Check tl	his box 🗀	ıf the organization discontinued i	ts operations or disposed	of more than 2	5% of its assets									
	3	Number	of voting r	members of the governing body (F		з _	4									
Activities &				ndent voting members of the gove		b)		3								
Ē				nployees (Part V, line 2a)			5 _	626								
				olunteers (estimate if necessary)		6 <u> </u>	0									
-				ted business revenue from Part \ Iness taxable income from Form S			7a 7b	0								
	В	Wet unite	ilated busi	mess taxable income nom romin	Prio	r Year	Current Year									
	8	Contrib	outions and	d grants (Part VIII, line 1h) .			14,186,059	14,529,623								
를	9			revenue (Part VIII, line 2g)		15,052,173	14,726,462									
Ravenue	10	_		me (Part VIII, column (A), lines 3			7,529	1,478								
盗	11	Othern	evenue (P	art VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)			0								
	12		evenue—a	dd lines 8 through 11 (must equa	ıl Part VIII, column (A), lı	ne	29,245,761	29,257,563								
	13	12) Grants	and simila	ar amounts paid (Part IX, column	(A), lines 1-3)		23,243,701	23,237,303								
	14			or for members (Part IX, column (	,			0								
	15			ompensation, employee benefits (		5-										
Expenses		10)					20,908,087	21,009,303								
<u>₹</u>	16a			raising fees (Part IX, column (A)	, line 11e)			0								
五	ь	•	_	penses, Part IX, column (D), line 25 0		0.040.040	0.567.540									
	17			(Part IX, column (A), lines 11a-1			8,342,212	8,567,549								
	18 19			-add lines 13–17 (must equal Pa penses Subtract line 18 from line		-4,538	29,576,852									
<u>ው</u>	+	1,0 4 6110		January Capting to Hom Inc		Beginni	ng of Year	End of Year								
Net Assets or Fund Balances	20	Totala	ssets (Pai	rt X, line 16)			11,824,474	12,672,015								
Ass Ba	21			Part X, line 26)			8,035,538	9,278,079								
Mer Grad	22		·	id balances Subtract line 21 fron	n line 20		3,788,936	3,393,936								
	1000		ature Blo		11 mic 20		3,700,330	3,333,330								
- 3		Under pe	nalties of pe	егјигу, I declare that I have examined th												
DI		l.	,	correct, and complete Declaration of pre	eparer (other than officer) is bas	ed on all informat I	on of which prepare	r has any knowledge								
Plea Sign		***** Signa	** ture of office	er		2010- Date	05-17									
Here		[														
			S ROSE CFO or print nam													
		Preparer's	s <b>k</b>		Date	Check If	Preparer's PTIN (S	See Gen Inst )								
Paid		signature		LAS D TAPP CPA MST	self- empolyed ▶ <b>—</b>	r										
	arer's		me (or your	s AMPER POLITZINER & MATTIA LLP												
	3 l	ıf self-em		7			EIN 🕨									
Use (	July	address,	and ZIP + 4	750 ROUTE 202 SOUTH SUITE 500		Phone no  (908) 218-5002										
Use (	Jnly	address,	and ZIP + 4	750 ROUTE 202 SOUTH SUITE 500 BRIDGEWATER, NJ 08807			Phone no ▶ (90	8) 218-5002								

Cat No 11282Y

### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization'	's mission				
	SERV CENTERS OF NEW JERSEY	OFFERS SOCIAL, ED JLTIES THE AGENCY	PROVIDES THESE I	INDIVIDUALS WITH A SUP		S WHO HAVE EXPERIENCED SEVERE THE COMMUNITY AND PROVIDES
2	Did the organization unde	rtake any signific	ant program se	rvices during the yea	ar which were not listed on	
	the prior Form 990 or 990					│ Yes
	If "Yes," describe these n					
3	Did the organization ceas services?			changes in how it co	onducts any program	┌ Yes ┌ No
_	If "Yes," describe these c					
4		) organizations a	nd 4947(a)(1) t	rusts are required to	e largest program services t report the amount of grants ted	
4a	SERV CENTERS OF NEW JERS	IAL DIFFICULTIES TH	HE AGENCY PROVID	ES THESE INDIVIDUALS V	) (Revenue \$ IAL SERVICES TO YOUTH AND ADU VITH A SUPPORTIVE LIVING ENVIRO	26,984,489 ) LTS WHO HAVE EXPERIENCED ONMENT IN THE COMMUNITY AND
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4d	Other program services	(Describe in Sch	nedule O )			
	(Expenses \$	ınc	luding grants of	* \$	) (Revenue \$	)
4e	Total program service ex	xpenses \$	27,123,06	6 Must equal Part I.	X, Line 25, column (B).	

