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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NEW JERSEY ASSOCIATION OF THE DEAF-BL		D Employer identification number 22-2462247
		Doing Business As		E Telephone number (732) 805-1912
		Number and street (or P O box if mail is not delivered to street address) Room/suite 24K WORLD'S FAIR DRIVE		G Gross receipts \$ 5,626,868.
		City or town, state or country, and ZIP + 4 SOMERSET, NJ 08873		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer:		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no) 4947(a)(1) or 527				
J Website: ▶ N/A				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1978 M State of legal domicile NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities		
	<u>PROMOTE THE WELFARE OF NJ RESIDENTS WHO ARE DUAL SENSORY IMPAIRED, DEAF-BLIND, DEAF OR BLIND BY PROVIDING HOUSING, INFORMATION AND SUPPORT TO FAMILIES, AND ACTING AS A REFERENCE AND RESOURCE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	175
	6 Total number of volunteers (estimate if necessary)	6	NONE
Revenue	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,320,118.	4,382,001.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	924,116.	970,655.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,696.	43,957.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,034.	93,124.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,417,964.	5,489,737.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	234,985.	124,179.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,458,508.	4,019,942.
	b Total fundraising expenses, Part IX, column (A), line 25		NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g, 11i-11j, 11l-11m, 11n-11o, 11p-11q, 11r-11s, 11t-11u, 11v-11w, 11x-11y, 11z-11aa, 11ab-11ac, 11ad-11ae, 11af-11ag, 11ah-11ai, 11aj-11ak, 11al-11am, 11an-11ao, 11ap-11aq, 11ar-11as, 11at-11au, 11av-11aw, 11ax-11ay, 11az-11ba, 11bb-11bc, 11bd-11be, 11bf-11bg, 11bh-11bi, 11bj-11bk, 11bl-11bm, 11bn-11bo, 11bp-11bq, 11br-11bs, 11bt-11bu, 11bv-11bw, 11bx-11by, 11bz-11ca, 11cb-11cc, 11cd-11ce, 11cf-11cg, 11ch-11ci, 11cj-11ck, 11cl-11cm, 11cn-11co, 11cp-11cq, 11cr-11cs, 11ct-11cu, 11cv-11cw, 11cx-11cy, 11cz-11da, 11db-11dc, 11dd-11de, 11df-11dg, 11dh-11di, 11dj-11dk, 11dl-11dm, 11dn-11do, 11dp-11dq, 