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Form **990-EZ**

**Short Form
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)

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

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 Atlantic County SPCA		D Employer identification number 22-3086334
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (609) 927-9059
		P.O. Box 205		F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4		
		Somers Point NJ 08244		
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
I Website: ▶ N/A				H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.				
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 54,132.				

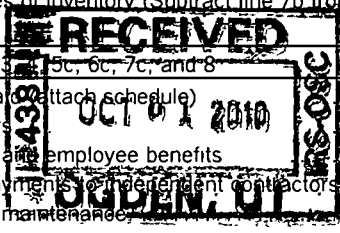
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	12,837.
	2 Program service revenue including government fees and contracts	2	38,150.
	3 Membership dues and assessments	3	
	4 Investment income	4	3,145.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less. direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less. cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	54,132.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	17,304.
	13 Professional fees and other payments to independent contractors	13	1,750.
	14 Occupancy, rent, utilities, and maintenance	14	775.
	15 Printing, publications, postage, and shipping	15	273.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	50,974.
	17 Total expenses. Add lines 10 through 16	17	71,076.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,944.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	125,717.
	20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	2,150.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	110,923.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		103,414.	97,043.
23 Land and buildings		0.	0.
24 Other assets (describe ▶ See L-24 Stmt)		26,746.	20,295.
25 Total assets		130,160.	117,338.
26 Total liabilities (describe ▶ See L-26 Stmt)		4,443.	6,415.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		125,717.	110,923.

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

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ <u>New Jersey</u>		

42a The organization's books are in care of ▶ Marc Robinson Telephone no ▶ (609) 927-9059
 Located at ▶ P.O. Box 205 Somers Point NJ ZIP + 4 ▶ 08244

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** _____

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VII Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Sign Here ▶ *Nancy Beall* / 9/10/10

Signature of officer Date

Type or print name and title NANCY BEALL
PRESIDENT

Paid Preparer's Use Only

Preparer's signature ▶ *Charles J. Rajca* Date 09/13/10 Check if self-employed Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 CHARLES J. RAJCA ESQ. CPA
123 YORK RD
JENKINTOWN PA 19046-3926 EIN ▶ Phone no ▶ (215) 576-6200

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

Atlantic County SPCA

22-3086334

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 (For lines 1 through 11, check only one box.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

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

h Provide the following information about the supported organizations

(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 U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33-1/3 support test – 2008. 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 – 2009 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 '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"/>		
b 10%-facts-and-circumstances test – 2008. 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	27,085.	113,478.	17,959.	20,466.	12,837.	191,825.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	43,079.	55,772.	40,671.	43,316.	38,150.	220,988.
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 through 5	70,164.	169,250.	58,630.	63,782.	50,987.	412,813.
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						412,813.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	70,164.	169,250.	58,630.	63,782.	50,987.	412,813.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	738.	1,224.	2,051.	3,277.	3,145.	10,435.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	738.	1,224.	2,051.	3,277.	3,145.	10,435.
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 lns 9, 10c, 11, and 12.)						423,248.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.53%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.16%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.47%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.84%

19a 33-1/3 support tests – 2009. 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 – 2008. If the organization did not check a box on line 14 or 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

Name as Shown on Return
Atlantic County SPCA

Employer Identification No.
22-3086334

	Beginning of Year	End of Year
Line 24 - Other Assets:		
Prepaid expenses	2,914.	3,073.
Net property and equipment	23,832.	17,222.
Totals to Form 990-EZ, Part II, line 24	26,746.	20,295.
Line 26 - Total Liabilities:		
Accounts payable	3,850.	5,902.
Accrued payroll taxes	593.	513.
Totals to Form 990-EZ, Part II, line 26	4,443.	6,415.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Payroll taxes	1,666.
Telephone	1,999.
Travel	6,156.
Program supplies	19,473.
Insurance	7,194.
Miscellaneous	1,164.
Fundraising expenses	2,522.
Dues and subscriptions	1,000.
Fees and licenses	190.
Depreciation	9,610.
Total	<u>50,974.</u>

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized gain on investments	2,150.
Total	<u>2,150.</u>

ATLANTIC COUNTY SPCA
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Statements of Financial Position	2
Statements of Activities	3
Statements of Cash Flows	4
Notes to Financial Statements	5 - 7
Supplementary Information	
Schedule of Functional Expenses - 2009	8

CHARLES J. RAJCA

Certified Public Accountant



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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Atlantic County SPCA
Somers Point, New Jersey

I have audited the accompanying statement of financial position of Atlantic County SPCA as of December 31, 2009 and 2008 and the related statements of activities and cash flows for the years then ended. These statements are the responsibility of the SPCA.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Atlantic County SPCA as of December 31, 2009 and 2008 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

The Schedule of Functional Expenses on page 8 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements, and, in my opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

July 8, 2010

A handwritten signature in cursive script that reads "Charles J. Rajca". The signature is written in black ink and is positioned to the right of the date.