Part IV	Check	dist of	Required	Schedules
	CIICCE	11136 01	NC dull Cd	Schodules

			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? 🕏	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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
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? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	99			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ				
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	626			
Ь	If at least one is reported in 2a, did the organization file all required federal employr <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin		ľ			
	return?			3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?	count	, or other financial	4a		Νο
h						
_	If "Yes," enter the name of the foreign country	enort o	f Foreign Bank and			
	Financial Accounts.	.port o	Trorcigit balik and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Enti	ty Regarding Prohibited			
Ī	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		f # 7 F	7-		N -
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$ / 5 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty 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, during the year, receive any funds, directly or indirectly, to pay	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	76		NI -
	required?		tion 500(a)/3)	7h		N o
8	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		
9	year?		· 			
				9a		
a	Did the organization make any taxable distributions under section 4966?		ľ	9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person $Section 501(c)(7)$ organizations. Enter	•		90		
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
D	facilities		l			
11	Section 501(c)(12) organizations Enter					
11	Section 501(c)(12) organizations Enter  Gross income from members or shareholders	I				
а	Gross income nom members of 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	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

3

4

5

6

7a

7Ь

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance	es,
	processes, or changes in Schedule O. See instructions.	
a	Enter the number of voting members of the governing body 1a	,

ь	Enter the number of voting members that are independent	1b	3
	Did any officer, director, trustee, or key employee have a family relations other officer, director, trustee, or key employee?	•	

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?
Did the organization make any connificant changes to its organizational decuments since the prior Form 990 v

•	Did the organiz	atıon make an	ıy sıgnıfıcant	changes to it	s organizationa	l documents	since the prior	r Form 990 wa	S

Did the organization become aware during the year of a	mat	eria	ii aiv	vers	sion	ort	ne d	orga	nıza	itior	ısa	sse	ts /	•	•	L
Does the organization have members or stockholders?																
																Г

	Does the organiza	tior	n ha	ve	mem	ibei	rs, s	tock	chol	ders	s, or	other	pe	rsons	who	may	elec	tone	or	mo	re r	men	nbe	rs c	ofth	e
	governing body?																									
b	Are any decisions	of	the	gov	erni	ng	body	/ su	bjed	t to	арр	roval	bу	meml	bers,	stoc	khol	ders,	or	oth	erp	ers	ons	?		

•	-		=		-	•		•	
Did the organization co	ontempora	aneously	documen documen	t the mee	tıngs held	or written	actions	undertaken	during the
year by the following	•				•				•

	year by the following													
а	the governing body?													

b	each committee with authority to act on behalf of the governing body?		•		•	•	•	•	
	Does the organization have local chapters, branches, or affiliates? .			•					

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ch	cha	pter	·s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a copy of the Form 990 provided to the organization's governing bo	ody before it was filed? All organizations
must describe in Schedule O the process, if any, the organization uses	to review the Form 990 $\dots$

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca	annoti	be i	reac	hed	at
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	) .	•			

8a	Yes	
8b	Yes	
9a		Νo
9b		
10		Νο
11		Νο

#### Section B. Policies

11

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

(609) 406-0100

- 17 List the States with which a copy of this Form 990 is required to be filed NJ
- 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 make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization JAMES ROSE
  20 SCOTCH ROAD THIRD FLOOR
  EWING, NJ 08628