11dr-11ds, 11dt-11du, 11dv-11dw, 11dx-11dy, 11dz-11ea, 11eb-11ec, 11ed-11ee, 11ef-11eg, 11eh-11ei, 11ej-11ek, 11el-11em, 11en-11eo, 11ep-11eq, 11er-11es, 11et-11eu, 11ev-11ew, 11ex-11ey, 11ez-11fa, 11fb-11fc, 11fd-11fe, 11ff-11fg, 11fh-11fi, 11fj-11fk, 11fl-11fm, 11fn-11fo, 11fp-11fq, 11fr-11fs, 11ft-11fu, 11fv-11fw, 11fx-11fy, 11fz-11ga, 11gb-11gc, 11gd-11ge, 11gf-11gg, 11gh-11gi, 11gj-11gk, 11gl-11gm, 11gn-11go, 11gp-11gq, 11gr-11gs, 11gt-11gu, 11gv-11gw, 11gx-11gy, 11gz-11ha, 11hb-11hc, 11hd-11he, 11hf-11hg, 11hh-11hi, 11hj-11hk, 11hl-11hm, 11hn-11ho, 11hp-11hq, 11hr-11hs, 11ht-11hu, 11hv-11hw, 11hx-11hy, 11hz-11ia, 11ib-11ic, 11id-11ie, 11if-11ig, 11ih-11ii, 11ij-11ik, 11il-11im, 11in-11io, 11ip-11iq, 11ir-11is, 11it-11iu, 11iv-11iw, 11ix-11iy, 11iz-11ja, 11jb-11jc, 11jd-11je, 11jf-11jg, 11jh-11ji, 11jj-11jk, 11jl-11jm, 11jn-11jo, 11jp-11jq, 11jr-11js, 11jt-11ju, 11jv-11jw, 11jx-11jy, 11jz-11ka, 11kb-11kc, 11kd-11ke, 11kf-11kg, 11kh-11ki, 11kj-11kk, 11kl-11km, 11kn-11ko, 11kp-11kq, 11kr-11ks, 11kt-11ku, 11kv-11kw, 11kx-11ky, 11kz-11la, 11lb-11lc, 11ld-11le, 11lf-11lg, 11lh-11li, 11lj-11lk, 11ll-11lm, 11ln-11lo, 11lp-11lp, 11lr-11lr, 11lt-11lt, 11lv-11lv, 11lx-11lx, 11lz-11mb, 11mb-11mc, 11md-11me, 11mf-11mg, 11mh-11mh, 11mj-11mj, 11ml-11ml, 11mn-11mn, 11mp-11mp, 11mr-11mr, 11mt-11mt, 11mv-11mv, 11mx-11mx, 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11zr-11zr, 11zt-11zt, 11zv-11zv, 11zx-11zx, 11zz-11aa, 11aa-11aa, 11ab-11ab, 11ac-11ac, 11ad-11ad, 11ae-11ae, 11af-11af, 11ah-11ah, 11aj-11aj, 11al-11al, 11an-11an, 11ap-11ap, 11ar-11ar, 11at-11at, 11av-11av, 11ax-11ax, 11az-11bb, 11bb-11bb, 11bc-11bc, 11bd-11bd, 11be-11be, 11bf-11bf, 11bh-11bh, 11bj-11bj, 11bl-11bl, 11bn-11bn, 11bp-11bp, 11br-11br, 11bt-11bt, 11bv-11bv, 11bx-11bx, 11bz-11cc, 11cc-11cc, 11cd-11cd, 11ce-11ce, 11cf-11cf, 11ch-11ch, 11cj-11cj, 11cl-11cl, 11cn-11cn, 11cp-11cp, 11cr-11cr, 11ct-11ct, 11cv-11cv, 11cx-11cx, 11cz-11dd, 11dd-11dd, 11de-11de, 11df-11df, 11dh-11dh, 11dj-11dj, 11dl-11dl, 11dn-11dn, 11dp-11dp, 11dr-11dr, 11dt-11dt, 11dv-11dv, 11dx-11dx, 11dz-11ee, 11ee-11ee, 11ef-11ef, 11eh-11eh, 11ej-11ej, 11el-11el, 11en-11en, 11ep-11ep, 11er-11er, 11et-11et, 11ev-11ev, 11ex-11ex, 11fz-11ff, 11ff-11ff, 11fg-11fg, 11fh-11fh, 11fj-11fj, 11fl-11fl, 11fn-11fn, 11fp-11fp, 11fr		

