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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

Open to Public
Inspection

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	C Name of organization NEW JERSEY ASSOCIATION OF THE DEAF-BL Doing Business As Number and street (or P O box if mail is not delivered to street address) 24K WORLD'S FAIR DRIVE City or town, state or country, and ZIP + 4 SOMERSET, NJ 08873			D Employer identification number 22-2462247
				E Telephone number (732) 805-1912
				G Gross receipts \$ 5,626,868.
				H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(03) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 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.		
	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	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34	
Revenue 8 Contribution and grants (Part VIII, line 1h) 4,320,118. 4,382,001. 9 Program service revenue (Part VIII, line 2g) 924,116. 970,655. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29,696. 43,957. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 144,034. 93,124. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,417,964. 5,489,737.	Prior Year	Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 234,985. 124,179. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,458,508. 4,019,942.	
	16a Professional fundraising fees (Part IX, column (A), line 25) NONE b Total fundraising expenses, Part IX, column (A), line 25 11,473.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,390,176. 1,180,655. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,083,669. 5,324,776. 19 Revenue less expenses Subtract line 18 from line 12 334,295. 164,961.	
	20 Total assets (Part X, line 16) 4,482,961. 4,336,426. 21 Total liabilities (Part X, line 26) 1,140,881. 960,278. 22 Net assets or fund balances Subtract line 21 from line 20 3,342,080. 3,476,148.	
	Beginning of Year End of Year	

Part II Signature Block

Sign Here ► <i>Andrew Tpler</i> Signature of officer ► <i>Andrew Tpler, Treasurer</i> Type or print name and title	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	<i>2/9/10</i> Date		

Paid Preparer's Use Only Preparer's signature ► <i>Jayne Mayersky, CPA</i> Firm's name (or yours) If self-employed address, and ZIP + 4 ► WITHUMSMITH+BROWN, P.C. ONE SPRING STREET NEW BRUNSWICK, NJ 08901	Date 2/5/2010	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00024518
	EIN ► 22-2027092	Phone no ► 732-828-1614	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the 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)? If "Yes," complete Schedule L, Part IV	28a	<input checked="" type="checkbox"/>
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part IV	28c	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<input checked="" type="checkbox"/>

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	13
----	----

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1b	NONE
----	------

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c	X
----	---

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a	175
----	-----

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

2b	X
----	---

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

3a	X
----	---

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

3b	
----	--

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a	X
----	---

4b If "Yes," enter the name of the foreign country: ►
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a	X
----	---

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b	X
----	---

5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

5c	
----	--

6a Did the organization solicit any contributions that were not tax deductible?

6a	X
----	---

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b	
----	--

7 **Organizations that may receive deductible contributions under section 170(c).**

7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?

7a	X
----	---

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b	X
----	---

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c	X
----	---

7d If "Yes," indicate the number of Forms 8282 filed during the year

7d	
----	--

7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e	X
----	---

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f	X
----	---

7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

7g	
----	--

7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

7h	
----	--

8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

8	
---	--

9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966?

9a	
----	--

9b Did the organization make a distribution to a donor, donor advisor, or related person?

9b	
----	--

10 **Section 501(c)(7) organizations.** Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12

10a	
-----	--

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b	
-----	--

11 **Section 501(c)(12) organizations.** Enter:

11a Gross income from members or shareholders

11a	
-----	--

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b	
-----	--

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12a	
-----	--

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b	
-----	--

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

		Yes	No
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.			
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 ► <u>NJ</u>
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.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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: ► <u>TAXPAYER 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873</u> <u>732-805-1912</u>

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), 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, and 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 not compensate any officer, director, trustee, or key employee.

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

1b Total

220,548.

NONE

NONE

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

1

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

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.

	Yes	No
3		x
4		x
5		x

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
SEE STATEMENT 3		
2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	► 1

1000

JSA

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 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f 1h Total. Add lines 1a-1f ►	1a 1b 1c 1d 1e 4,360,082. 1f 21,919. 4,382,001.			
Program Service Revenue	2a SERVICESOURCE 2b MEDICAL CENTER c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 124,883. 845,772. 970,655.	124,883. 845,772.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ► 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 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 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 ► 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 11a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d ► 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►	(i) Real (ii) Personal 36,210. NONE NONE NONE (i) Securities (ii) Other 7,747. 7,747. 7,747. 7,747. 9,063. 8,048. 1,015. 1,015. 207,928. 129,083. 78,845. 13,264. 13,264. 5,489,737.	36,210. NONE NONE NONE 7,747. 7,747.		

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
19 Conferences, conventions, and meetings	NONE			
20 Interest	11,854.	11,648.		206.
21 Payments to affiliates	11,277.	11,277.		
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	166,387.	157,281.	9,106.	
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		
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	10c	1,972,042
11	Investments - publicly traded securities	STMT- 8	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		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

Form 990 (2008)

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.

Name of the organization

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

Employer identification number

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.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2008

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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**Supplemental Financial Statements**

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

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? Yes 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? Yes No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area
 Protection of natural habitat Preservation of certified historic structure
 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
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

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 <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	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
1c	
1d	
1e	
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:

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

(i) unrelated organizations
(ii) related organizations

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.

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>	465,760	FMV

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

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

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	
SECURITY DEPOSIT	10,439

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)

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.

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 I

PART 1, QUESTION 2

THE ORGANIZATION MAINTAINS RECEIPTS OF EXPENSES TO SUBSTANTIATE THE USE

OF GRANT FUNDS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

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

2008

**Open to Public
Inspection**

Employer identification number

22-2462247

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

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

Employer identification number

22-2462247

PART VI SECTION A #10THE 990 IS REVIEWED BY THE FINANCE COMMITTEE WHICH THEN MAKES A FINALRECOMMENDATION TO THE BOARD OF TRUSTEES FOR APPROVAL

Name of the organization

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

Employer identification number

22-2462247

PART VI SECTION B # 15 BPOLICIESTHE BOARD OF TRUSTEES APPROVES THE EXECUTIVE COMPENSATION BASED ON THECOMPETITIVE MARKET AND THE RATIONALE FOR POSITIONING WITH THAT MARKET.DRIVEN BASED PRIMARILY ON COMPENSATION PRACTICES IN NON-PROFITORGANIZATIONS OF A SIMILAR SIZE AND COMPLEXITY.

Name of the organization

NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC

Employer identification number

22-2462247

PART VI SECTION B #12 CORGANIZATION 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.	
TOTALS		400,970.	

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 VII - GROSS SALES AND COST OF GOODS SOLD

DESCRIPTION	BEGGINING			SALARIES AND WAGES		OTHER COSTS		MINUS:	COST OF GOODS SOLD
	GROSS SALES	BEGINNING INVENTORY	PURCHASES	-----	-----	-----	-----		
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

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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.

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TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	167,008.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	162,194.
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2008

Description of Property

Application for Extension of Time To File an
Exempt Organization Return

► 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 ►
- 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	Name of Exempt Organization NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC	Employer identification number 22-2462247
File by the due date for filing your return. See Instructions	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)