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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 the organization did i	not compens	ate any	offic	er, c	lirec	tor, tru	uste	e or key employee		
		Posit t	<b>(C</b> tion ( hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Former Highest compensated employee Key employee Officer Institutional Trustee Individual Trustee or Director		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
GARY VAN NOSTRAND , PRESIDENT	40 00	Х		Х				235,691	0	63,314
ALICE HECHT GIEDEKIER , CHAIRPERSON	0 00	Х						0	0	0
PAUL LEHRER PHD , SECRETARY	0 00	Х						0	0	0
GILES L CRANE MPH , PAST CHAIRPERSON	0 00	Х						0	0	0
WILLIAM O'BRIEN, CHIEF OPERATING OFFICER	40 00			Х				141,762	0	41,799
DOMINIC LONGO, CHIEF OPERATING OFFICER	40 00			Х				127,449	0	38,128
KEITH HAMILTON , vice president	40 00			Х				126,295	0	38,156
GILBERETO SANTANA , CHIEF OPERATING OFFICER	40 00			х				109,097	0	34,067
JAMES ROSE , CHIEF FINANCIAL OFFICER	40 00			Х				137,552	0	40,536
LINDA GOCHFELD , MEDICAL DIRECTOR	32 00					Х		124,885	0	36,592
JAY COHEN, PSYCHIATRIST	24 00					Х		117,300	0	26,910

#### Part VIII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	on at Institutional Trustee	appl	у)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						►	1,120,031	. 0	319,502

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed online 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 for services rendered to the organization? If "Yes," complete Schedule J for such person	5		N o

### 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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than s	\$100,000 in compensation	

Statement of Revenue

				<b>(A)</b> Total Revenue	(B)	<b>(C)</b> Unrelated	(D) Revenue
				i otal Revenue	Related or Exempt	Business	Excluded from
					Function Revenue	Revenue	Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	a		Revenue		512, 513, 01 514
##	ь	Membership dues					
를 돌		1	b				
રે. E	С	Fundraising events 1	c				
#ਨੁ≅	d	Related organizations 10	d				
કું <u>,</u>	e	Government grants (contributions) 1	14,529,623				
r S	f	All other contributions, gifts, grants, and similar amounts not included above					
看着		1	f				
Other Revenue Contributions, gifts, grants and other similar amounts and other similar amounts of the similar amou	g	Noncash contributions included i					
ŏ≅	h	Ines 1a-1f \$		14,529,623			
			Business Code				
<u> </u>	2a	MEDICAID	624,100	12,454,866	12,454,866		
že Ke		CLIENT FEES	624,100				
28		CLETT FEED	- 024,100	2,271,330	2,271,330		
2 0			_				
ja Ja		-	_				
Ē		All other program service revenu					
Ö	-		_				
ΔŤ	g	Total. Add lines 2a-2f					
	3	► \$ 14,726,462  Investment income (including div	udends, interest				
		other similar amounts)		2,962			2,962
	_	Income from investment of tax-exempt	bond proceeds				
	-		►				
	5	Royalties					
	62	(1) Real Gross Rents	(II) Personal				
Other Revenue Contributions, gifts, grants and other similar amounts and other similar amounts		Less rental					
		expenses Rental income	+				
		or (loss)					
	d	Net rental income or (loss)	· · · · · ·				
		(ı) Securities	(II) O ther				
	7a	Gross amount 11,117 from sales of					
		assets other than inventory					
	b	Less cost or 12,601 other basis and					
		sales expenses Gain or (loss) -1,484					
		Net gain or (loss)	1	-1,484			-1,484
			. •	,			ŕ
	8a	Gross income from fundraising					
Φ		events (not including \$					
£		of contributions reported on line					
eve		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
ς.		\$15,000	a				
Тhе	b	Less direct expenses					
Ö	С	Net income or (loss) from fundrai	sing events 📂				
	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	h	Less direct expenses					
		Net income or (loss) from gaming					
			▶				
	10a	Gross sales of inventory, less returns and allowances					
			a				
	b	Less cost of goods sold I	<b>.</b>				
	С	Net income or (loss) from sales o	_				
		Miscellaneous Revenue	Business Code				
	11a		_				
	Ь		_				
	С		_				
	d	All other revenue					
	e	Total. Add lines 11a-11d					
Other Revenue Program Service Revenue	12	<b>Total Revenue.</b> Add lines 1h, 2g, 8c,	3, 4, 5, 6d, 7d,	29,257,563	14,726,462	0	1,478
		9c, 10c, and 11e	▶				