-1-

Member:

American Institute of Certified Public Accountants • California Society of Certified Public Accountants
New Jersey Society of Certified Public Accountants • Pennsylvania Institute of Certified Public Accountants
Community Associations Institute

Fully Licensed CPA In:

California • New Jersey • Pennsylvania

**ATLANTIC COUNTY SPCA
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2009 AND 2008**

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
Cash and equivalents	\$ 32,171	\$ 41,691
Investments	64,872	61,723
Prepaid expenses	3,073	2,914
Property and equipment (net)	<u>17,222</u>	<u>23,832</u>
Total Assets	<u>\$117,338</u> =====	<u>\$130,160</u> =====
<u>LIABILITIES</u>		
Accounts payable	\$ 5,902	\$ 3,850
Accrued payroll taxes	<u>513</u>	<u>593</u>
Total Liabilities	<u>6,415</u>	<u>4,443</u>
<u>NET ASSETS</u>		
Unrestricted	110,923	125,717
Temporarily restricted	-	-
Permanently restricted	<u>-</u>	<u>-</u>
Total Net Assets	<u>110,923</u>	<u>125,717</u>
Total Liabilities and Net Assets	<u>\$117,338</u> =====	<u>\$130,160</u> =====

The accompanying notes are an integral part of the financial statements

**ATLANTIC COUNTY SPCA
STATEMENTS OF ACTIVITIES
YEARS ENDED DECEMBER 31, 2009 AND 2008**

	Unrestricted	
	2009	2008
CHANGES IN NET ASSETS		
<u>Support and revenue:</u>		
Contributions	\$ 11,917	\$ 11,791
Legacies and bequests	920	1,095
Grants (restricted)	-	2,000
Grants (unrestricted)	-	5,580
Fund raising income	25,603	24,873
Fines	3,547	3,235
Adoption fees	3,235	2,885
Spay/Neuter clinic fees	5,765	12,323
Investment income	3,145	3,242
Realized gain (loss) on investments	-	35
Unrealized gain (loss) on investments	2,150	(788)
	56,282	66,271
<u>Costs and expenses:</u>		
Program services	62,255	77,037
General and administrative	6,299	5,846
Fund raising	2,522	4,664
	71,076	87,547
Increase (decrease) in net assets	(14,794)	(21,276)
Net assets, beginning of year	125,717	146,993
Net assets, end of year	\$110,923	\$125,717

The accompanying notes are an integral part of the financial statements

**ATLANTIC COUNTY SPCA
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2009 AND 2008**

	<u>2009</u>	<u>2008</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in Net Assets	\$(14,794)	\$(21,276)
Adjustments to reconcile Change in Net Assets to net cash		
Depreciation	9,610	16,010
(Increase) decrease in:		
Accounts receivable	-	3,992
Prepaid expenses	(159)	(1,026)
Increase (decrease) in:		
Accounts payable	2,052	2,120
Accrued payroll taxes	<u>(80)</u>	<u>352</u>
Net cash provided (used) by operating activities	<u>(3,371)</u>	<u>172</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Increase/decrease in property and equipment	(3,000)	-
Change in investments	<u>(3,149)</u>	<u>(50,758)</u>
Net cash provided by investing activities	<u>(6,149)</u>	<u>(50,758)</u>
Net Increase (Decrease) in Cash	(9,520)	(50,586)
Cash - beginning	<u>41,691</u>	<u>92,277</u>
Cash - ending	<u>\$ 32,171</u> =====	<u>\$ 41,691</u> =====

The accompanying notes are an integral part of the financial statements

**ATLANTIC COUNTY SPCA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

Note 1. NATURE OF THE ORGANIZATION

The Atlantic County Society for the Prevention of Cruelty to Animals (SPCA) is a New Jersey non-profit agency located in Atlantic County. The SPCA was established to intervene on the behalf of animals to prevent/stop incidents of cruelty, to promote neutering and spaying of animals and to educate the public on these matters.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation.

The SPCA follows the Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statement of Not-for-Profit Organizations". SFAS 117 requires that resources be separated for accounting and reporting purposes into Unrestricted, Temporarily Restricted and Permanently Restricted net asset classifications. The SPCA reports gifts or grants as restricted support if they are received with donor or grantor stipulations that limit the use, or if it is designated as support for future periods. When a donor or grantor restriction expires, that is, when a stipulated time period restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported on the statement of activity as net assets released from restrictions. Permanent restrictions stipulate that resources be maintained permanently but permit the SPCA to use or expend part or all of the income derived from the donated assets. Whereas, permanently restricted net assets that result from contributions and other inflows of assets whose use by the SPCA is limited by donor-imposed stipulations that neither expires by passage of time nor can be fulfilled or otherwise removed by actions of the SPCA.

