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Form 990-EZ

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

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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.	յ <u>၂</u>					3) ∢ (insert i	no) 4947(a)(1) or	527	required to 990-EZ, or	attach S 990-PF	the organizati Schedule B (Fe)	on is not om 990,			
L Add Lines 5b. 6b. and 7b. 1o line 9 to determine gross receipts. (\$500,000 or more, life Form 990 instead of Form 990-EZ	K	Check	▶ □	ıf the or	ganization is not a sec	tion 509(a)(3) su	pporting organiza	ition and its g	ross rec	eipts are norma	lly not	more than \$	25,000. A			
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16		バニン	Occupancy,	rent, util	ties, and maintenance	• <i>.</i>					1	4				
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Form 990-EZ (2009) JADEN'S LADE	ER	59	3-3786412			Page 2
Part III Statement of Program Se	ervice Accomplishments (See the instruct	ions for Part III	.)	Exp	Denses
What is the organization's primary exempt purpose	9 ?			(F	Required f	or section
SEE STATEMENT 3				50)1(c)(3) a	nd 501(c)(4)
Describe what was achieved in carrying out the or					•	ns and section
manner, describe the services provided, the numb	er of persons benefited, or other re	levant information for	r	49	3 47(a)(1) ¹	trusts; optional
each program title		_		fo	r others.)	
28 SEE STATEMENT 4						
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			٠, .	<u></u>		105 175
	amount includes foreign grants, ch	eck here		28a	 	125,175
29						
		• • •	••			
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30	amount moracos rereign grante, err	001.11010				
			• •			
(Grants \$) If this	amount includes foreign grants, ch	eck here	<u> </u>	30a		
31 Other program services (attach schedule)					1	
	amount includes foreign grants, ch	eck here .		31a	 	
32 Total program service expenses (add lines			·	32	<u></u>	125,175
Part IV List of Officers, Directors, Trus	tees, and Key Employees. List ea	ch one even if not co (b) Title and average	mpensated. (See t	he instruct (d) Contri		art IV.)
(a) Name and ad	dress	hours per week	(If not paid,	employee ber	nefit plans &	account and
		devoted to position	enter -0)	deferred con	pensation	other allowances
JONATHAN BOBBETT	RYE	PRESIDENT 5.00				•
239 WALLIS ROAD	NH 03870 PORTSMOUTH	VICE PRESIDE	0			0
KARL HAHN 340 ODIORNE POINT ROAD	NE 03801	3.00	0			0
HEIDY REBERT	PORTSMOUTH	TREASURER	<u>°</u>			<u>~</u>
1171 SAGAMORE AVENUE	NE 03801	3.00	ا ،		اه	0
JIM ANDERSON	MILFORD	SECRETARY				
27C GOVERNORS WAY	MA 01757	2.00	0		0	0
TERESA CALDWELL	DULUTH	BOARD MEMBER				
2838 GREY MOSS PASS	GA 30097	2.00	. 0		0	0
ONETA BOBBETT	RYE	BOARD MEMBER				
239 WALLIS ROAD	NE 03870	10.00	<u></u>	<u> </u>	0	0
KRISTI BARTLETT	• Oninga	BOARD MEMBER				_
ONE CITYVIEW LANE	MA 02169	2.00			- 0	0
JEN ABRAMS	RYE	BOARD MEMBER 2.00			٥	0
DANA PUMP	NH 03870 LOS ANGELES	BOARD MEMBER	<u> </u>	 		
1950 SAWTELLE BOULEVARD	CA 90025	2.00			اه	0
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DAA					Fo	m 990-EZ (2009)

the changes	'Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)							
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Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes If the organization had income from business activities, such as those reported on firem \$20, \$3, and 7a (among others), but not reported on from \$90-7, attach a statement explaining why the organization of his clinic to the companies of the comp	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed							
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Date

SUITE 4

KARCHER.