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,002,731		1,002,731	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,768,429	14,492,533		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	277,300	247,055	30,245	
9	Other employee benefits	3,460,846	3,279,444	181,402	
10	Payroll taxes	1,499,997	1,358,462	141,535	
11	Fees for services (non-employees)				
а	Management	49,652	6,407	43,245	
b	Legal	6,985	901	6,084	
С	Accounting	82,436	10,637	71,799	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	25,019	11,470	13,549	
13	Office expenses	132,490	60,589	71,901	
14	Information technology				
15	Royalties				
16	Occupancy	3,176,880	2,988,686	188,194	
17	Travel	368,110	317,628	50,482	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	80,863	80,863		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	336,513	336,513		
23	Insurance	453,780	390,772	63,008	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	MAINTENANCE AND REPAIRS	939,799	901,840	37,959	
b	UTILITIES	738,994	717,108	21,886	
c	EQUIPMENT RENTAL	603,782	546,377	57,405	
d	CONTRACTED SERVICES	431,285	403,511	27,774	
e	TELEPHONE	387,596	302,191	85,405	
f	All other expenses	753,365	670,079	83,286	
25	Total functional expenses. Add lines 1 through 24f	29,576,852	27,123,066	2,453,786	
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			102,514		103,652
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,472,977	3	2,516,627
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			129,690	7	1,254,338
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			324,021	9	263,554
Assets	10a						
AS		Land, buildings, and equipment cost basis	10a	12,439,897			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	4,233,007	8,378,823	10c	8,206,890
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D	art VII	of	351,124	12	261,629
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$	art VII	I		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			65,325	15	65,325
	16	Total assets. Add lines 1 through 15 (must equal line 34)			11,824,474	16	12,672,015
	17	Accounts payable and accrued expenses .			3,076,358	17	3,395,782
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>ŏ</u>	21	Escrow account liability Complete Part IV of Schedule D		•		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			2,300,000	23	2,950,000
	24	Unsecured notes and loans payable			2,659,180	24	2,932,297
	25	Other liabilities Complete Part X of Schedule D				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			8,035,538	26	9,278,079
s es		Organizations that follow SFAS 117, check here ▶   and comp through 29, and lines 33 and 34.	lete li	nes 27			
Balance	27	Unrestricted net assets			3,788,936	27	3,393,936
- B	28	Temporarily restricted net assets				28	
듣	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d com	plete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			3,788,936	33	3,393,936
_	34	Total liabilities and net assets/fund balances			11,824,474	34	12,672,015
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	
3а	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?	3b	Yes	

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As Filed Data -

DLN: 93493137044250

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

SERV	CENTER	RS OF NEW JER	SEY INC								
								22	-2090976	5	
Pa	rt I 📗	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organi	zation is not	a private found	ation because it is (Please	check onl	y <b>one</b> org	anızatıon )	)			
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)(	(A)(i).		
2	Γ	A school de	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E )					
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	tion 170(L	o)(1)(A)(i	ii). (Attac	h Schedul	le H )
4	Г	A medical	research organi	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the
	•		-	•		•			. , , ,	. ,. ,	
5	Г				universit	v owned o	r operated	by a gove	ernmental	unit desc	ribed in
_	•					,		-, - g			
6	$\vdash$				unit descr	uhad in <b>Sa</b>	ction 170	(b)(1)(A)	(v)		
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				agers and other than one or	more publ	icly suppo	orted orga	nizations (	described	ın sectior	1 509(a)(1) or
f				d a written determination fro	m tha IDS	that it ic	a Type I	Type II e	r Typa III	cupportu	a organization
•		_		d a written determination no	ill the Inc	, that it is	a Type I,	Type II O	i i ype iii	Supportin	
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u> </u>		,
			•	·		_	th persons	describe	d in (ii)		
			· -	- · · · · · · · · · · · · · · · · · · ·	-	tion?				-	
			•	• •							
		• •		, ,						11g(	iii)
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports				
				/···· = /			l ·				
			(ii) EIN				1	· · ·	I		' '
			tion is not a private foundation because it is (Please check only one organization )  A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(ii).  A school described in Section 170(b)(1)(A)(iii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)  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  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)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public lescribed in Section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public lescribed in Section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross eccepts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses recoursed by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4), (See instructions). 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)(2). See Section 509(a)(3). Check he box that describes the type of supporting organization and complete lines. 11e through 11h  a Type II b Type III c Type III represented in (ii) interested of Type	Support							
	5	Accommentation is not a private foundation because it is (Please check only one organization)  A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(ii).  A school described in Section 170(b)(1)(A)(iii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)  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  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)(iii). (Complete Part II)  A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).  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)  A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)  A n organization that normally receives (1) more than 331/3% 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 331/3% 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)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(2). (See instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2). (See Section 509(a)(3). Che the box that describes the typ									
											]
					Yes	No	Yes	No	Yes	No	
_											