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 12 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,993,391. including grants of \$ _____) (Revenue \$ _____)

RESIDENTIAL SERVICES - PROVIDES INDIVIDUALS WHO ARE DEAF-BLIND,
DEAF OR BLIND AND DEVELOPMENTALLY DISABLED THE OPPORTUNITY TO LIVE
AS INDEPENDENTLY AS POSSIBLE IN THE COMMUNITY. A STAFF OF TRAINED
PROFESSIONALS PROVIDES 24 HOUR ASSISTANCE WITH ALL DAILY LIVING
NEEDS AND SKILL DEVELOPMENT IN A GROUP HOME SETTING. THIS
INCLUDES MEDICAL COORDINATION, RECREATION, COMMUNICATION,
TRANSPORTATION AND PERSONAL HYGIENE. NJADB CURRENTLY OPERATES
EIGHT GROUP HOMES SERVING 35 PEOPLE.

4b (Code: _____) (Expenses \$ 1,218,327. including grants of \$ _____) (Revenue \$ _____)

EMPLOYMENT SERVICES - PROVIDES THE OPPORTUNITY FOR PEOPLE
WITH DISABILITIES TO ACCESS MEANINGFUL AND GAINFUL
EMPLOYMENT AS WELL AS WORKPLACE READINESS AND SKILLS
TRAINING. ACCESS TO VARIOUS EMPLOYMENT OPPORTUNITIES IS
ACHIEVED THROUGH ADAPTIVE EQUIPMENT AND TECHNOLOGY.

4c (Code: _____) (Expenses \$ 132,770. including grants of \$ _____) (Revenue \$ _____)

FAMILY SUPPORT SERVICES - PROVIDES ASSISTANCE TO FAMILIES
WHO ARE THE PRIMARY CARETAKER OF A PERSON WHO IS DEAF
AND/OR BLIND AND DEVELOPMENTALLY DISABLED. NJADB STAFF
COORDINATE THE RESOURCES AND DIRECT SERVICE SUPPORT NEEDED
TO HELP FAMILIES WHOSE LIFESTYLES ARE AFFECTED BY THESE
DISABILITIES.

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 2(Expenses \$ 400,970. including grants of \$ _____) (Revenue \$ _____)4e Total program service expenses ► \$ 4,745,458. (Must equal Part IX, Line 25, column (B).)

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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
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	X
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
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	X
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? If "Yes," complete Schedule F, Part II	15	X
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	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
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	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
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	X
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	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X
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	X
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	X
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	X
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	X
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	X

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:		
a 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)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form **990** (2008)

Form **990** (2008)

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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 9	
b Enter the number of voting members that are independent	1b 9	
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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	X
b Other officers or key employees of the organization?	15b	X
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	X
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

17 List the states with which a copy of this Form 990 is required to be filed ► NJ

18 Section 6104 requires an organization to make its Forms 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 ☐ Another's website ☒ Upon request

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TAXPAYER 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873
732-805-1912

[illegible]

	Yes	No
3		X
4		X
5		X

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 3		

12

Part VIII Statement of Revenue**22-2462247**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	4,360,082.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	21,919.			
	g	Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f ▶				4,382,001.			
Program Service Revenue				Business Code			
	2a	SERVICESOURCE		124,883.	124,883.		
	b	MEDICAL CENTER		845,772.	845,772.		
	c						
	d						
	e						
	f	All other program service revenue					
g Total. Add lines 2a-2f ▶				970,655.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT 4 . . ▶		36,210.			36,210.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	5	Royalties ▶		NONE			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		NONE			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7,747.				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	7,747.				
	d	Net gain or (loss) ▶		7,747.			7,747.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		9,063.			
	b	Less: direct expenses b	8,048.				
	c	Net income or (loss) from fundraising events . STMT 5 . . ▶		1,015.			1,015.
	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 ▶		NONE			
	10a	Gross sales of inventory, less returns and allowances a		207,928.			
b	Less: cost of goods sold b	129,083.					
c	Net income or (loss) from sales of inventory. . STMT 6 . . ▶		78,845.			78,845.	
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS		13,264.			13,264.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		13,264.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			5,489,737.	970,655.		137,081.