03801

NH

264 LAFAYETTE ROAD

PORTSMOUTH,

May the IRS discuss this return with the preparer shown above? See instructions

05/03/10

Check if

self-

Preparer's Identifying Number (See instr.)

▶ 02-0510451

603-430-0942

► X Yes

P00193214

EIN

no 🕨

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed).

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JADEN'S LADDER

Employer identification number 59-3786412

Pa	rt I	Reasc	n for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) S	ee ins	<u>tructio</u>	ns.			
he o	rgar	ization is not a	private foundation because	t is: (For lines 1 through 11, ched	ck only or	e box.)								
1				ciation of churches described in s			.)(i).							
2			nbed in section 170(b)(1)(A)											
3			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												
- 1)(1)(A)(iv). (Complete Part II		•									
6	П	•		emmental unit described in sect	ion 170(l	o)(1)(A)(v)).							
7	П			ibstantial part of its support from				the ger	eral pul	blic				
- '	ш	_	ection 170(b)(1)(A)(vi). (Cor					Ū	•					
8				0(b)(1)(A)(vi). (Complete Part II.)									
	X	•		more than 33 1/3 % of its support		ntributions	. membe	ership fe	es. and	aross				
		_		t functions—subject to certain ex										
				unrelated business taxable inco										
				1975. See section 509(a)(2). (C			,							
10	П		_	clusively to test for public safety			a)(4).							
11	H			clusively for the benefit of, to per				carry ou	t the					
• •	Ш			d organizations described in sect						tion				
				e type of supporting organization										
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е		'' ليبا	□ ••	nization is not controlled directly	-		· L							
•	Ш			nd other than one or more public						tion				
			ection 509(a)(2)			· J · ·								
f			, ,, ,	mination from the IRS that it is a	Type I. Ty	pe II. or T	vpe III s	upportin	a					
•		_	check this box		.,,		,,		•					
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9		following pers		g c. c		,								
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h m	Nam	e of supported	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	s the	(1	/ii) Am	ount of	
(1)		anization	(11) 2.114	(described on lines 1–9	1 ' '	sted in your	the organ	ization in	organizat	ion in col	,	supp		
				above or IRC section	governing	document?	col (i)	or your oort?		zed in the S ?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
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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

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) · Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to orexpended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) 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 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 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 33 1/3 % support test-2009. 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 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 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

*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.)

<u> </u>	(Complete only if you che ion A. Public Support	cked the box of	Time 9 of Part	1.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Vall	endar year (of 113car year beginning iii)	(a) 2003	(B) 2000	- (0) 2007	(4) 2000		(7)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,488	115,106	383,725	129,608	178,046	846,973
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	40,673	216,553	177,395	204,860	231,589	871,070
3	Gross receipts from activities that are not an						
3	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	81,161	331,659	561,120	334,468	409,635	1,718,043
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1,718,043
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	81,161	331,659	561,120	334,468	409,635	1,718,043
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11	530	86	_ 1	12	640
	Unrelated business taxable income (less	1					
b	section 511 taxes) from businesses						
_	acquired after June 30, 1975 Add lines 10a and 10b	11	530	86	1	12	640
С 11	Net income from unrelated business	11	330				
	activities not included in line 10b, whether or not the business is regularly carried on					_0	
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,	1	ļ				
	and 12)	81,172	332,189	561,206	334,469	409,647	1,718,683
14	First five years. If the Form 990 is for the		second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	▶ □
	organization, check this box and stop here				· ·	<u> </u>	
_	tion C. Computation of Public Su			6)	<u> </u>	15	99.96%
15	Public support percentage for 2009 (line 8,					16	<u>99.96 %</u> %
16	Public support percentage from 2008 Sche			· · · · · · · · · · · · · · · · · · ·	··· · · · · · · · · · · · · · · · · ·	10	
	tion D. Computation of Investme			olumn (f))		17	
17	Investment income percentage for 2009 (Investment income percentage from 2008)					18	
18 19a	33 1/3 % support tests—2009. If the orga			 4. and line 15 is m		L	
	17 is not more than 33 1/3 %, check this be	ox and stop here. T	he organization qu	alifies as a publicly	supported organiz	ation	×
Ь	33 1/3 % support tests—2008. If the orga						▶ □
20	line 18 is not more than 33 1/3 %, check the						