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	o or Part I.)				
	ublic Support	· · · · · · · · · · · · · · · · · · ·	<del></del>					
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	11,619,874	12,030,452	12,547,336	14,186,059		14,529,623	64,913,344
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 line 1-3	11,619,874	12,030,452	12,547,336	14,186,059		14,529,623	64,913,344
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							
U	4							64,913,344
T	otal Support	l .						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	11,619,874	8,424	12,547,336	14,186,059		14,529,623	64,913,344
8	Gross income from interest, dividends,							
_	payments received on securities loans, rents, royalties and income from similar	11,879	8,424	9,516	5,432		2,962	38,213
9	sources 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 )							64.054.557
11	Total Support (Add lines 7 through 10)							64,951,557
12	Gross receipts from related activities, etc	(See instruction:	s)			12		71,745,763
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Perce		st, second, third	l, fourth, or fifth	tax year as a 50	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		99.940 %
15	Public Support Percentage for 2007 Sched	` '	•	.,,		15		99.930 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	•			▶▼
	box and <b>stop here.</b> The organization qualifies <b>10% Facts and Circumstances Test - 2008.</b> It more, and if the organization meets the "facts and circumstances are the "facts and circumstances are the "facts and circumstances are the "facts are th	s as a publicly s fthe organization	supported organ on did not check	ization a box on line 13	3, 16a, or 16b a	nd line	e 14 is 10	<b>▶</b> % or
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	ances" test The fthe organization	e organization qu on did not check	ialifies as a pub a box on line 13	licly supported 3, 16a, 16b, or :	organı 17a ar	zation nd line 15	<b>▶</b> Is 10% or
18	the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

SER	V CENTERS OF NEW JERSEY INC		
Da	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar F	unds or Accounts Complete if the
ГĠ	organizations Maintaining Donor At		unds of Accounts. Complete if the
		(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 advi funds are the organization's property, subject to the		nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	<u> </u>
1	Purpose(s) of conservation easements held by the o		so form 950, rate IV, into 7.
_	Preservation of land for public use (e.g., recreating Protection of natural habitat	ion or pleasure) Preservation of ar	n historically importantly land area ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ıfıed conservatıon contrıbutıon ın the form	n of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	istoric structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	•	ed by the organization during
	the taxable year 🕨	, , , , ,	, ,
4	Number of states where property subject to concerv	ntion oncoment is located	
	Number of states where property subject to conserve		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		Yes No
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year 🕦
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financia nents	I statements that describes
Par	Complete if the organization answered '	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	·
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	·	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