Support and Expenses:

Contributions, grants and unconditioned promises to give are measured at their fair values and reported as an increase in net assets. In accordance with SFAS 116, contributions, grants and promises to give that depend upon the occurrence of a specified future and uncertain event to bind the promisor, the revenue is recognized when the conditional promise becomes unconditional.

Accounting Method.

The SPCA maintains its books and records on the accrual basis of accounting.

Taxes.

The SPCA is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). It is also exempt from New Jersey state income tax.

**ATLANTIC COUNTY SPCA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

Note 2 (continued)

Cash and Equivalents:

Cash and equivalents include certificates of deposit and other financial instruments which do not have material penalties associated with them or other terms which effectively restrict withdrawal of funds.

Donated Services:

The value of donated services is not reflected in the accompanying financial statements since there is no basis to objectively measure the value of such services.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note 3. PROPERTY AND EQUIPMENT

Fixed assets are valued at cost. Depreciation is computed on the method designated for federal tax purposes

Fixed Assets are composed of the following.

	<u>2009</u>	<u>2008</u>
Vehicles	\$48,480	\$48,480
Time-share	3,000	-
Autoclave	<u>810</u>	<u>810</u>
Total property and equipment	52,290	49,290
Less: accumulated depreciation	<u>(35,068)</u>	<u>(25,458)</u>
Net property and equipment	<u>\$17,222</u>	<u>\$23,832</u>

**ATLANTIC COUNTY SPCA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

Note 4. INVESTMENTS

Investments are presented at fair market value in accordance with Statement of Financial Accounting Standards No. 124. The fair market value of investments is based on quoted prices as of December 31. All investments are available for sale.

A summary of investment is as follows:

	December 31, 2009		
<u>Description</u>	<u>Cost</u>	<u>Market</u>	<u>Unrealized Gain (Loss)</u>
GE Money Bank CD 4.60% Due 12/31/18	\$ 7,000	\$ 7,286	\$ 286
GE Money Bank CD 5.05% Due 11/13/13	5,000	5,184	184
Capital One CD 5.00% Due 01/12/15	43,503	44,354	851
Oriental Bank CD 3.25% Due 07/10/14	<u>8,000</u>	<u>8,048</u>	<u>48</u>
Total	<u>\$63,503</u>	<u>\$64,872</u>	<u>\$ 1,369</u>

	December 31, 2008		
<u>Description</u>	<u>Cost</u>	<u>Market</u>	<u>Unrealized Gain (Loss)</u>
GE Money Bank CD 1.75% Due 06/30/09	\$ 7,000	\$ 7,000	\$ -
GE Money Bank CD 5.05% Due 11/13/13	5,000	5,030	30
Capital One CD 5.00% Due 01/12/15	43,503	42,693	(810)
GE Money Bank CD 4.60% Due 12/31/18	<u>7,000</u>	<u>7,000</u>	<u>-</u>
Total	<u>\$62,503</u>	<u>\$61,723</u>	<u>\$ (780)</u>

**ATLANTIC COUNTY SPCA
SCHEDULE OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2009**

	PROGRAM SERVICES				SUPPORT SERVICES			Total
	Cruelty Neglect	Animal Pens	Spay/ Neuter	Total Program Service	General	Fund Raising	Total Support Services	
Salaries	\$16,299	\$ -	\$ -	\$16,299	\$1,005	\$ -	\$ 1,005	\$17,304
Payroll taxes	1,569	-	-	1,569	97	-	97	1,666
Dues and subscription	1,000	-	-	1,000	-	-	-	1,000
Telephone	1,834	-	165	1,999	-	-	-	1,999
Postage and shipping	-	-	-	-	273	-	273	273
Travel and auto	4,492	-	1,590	6,082	74	-	74	6,156
Rental	775	-	-	775	-	-	-	775
Supplies	4,802	-	14,351	19,153	320	-	320	19,473
Fees and licenses	105	-	-	105	85	-	85	190
Miscellaneous	285	-	371	656	508	-	508	1,164
Insurance	4,457	-	-	4,457	2,737	-	2,737	7,194
Professional fees	550	-	-	550	1,200	-	1,200	1,750
Fund raising	-	-	-	-	-	2,522	2,522	2,522
Depreciation	9,610	-	-	9,610	-	-	-	9,610
	\$45,778	\$ -	\$16,477	\$62,255	\$6,299	\$2,522	\$ 8,821	\$71,076

See Accountant's Report on Supplementary Information

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **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 <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization Atlantic County SPCA	Employer identification number 22-3086334
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. Box 205	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Somers Point NJ 08244	

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

- | | | |
|---|--|------------------------------------|
| <input 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 (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 ▶ Marc Robinson -----

Telephone No ▶ (609) 927-9059 ----- 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 Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 09 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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	\$ 0.
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	\$ 0.
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	\$ 0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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