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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

<u>A</u>	For the 2009 c	alendar ye	ear, or tax year beginning 04/01/09, and ending 03/31/10			
В	Check if applicable		C Name of organization NEW JERSEY STATE ELKS ASSOCIATION		D Emplo	yer Identification number
	Address change	use IRS	SPECIAL CHILDREN'S COMMITTEE, INC			
$\overline{\Box}$	Name change	label or print or	Doing Business As	1	22-	1522929
님	-	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
닏	Initial return	See See	P.O. BOX 1596		732	-326-1300
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	pts \$ 2,930,080
	Amended return	tions	WOODBRIDGE NJ 07095-1596			
一	Application pending	, F Name	e and address of principal officer		H(a) Is this	a group return for
	, pp.iocson ponding	'			affiliate	
					H(b) Are all include	affiliates Yes No
					If "No,"	attach a list (see instructions)
I	Tax-exempt star	tus X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527			
J	Website: ▶	N/A			H(c) Group	exemption number
<u>K</u>	Type of organizatio	on X Co	rporation Trust Association Other ▶ L Year	r of formation 1	946	M State of legal domicile NJ
<u></u> F	art I S	Summa	ry			
			ne organization's mission or most significant activities:			
Φ	o The	Comm:	ittee's primary function is the operation of a			
auc	han		ped children's camp (Camp Moore). It enables			•
Ë			to use and further develop recreational, social			
Š	250heck t	this box 🕨	· 🔲 if the organization discontinued its operations or disposed of more than 25% of	fits net assets		
ಶ			members of the governing body (Part VI, line 1a)		3	17
ies			endent voting members of the governing body (Part VI, line 1b)	•	4	17
Activities & Governance	5 Sotal nu	umber of e	employees (Part V, line 2a)		5	70
Act			volunteers (estimate if necessary)		6	60
	I		ated business revenue from Part VIII, column (C), line 12		7a	
	1	related bus	siness taxable income from Form 990-T, line 34	Prior Year	7b	0
	8 Contrib	utione and	,403	Current Year 668,813		
en		m service	,080	158,315		
Revenue			, 655	270,713		
8			ne (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,570	19,400
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,289		1,117,241
_			ar amounts paid (Part 💢 column (A) lines 1)-3)		750	20,000
			or for members (Raft IX, column (A), line 4)		7.00	
	15 Salaries	s, other co	52	796	82,462	
seuses	16a Profess	sional fund		-/		
per	b Total fu	ındraising	expenses (Part IX, column (A), line 11e) atraising fees (Part IX, column (D), line 25) 31,000			······
EX	17 Other e	expenses	(Part IX, column (A), (1) (3) (1) (1) (1) (1) (1) (1) (1) (1)	723	,015	675,282
			Add lines 13–17 (must equal Part IX, column (A), line 25)	789	,561	777,744
	19 Revenu	Je less ex	penses Subtract line 18 from line 12	500	,147	339,497
Net Assets or	S S			Beginning of Curr		End of Year
ssets	20 Total as	ssets (Par	t X, line 16)	5,441		6,922,138
et o	21 Total lia	abilities (P	art X, line 26)		3,338	134,340
			d balances Subtract line 21 from line 20	5,303	3,547	6,787,798
F			re Block			
	l U	Jnder penal and belief, it	ties of perjury, I declare that I have examined this return, including accompanying schedules and s frue, correct, and complete Declaration of preparer (other than officer) is based on all informati	statements, and t ion of which prep	o the best of arer has an	f my knowledge v knowledae
٠.	1.		ahimmen eg		1	_
Sig	-	4	-111/1/1/19/1	7		1-15-10
He	ere M	/ 7	re of officer TRESURI	EB	Date	
			print name and title			
_			A Date	Charling	·	Preparer's identifying number
Pa	1171	Preparer's		Check if self-	. \Box	(see instructions)
	eparer's	ignature	EDWARD DOLAN COMPANY 110	employe	т	P00486076 22-3654316
	se Only	irm's name			EIN >	22-3034316
	- I If	f self-emplo address, and	77		Phone	908-964-0220
N46				· · · · · · · · · · · · · · · · · · ·	no 🕨	
			turn with the preparer shown above? (see instructions) rwork Reduction Act Notice, see the separate instructions.			Yes No Form 990 (2009)
10	i i livacy ACL	anu rape	iwoin naudottoti not trottos, see tile sapaiate ilistituctions.			rom 330 (2009)

) (Revenue \$

251,803 including grants of \$

677,472

4e Total program service expenses ▶

Pa	art 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		Х
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	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
124	Schedule D, Parts XI, XII, and XIII Was the expansion included in consolidated independent audited financial statements for the tax year?	12	X	_
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	x
13 14a	Did the organization a school described in section 170(b)(1)(A)(ii)? If Tes, complete Schedule E	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	17a		 -
D	business, and program service activities outside the United States? 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 a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities 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
		Forn	990	(2009)