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) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	124,179.	124,179.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	240,727.	212,346.	28,328.	53.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	3,071,832.	2,709,668.	361,481.	683.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	92,464.	80,908.	11,546.	10.
9 Other employee benefits	298,564.	261,251.	37,282.	31.
10 Payroll taxes	316,355.	276,819.	39,503.	33.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	3,090.	2,626.	340.	124.
c Accounting	44,677.	37,974.	4,915.	1,788.
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	167,353.	142,090.	18,175.	7,088.
12 Advertising and promotion	5,380.	5,130.		250.
13 Office expenses	186,012.	172,031.	12,979.	1,002.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	447,130.	403,554.	43,576.	
17 Travel	71,319.	71,319.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	11,854.	11,648.		206.
20 Interest	11,277.	11,277.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	166,387.	157,281.	9,106.	
23 Insurance	NONE			
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)				
a EQUIPMENT AND RENOVATIONS	21,598.	21,031.	567.	
b DUES, FEES & SUBSCRIPTIONS	44,578.	44,326.	47.	205.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,324,776.	4,745,458.	567,845.	11,473.
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	270,184.	1	319,670.
	2 Savings and temporary cash investments	1,153,879.	2	659,805.
	3 Pledges and grants receivable, net	165,457.	3	251,424.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	52,103.	8	42,515.
	9 Prepaid expenses and deferred charges STMT. 7	42,985.	9	53,295.
	10a Land, buildings, and equipment: cost basis 10a	3,102,798.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b	1,130,756.		
		1,987,057.	10c	1,972,042.
	11 Investments - publicly traded securities STMT. 8	782,965.	11	420,247.
	12 Investments - other securities. See Part IV, line 11		12	465,760.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	28,331.	15	151,668.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,482,961.	16	4,336,426.	
Liabilities	17 Accounts payable and accrued expenses	611,254.	17	618,713.
	18 Grants payable	352,180.	18	68,932.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties STMT. 9	167,008.	23	162,194.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	10,439.	25	10,439.
	26 Total liabilities. Add lines 17 through 25	1,140,881.	26	860,278.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,774,078.	27	1,989,981.
	28 Temporarily restricted net assets	1,568,002.	28	1,486,167.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	3,342,080.	33	3,476,148.
	34 Total liabilities and net assets/fund balances.	4,482,961.	34	4,336,426.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
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	X
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	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

22-2462247

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: (Please check only **one** organization.)

- 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).** (Attach Schedule H.)

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).** (see instructions)

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 - Other

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?

(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? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h Provide the following information about the organizations the organization supports.

h Provide the following information about the organizations the organization supports.

[illegible]

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,968,297.	3,144,625.	3,874,135.	4,320,118.	5,352,656.	19,659,831.
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 1-3	2,968,297.	3,144,625.	3,874,135.	4,320,118.	5,352,656.	19,659,831.
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.						19,659,831.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,968,297.	3,144,625.	3,874,135.	4,320,118.	5,352,656.	19,659,831.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,330.	41,367.	91,565.	35,863.	36,210.	226,335.
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.)	15,729.	12,851.	19,949.	36,337.	13,264.	98,130.
11 Total support. Add lines 7 through 10						19,984,296.
12 Gross receipts from related activities, etc (See instructions)					12	3,851,248.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.38 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.39 %
16a 33 1/3% support test - 2008. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2008. 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 "fact-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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2007. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support 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 ☐

b **33 1/3% support 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 ☐

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.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER SUPPORT AND REVENUE	15,729.	12,851.	19,949.	36,337.	13,264.	98,130.
TOTALS	15,729.	12,851.	19,949.	36,337.	13,264.	98,130.

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.

OMB No 1545-0047

2008

Open to Public
Inspection

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

Employer identification number

22-2462247

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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 relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2008

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

3 Using the organization's 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if 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 XIV 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 XIV.

Part V Endowment Funds. Complete if 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					
b Contributions					
c 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 held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		411,930.		411,930.
b Buildings		1,926,320.	570,091.	1,356,229.
c Leasehold improvements		15,845.	15,845.	
d Equipment		719,178.	544,897.	176,466.
e Other		29,525.	2,108.	27,417.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,972,042.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other <u>CERTIFICATE OF DEPOSITS</u>	<u>465,760.</u>	<u>FMV</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	465,760.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<u>SECURITY DEPOSIT</u>	<u>10,439.</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	10,439.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,489,737.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,324,776.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	164,961.
4	Net unrealized gains (losses) on investments	4	-30,893.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-30,893.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	134,068.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,466,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-30,893.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-30,893.
3	Subtract line 2e from line 1	3	5,497,785.
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 XIV)	4b	-8,048.
c	Add lines 4a and 4b	4c	-8,048.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,489,737.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,332,824.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	8,048.
e	Add lines 2a through 2d	2e	8,048.
3	Subtract line 2e from line 1	3	5,324,776.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,324,776.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SPECIAL EVENT EXPENSES