Department of the Treasury

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Open To Public

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

See separate instructions. Internal Revenue Service Employer identification number Name of the organization 59-3786412 JADEN'S LADDER Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (iv) Gross receipts (vi) Amount paid to (ii) Activity (i) Name of individual raiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

DAA

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AUCTION GALA NONE (add col (a) through (event type) (event type) (total number) col (c)) 231,589 231,589 Gross receipts Less⁻ Charitable contributions Gross revenue (line 1 231,589 231,589 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment 222,571 222,571 Other direct expenses 222<u>,571</u>) Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes X No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: X Is the organization licensed to operate gaming activities in each of these states? If "No," Explain: X 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain: X Does the organization operate gaming activities with nonmembers? 11 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer charitable gaming?

Sche	hedule G (Form 990 or 990-EZ) 2009 JADEN'S LADDER	59-378641	2	Pa	age 3
•				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	a The organization's facility	13a %		I	
b	b An outside facility	13b %		I	
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name C.J. BARRY P.O. BOX 1121				
	Address ► RYE	NH 03870			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		x
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		I	
	amount of gaming revenue retained by the third party ▶ \$			I	
C	c If "Yes," enter name and address of the third party:				
	Name Name	·			
	Address ▶			į	
16	Gaming manager information:			į	
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶	·			
	Director/officer Employee Independent contractor				
17	•				
а	•	ł	1	1	
	retain the state gaming license?		17a		X
þ	b Enter the amount of distributions required under state law distributed to other exempt organizations or spent			I	ĺ
	in the organization's own exempt activities during the tax year ▶ \$				<u></u>

,161 JADEN'S LADDER 59-3786412

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADVERTISING	392
TRAVEL	4,763
SURVIVOR MEETINGS	2,044
INSURANCE	1,583
CHILDRENS EXPENSE	3,007
LATE PENALTIES	2,460
BANK CHARGES	3 , 753
CONTRACT LABOR	5,406
LICENSES AND PERMITS	125
SUPPLIES	814
REPAIRS AND MAINTENANCE	1,843
TELEPHONE	1,402
GENERAL OPERATIONS-MISC	1,183
WORK CLOTHING	700
DEBIT CARDS - GIFT	600
GENERAL LIVING EXPENSES	32,655
GIFTS	1,289
HEALTHCARE - THERAPY	9,284
HOME PURCHASE	41,577
HOUSING EXPENSE	14,759
MOVING EXPENSE	1,430
SEMINARS AND EDUCATION	6,791
PROGRAM EXP - MISC	2,168
AUTO EXPENSE	2,681
TOTAL	\$ 142,709

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

			Description			Beginning of Year		End of Year		
PREPAID	EXPENSES	AND	DEFERRED	CHARGES	\$_	1,55	0	\$	2,481	
					_	1,55	0		2,481	

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO ASSIST SURVIVORS OF DOMESTIC VIOLENCE WITH LIFE-ENHANCING, POST SHELTER PROGRAMS AND SUPPORT THAT BUILD CONFIDENCE AND FOSTER SELF-RELIANCE.

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

JADENS LADDER PROVIDES LIFE NECESSITIES FOR SURVIVORS OF DOMESTIC VIOLENCE. GOODS AND SERVICES ARE PROVIDED UNIQUELY ON AN INDIVIDUAL BASIS. SUCH GOODS AND SERVICES ARE, BUT NOT LIMITED TO: HOUSING, FOOD, CLOTHING AND COUNSELING.