3	Organizations Maintaining Collections of A	114, 1113		cai iicasu				
	Using the organization's accession and other records, check items (check all that apply)	any of th	ne fol	owing that ar	e a sıgnıfıcant u	se of its collection	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	е	Γ	Other				
с	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	plaın hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained						Yes	┌ No
Par	Trust, Escrow and Custodial Arrangement Part IV, line 9, or reported an amount on Form				ınızatıon answ	ered "Yes" to I	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?	mediary	for c	ontributions (	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following t	able						
						A mo	unt	
<b>c</b>	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part $\boldsymbol{X}$ ,	line 21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Pai	rt V Endowment Funds. Complete if the organizat							
_	(a)Current Year	(b	Prior `	rear   (c)⊺w	o Years Back (d)	Three Years Back (	<b>e)</b> Four Y	ears Back
1a	Beginning of year balance	_						
b	Contributions							
с	Investment earnings or losses	_						
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance he	ld as						
а	Board designated or quasi-endowment							
	Board designated of quasi-endowment							
b	Permanent endowment							
b c	•							
	Permanent endowment F  Term endowment Are there endowment funds not in the possession of the organ	nızatıon	that a	are held and a	idministered for	the		
c	Permanent endowment    Term endowment    Are there endowment funds not in the possession of the organization by	nızatıon	that a	are held and a	idministered for		Yes	No
c	Permanent endowment F  Term endowment Are there endowment funds not in the possession of the organ	nızatıon	that a	are held and a	idministered for	3a(i)		No
с За	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organization by  (i) unrelated organizations				idministered for	3a(i)		No
c 3a b	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organization by  (i) unrelated organizations	 	Sched	 	idministered for	3a(i)		No No
c 3a b 4	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organization by  (i) unrelated organizations	 Ired on S	ched	· · · · · · · · · · · · · · · · · · ·		3a(i)		No No
c 3a b 4	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organization by  (i) unrelated organizations	 Ired on S	sched ent fu iee F	ule R? nds	art X, line 10.	3a(i)		No
c 3a b 4	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organization by  (i) unrelated organizations	 Ired on S	ent fu	· · · · · · · · · · · · · · · · · · ·		3a(i)		No No
c 3a b 4 Par	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organization by  (i) unrelated organizations	 Ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10.	3a(i) 3b		pok value
c 3a b 4 Par	Permanent endowment   Term endowment   Are there endowment funds not in the possession of the organization by  (i) unrelated organizations	 Ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10.  (b)Cost or other basis (other)	3a(ii 3b (c) Depreciation		pok value 874,333
c 3a b 4 Par	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organizations listed as requing Describe in Part XIV the intended uses of the organization's  tVI Investments—Land, Buildings, and Equipment Description of investment	 Ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10.  (b)Cost or other basis (other)  874,333	3a(ii 3b (c) Depreciation		pok value 874,333
b 4 Par	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organization by  (i) unrelated organizations	 Ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10.  (b)Cost or other basis (other)  874,333	(c) Depreciation		874,333 6,921,421
c 3a b 4 Par	Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organization by  (i) unrelated organizations	 Ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10.  (b)Cost or other basis (other)  874,333  9,370,982	(c) Depreciation  2,449,561		

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pari	Reconciliation of Cl	nange in Net Assets from Form	1 99	0 to 1	<u>Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part V	/III, column (A), line 12)				1	29,257,563
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	29,576,852
3	Excess or (deficit) for the year	3	-319,289				
4	Net unrealized gains (losses) or					4	-75,711
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Irr	ins 4 - 8				9	-75,711
10	•	per financial statements. Combine lines	3 21	ad 0		10	-395,000
Part		evenue per Audited Financial S			nts With Revenue		<u> </u>
1	Total revenue, gains, and othe	-	<i></i>	Cilici	its with Revenue	)	29,181,852
	statements					1	, ,
2	A mounts included on line 1 but	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments		2a	-75,711		
b	Donated services and use of fa	cilities		2b			
c	Recoveries of prior year grants			2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines <b>2a</b> through <b>2d</b> .					2e	-75,711
3	Subtract line <b>2e</b> from line <b>1</b> .		•			3	29,257,563
4	A mounts included on Form 990	D, Part VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .		4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines <b>4a</b> and <b>4b</b>		•			4c	0
5		1 <b>4c.</b> (This should equal Form 990, Part				5	29,257,563
		cpenses per Audited Financial		teme	nts With Expense	т-	
1	•	audited financial statements	•			1	29,576,852
2		t not on Form 990, Part IX, line 25		ا ء۔	1		
a	Donated services and use of fa		•	2a		1	
b	Prior year adjustments		•	2b		1	
C J		Part IX, line 25	•	. 2c		1	
d	Other (Describe in Part XIV)		•	2d		٦.	
e o	Add lines 2a through 2d		•			2e	20 576 852
3			•			3	29,576,852
4		D, Part IX, line 25, but not on line 1:		4-	1		
a L		ided on Form 990, Part VIII, line 7b .	•	4a 4b		1	
b			•	40		4	
с 5	Add lines 4a and 4b	id <b>4c.</b> (This should equal Form 990, Par	• • T 1:	no 10		4c 5	20 576 952
	EXIV Supplemental Inf		L I , I	ille 10	<u>,</u>	<u> </u>	29,576,852
Com	plete this part to provide the des	criptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XII				art XIV	/, lines 1b and 2b,
	Ident if ier	Ret urn Reference			Explanat	ion	