SCHEDULE D PART XII LINE 4B & PART XIII LINE 2D

SPECIAL EVENT EXPENSES DEDUCTED FROM REVENUES

FIN 48 DISCLOSURE

SCH D, PART XIV

THE AGENCY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES

HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET

ASSETS. THERE ARE NO UNCERTAIN TAX POSITIONS AT THE AGENCY.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

2008

**Open to Public
Inspection**

Employer identification number

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | |
|---|--|--------|
| 2 | Enter total number of section 501(c)(3) and government organizations |▲ |
| 3 | Enter total number of other organizations |▲ |

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
CLOTHING	34		8,375.	FMV	CLOTHES
RECREATION	74	16,207.			
CLIENT ASSISTANCE	16	1,146.			
STIPENDS - CLIENT NEEDS	37	29,434.			
STIPENDS - CASH OPTIONS	39	68,501.			
GRANT EXPENSE	1	516.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.SCHEDULE IPART 1 QUESTION 2THE ORGANIZATION MAINTAINS RECEIPTS OF EXPENSES TO SUBSTANTIATE THE USEOF GRANT FUNDS.

Name of the organization

► 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

2008

Open to Public Inspection

Employer identification number

22-2462247

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

PART VI SECTION C #19

DISCLOSURE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

Employer identification number

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

22-2462247

PART VI SECTION A #10

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE WHICH THEN MAKES A FINAL

RECOMMENDATION TO THE BOARD OF TRUSTEES FOR APPROVAL

Name of the organization

Employer identification number

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC**22-2462247****PART VI SECTION B # 15 B****POLICIES****THE BOARD OF TRUSTEES APPROVES THE EXECUTIVE COMPENSATION BASED ON THE****COMPETITIVE MARKET AND THE RATIONALE FOR POSITIONING WITH THAT MARKET,****DRIVEN BASED PRIMARILTY ON COMPENSATION PRACTICES IN NON-PROFIT****ORGANIZATIONS OF A SIMILAR SIZE AND COMPLEXITY.**

Name of the organization

Employer identification number

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC**22-2462247****PART VI SECTION B #12 C****ORGANIZATION REVIEWS THE CONFLICT OF INTEREST DISCLOSURES ANNUALLY.**

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

THE MISSION OF NJADB IS TO IMPROVE THE QUALITY OF LIFE OF PEOPLE WHO ARE DEAF AND/OR BLIND. THIS INCLUDES PEOPLE WITH DEVELOPMENTAL DISABILITIES AND IS ACCOMPLISHED THROUGH DIRECT SERVICE, ADVOCACY, AND OUTREACH. DIRECT SERVICES INCLUDE DAILY LIVING ASSISTANCE FOR PARTICIPANTS IN OUR COMMUNITY PROGRAMS AS WELL AS SKILL DEVELOPMENT AND JOB OPPORTUNITIES THROUGH EMPLOYMENT SERVICES. ADDITIONALLY, NJADB IS AN INFORMATION AND REFERRAL RESOURCE AS WELL AS PROVIDES TRAINING TO EDUCATE THE GENERAL PUBLIC AND OTHER COMMUNITY PROVIDERS ABOUT THE UNIQUE DISABILITY OF DEAF-BLINDNESS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
-----	-----	-----	-----
COMPANY STORE PROJECT - PROVIDES EMPLOYMENT OPPORTUNITY FOR PEOPLE WHO ARE BLIND/VISUALLY IMPAIRED AS A SALES ASSOCIATE IN RETAIL GIFT SHOP. THROUGH THE USE OF ADAPTIVE EQUIPMENT JOB RESPONSIBILITIES ARE ACCESSIBLE TO PEOPLE WHO ARE BLIND.		94,773.	
COMMUNITY SUPPORT SERVICES - PROVIDES DAILY LIVING ASSISTANCE TO PEOPLE WHO ARE DEAF-BLIND THROUGHOUT NJ. A TEAM OF CLIENT SERVICE COORDINATORS AND SPECIALISTS IN THE AREAS OF COMMUNICATION AND RECREATION WORK TOGETHER TO MAXIMIZE INDEPENDENT LIVING AND DECREASE THE ISOLATING EFFECTS OF THIS DISABILITY.		306,197.	
		400,970.	
TOTALS			

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
=====NAME AND ADDRESS
-----DESCRIPTION OF SERVICES COMPENSATION
-----JMB HOME BUILDERS LLC
5 DEMOTT LANE
WHITEHOUSE STATION, NJ 08889

CONSTRUCTION

156,732.