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DLN: 93493137044250

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Compensation Information** 

Open to Public Inspection

Name of the organization SERV CENTERS OF NEW JERSEY INC **Employer identification number** 

22-2090976

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νο
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νο
b	Any related organization?			6Ь		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
GARY VAN NOSTRAND	(I) (II)	205,691	205,691 30,000		8,341	54,973	299,005	115,800
	(I) (II)		21,000		5,387	36,412	183,561	60,831
	(I) (II)		21,000		4,544	33,584	165,577	52,428
KEITH HAMILTON	(I) (II)	105,295	21,000		4,800	33,356	164,451	52,426
	(I) (II)		21,000		4,956	35,580	178,088	57,680
	(I) (II)				4,715	31,877	161,477	60,831
	(i)	<u> </u>					'	
	(ii)							1
	(i)							1
	(ii)							1
	(i)							1
	(ii)							1
	(i)							]
	(ii)							]
	(i)							
	(ii)				1			1

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

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DLN: 93493137044250

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name	of:	t he	org	ganiz	zat ion	
SERV (	CENT	ΓERS	OF	NEW	<b>JERSEY</b>	IN

Employer identification number

22-2090976

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE ORGANIZATION'S CHIEF FINANCIAL OFFICER REVIEWED THE TAX RETURN PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION HAS A COMPLIANCE OFFICER WHO CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE BOARD ANNUALLY MEETS TO DETERMINE AND APPROVE COMPENSATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

DLN: 93493137044250

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** SERV CENTERS OF NEW JERSEY INC 22-2090976 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Part III Identification of Related Organizations Taxable as a Partnership

<b>(A)</b> Name, address, and EIN of related organization	(A) address, and EIN of ted organization  (B) Primary activity  (C) Legal domicile (state or foreign country)  (D) Direct controlling entity  (F) Predominant income(related, investment, unrelated)  (F) Share of total income (related)		<b>F)</b> otal income	Share of	(H) d-of-year allocations?		prtionate (I)		<b>J)</b> eral o agıng tner?					
										Yes	No		Yes	No
	MANAGEMENT SERVICES	ŊĴ	serv foundation	RELATED							No			No
Part IV Identification of Relat	ted Organizatio	ns Taxabl	le as a Corpor	ation or T	rust									
( <b>A)</b> Name, address, and EIN of related organization	1		<b>(</b> Legal (sta foi	C) domicile ate or eign ntry)	Direct (	( <b>D)</b> controlling ntity	( <b>E)</b> Type of e (C corp, S or trus	ntity corp,	<b>(F)</b> Share of total Income		( <b>G)</b> Share o nd-of-ye assets	( <b>H)</b> Percentage ar ownership		

Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
4.0	<i>i</i>	, ,	

$\boldsymbol{1}$ During the tax year, did the organization engage in any of the fo	lowing transactions with one or more	related organizations listed in Parts II-IV
--	--------------------------------------	---

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
11 1m		No
1m	Yes	
1n	Yes	
10	Yes	
1р	Yes	
1q		No
1r		No

(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

#### Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Sabadula	D / Form			

Software ID: Software Version:

**EIN:** 22-2090976

Name: SERV CENTERS OF NEW JERSEY INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity		
SERV BEHAVIORAL HEALTH SYSTEMS INC  20 SCOTCH ROAD THIRD FLOOR EWING, NJ08628 22-3560510	THE ORGANIZATION IS A HOLDING COMPANY FOR SERV CENTERS AND OTHER RELATED ORG	NJ	501(C)(3)	PUBLIC CHARITY	N/A		
SERV ACHIEVEMENT CENTERS INC  20 SCOTCH ROAD THIRD FLOOR EWING, NJ08628 22-2775481	PROVIDES HIGH QUALITY OF CARE AND REHABILIATION FOR PEOPLE WITH DISABILITIES	NJ	501(C)(3)	PUBLIC CHARITY	N/A		
SERV PROPERTIES AND MANAGEMENT INC  20 SCOTCH ROAD THIRD FLOOR  EWING, NJ08628  22-3265548	A real estate management company for RELATED ORGANIZATIONS	NJ	501(C)(2)		N/A		
SERV CENTERS HOUSING CORPORATION INC  20 SCOTCH ROAD THIRD FLOOR  EWING, NJ08628  22-2284195	PROVIDES HOUSING FOR USE BY SEVERELY MENTALLY DISABLED PERSONS	NJ	501(C)(3)	PUBLIC CHARITY	N/A		
SERV FOUNDATION INC  20 SCOTCH ROAD THIRD FLOOR EWING, NJ08628 22-3265546	TO RAISE FUNDS FOR SUPPORT OF THE SERV PROGRAMS WHICH OPERATE THRU AFFILIATE	NJ	501(C)(3)	PUBLIC CHARITY	N/A		
CIFA II INC  20 SCOTCH ROAD THIRD FLOOR EWING, NJ08628 22-3198050	GROUP HOME FOR THE DEVELOPMENTALLY DISABLE LOCATED IN PRINCETON NJ	NJ	501(C)(3)	PUBLIC CHARITY	N/A		
CIFA III INC  20 SCOTCH ROAD THIRD FLOOR EWING, NJ08628 22-3436040	GROUP HOME FOR THE DEVELOPMENTALLY DISABLED LOCATED IN LAWRENCEVILE NJ	NJ	501(C)(3)	PUBLIC CHARITY	N/A		
CIFA FOUNDATION INC  20 SCOTCH ROAD THIRD FLOOR EWING, NJ08628 22-3264933	TO PROVIDE FINANCIAL ASSISTANCE AND SUPPORT TO RELATED ORGANIZATIONS	NJ	501(C)(3)	PUBLIC CHARITY	N/A		
258 CUMBERLAND AVENUE INC  20 SCOTCH ROAD THIRD FLOOR EWING, NJ08628 22-3271130	GROUP HOME FOR THE DEVELOPMENTALLY DISABLED	NJ	501(C)(3)	PUBLIC CHARITY	N/A		
SERV BEHAVIORAL HEALTH CARE INC  20 SCOTCH ROAD THIRD FLOOR EWING, NJ08628 31-1786635	PROVIDES A VARIETY OF RESIDENTIAL AND SUPPORT PROGRAMS TO ADULTS	NJ	501(C)(3)	PUBLIC CHARITY	N/A		

	990, Schedule R, Part V - Transactions with Related Organizations (A)  Name of other organization	( <b>B)</b> Transaction type(a-r)	(C) A mount Involved (\$)
(1)	SERV PROPERTIES AND MANAGEMENT INC	D	8,217,000
(2)	SERV HOUSING INC	0	75,693
(3)	SERV HOUSING INC	P	90,896
(4)	SERV PROPERTIES AND MANAGEMENT INC	0	794,302
(5)	SERV PROPERTIES AND MANAGEMENT INC	P	1,330,315
(6)	ADVANCED HEALTH MANAGEMENT LLC	0	610,633
(7)	ADVANCED HEALTH MANAGEMENT LLC	P	96,439
(8)	SERV FOUNDATION INC	0	148,515
(9)	SERV FOUNDATION INC	P	92,632
(10)	CIFA FOUNDATION INC	0	421
(11)	CIFA FOUNDATION INC	P	421
(12)	SERV ACHIEVEMENT CENTERS INC	0	5,295,958
(13)	SERV ACHIEVEMENT CENTERS INC	P	4,626,542
(14)	CIFA II INC	0	1,479
(15)	CIFA II INC	P	1,336
(16)	CIFA III INC	0	1,304
(17)	CIFA III INC	P	1,269

15,634

0

258 CUMBERLAND AVENUE INC

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