TOTAL COMPENSATION

156,732.
=====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	36,210.			36,210.
TOTALS	36,210.			36,210.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS AND CLIENT SPONSORED ACTIVITIES	9,063.	8,048.	1,015.
TOTALS	9,063.	8,048.	1,015.

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS:		COST OF GOODS SOLD
						ENDING INVENTORY		
-----	-----	-----	-----	-----	-----	-----	-----	-----
SALE OF MERCHANDISE	207,928.	52,103.	119,495.			42,515.		129,083.
	-----	-----	-----	-----	-----	-----	-----	-----
TOTALS	207,928.	52,103.	119,495.			42,515.		129,083.
	-----	-----	-----	-----	-----	-----	-----	-----

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	42,985.	53,295.
	-----	-----
TOTALS	42,985.	53,295.
	=====	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
PREFERRED SECURITIES	489,800.		FMV
MUTUAL FUNDS	291,489.	420,247.	FMV
EQUITIES	1,676.		FMV
	-----	-----	
TOTALS	782,965.	420,247.	
	=====	=====	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE
=====

LENDER: HILLTOP BANK
INTEREST RATE: 6.750000
MATURITY DATE: 08/01/2026
REPAYMENT TERMS: MONTHLY INSTALLMENTS INCLUDING INTEREST OF \$1,341
SECURITY PROVIDED: A GROUP HOME

BEGINNING BALANCE DUE	167,008.
ENDING BALANCE DUE	162,194.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	167,008.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	162,194.
	=====

Description of Property

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	M.A CRS class	Current-year 179 expense	Current-year depreciation
LAND		411,930.	100.000												
LEASEHOLD IMPROVEM		15,845.	100.000			15,845.	15,845.	15,845.	SL		MM 39.000				
BUILDING AND RENOV		265,745.	100.000			265,745.	68,814.	75,628.	SL		MM 39.000				6,814.
BUILDING AND RENOV		1,573,420.	100.000			1,573,420.	462,909.	493,251.	SL		MM 39.000				30,342.
TRANSPORTATION		83,750.	100.000			83,750.	4,240.	19,041.	200DE	HY	5.000				14,801.
TRANSPORTATION		392,021.	100.000			392,021.	246,094.	324,498.	200DE	HY	5.000				78,404.
EQUIPMENT		22,513.	100.000			22,513.	7,885.	11,101.	200DE	HY	7.000				3,216.
TRANSPORTATION	12/31/2008	34,695.	100.000			34,695.		1,873.	SL		HY 5.000				1,873.
BLDG RENOVATION	12/31/2008	87,155.	100.000			87,155.		1,212.	SL		MM 39.000				1,212.
FURNITURE AND EQUI	12/31/2008	29,525.	100.000			29,525.		2,108.	SL		HY 7.000				2,108.
EQUIPMENT		15,998.	100.000			15,998.	13,813.		200DE	HY	7.000				2,185.
EQUIPMENT		186,199.	100.000			186,199.	160,764.	186,199.	200DE	HY	7.000				25,435.
Less: Retired Assets		15,998.				15,998.	13,813.								
Subtotals		3,102,798.				2,690,868.	966,551.	1,130,756.							
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS		3,102,798.				2,690,868.	966,551.	1,130,756.							166,390.
AMORTIZATION															

***Assets Retired**
JSA
8X9024 1 000

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC	Employer identification number 22-2462247
	Number, street, and room or suite no. If a P O box, see instructions 24K WORLD'S FAIR DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SOMERSET, NJ 08873	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **TAXPAYER**

Telephone No. ► **732 805-1912**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning **07/01, 2008**, and ending **06/30, 2009**

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)