D:	art IV Checklist of Required Schedules (continued)			-3
<u> </u>	Checklist of Required Scheddles (Continued)	T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	140
	in the United States 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 of grants and other assistance to individuals in the	<u> </u>		
	United States 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, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? 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	10		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 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	240		
·	to defease any tax-exempt bonds?	24c	1	
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	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		
	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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	- 1		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I .	31		X
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-39 if "Yes," complete Schedule R, Part I	33		X
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	İ		
	Schedule R, Part V, line 2	35	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			4.
	organization? If "Yes," complete Schedule R, Part V, line 2	36	├	<u> </u>
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,			v
20	Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			x
	19? Note. All Form 990 filers are required to complete Schedule O.	38		

۲ą	TV Statements Regarding Other IRS Filings and Tax Compliance	- 	_		
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Yes	No.
ıa	U.S. Information Returns. Enter -0- if not applicable	1a			I
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			•
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report				Ī
·	gaming (gambling) winnings to prize winners?		1c	:	x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	_{2a} 70			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	f
	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
b	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 authors.	onty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ial			
	account)?		4a		X
b	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 Bar	k			
_	and Financial Accounts		_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5a		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		5b		
Ŭ	Prohibited Tax Shelter Transaction?	'9	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•			
	organization solicit any contributions that were not tax deductible?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or			
	gifts were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				É
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls	1	1	Ė
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
ч	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d]	7c		
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person				ĺ
Ū	benefit contract?	inai	7e	1	ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•••	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				Ė
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				ĺ
_	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				ĺ
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		30		
. а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ĺ
11	Section 501(c)(12) organizations. Enter:				İ
а	Gross income from members or shareholders	11a			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b		1	ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		000	(2000)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					, .	
	•				ţ	Yes	No
1a	Enter the number of voting members of the governing body	1a	_	17			
b	Enter the number of voting members that are independent	_1b)	17			
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 customanly performed by or under the direct				ŀ	ļ	l
	supervision of officers, directors or trustees, or key employees to a management company or other person?				3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	d?			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	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following.						Ī
а	The governing body?				. 8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, 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	4	- 1		9	L	X
	etion B. Policies (This Section B requests information about policies not required by the In	nterna	aı				
Rev	renue Code.)			-		1	
40-	Dona the assessment of house level about on the second of the top of				400	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				406		
	affiliates, and branches to ensure their operations are consistent with those of the organization?			•	10b	 	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						x
44-	form?				11	-	A
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				12a	-	Х
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				120	 	-
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				12b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				120	 	
С	describe in Schedule O how this is done				12c		
13	Does the organization have a written whistleblower policy?				13		х
14	Does the organization have a written whistieblower policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval by					-	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		х
b	Other officers or key employees of the organization				15b	 	X
•	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)				100		
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	•	х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				1	1	
_	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	İ	Ţ
Sec	ction C. Disclosure					•	
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			•		•	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	nly)					
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second sec	est					
	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	ne					
	organization > JOHN M. SZCZOMAK 655 RAHWAY AVE.						

NJ 07095

WOODBRIDGE

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

X Check this box if the organization		sate :	any c			ficer	, dıre			
(A) Name and Title	(B) Average hours per			chec		hat a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DOUGLAS HARTLEY										
CHAIRPERSON		X				ļ	ļ	0	0	C
GARY DENGELEGI		l					1			_
TRUSTEE		X						0	0	O
DOMINICK ANNUZZI					ŀ					
TRUSTEE		X			<u> </u>	\vdash		0	0	0
CARLOS A. ROJAS TRUSTEE		x						o	o	o
HARRY NEWTON		╬		-	\vdash	\vdash		<u> </u>	<u> </u>	
TRUSTEE		x					ł	o	0	0
GEORGE HELOCK		+	 -				ĺ			•
TRUSTEE		X			ļ			o	0	0
JOHN M. SZCZOMAK										-
TRESURER		X						0	0	0
			ļ							
			ļ		_	ļ	-			
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Part VII	(A)	(B)			((C)			Highest Compensated E (D)	(E)	_	(F)	
•	Name and Title	Average hours per week	S Individual trustee Or director		Officer	ส์ Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	co oi a	Estimate amount other mpensa from the rganizate and relate ganizate	of tion e ion ed
·								ļ 			_		
	·····												
			ļ	 		<u> </u>							
•													
							\						
1b Total			<u> </u>	<u> </u>	<u></u>	L	<u>_</u>	 					
2 Total		-		to th	ose	liste	d abo	_	who received more than \$1	00,000 in			
emple 4 For a	oyee on line 1a? If "Yes," ny individual listed on line rganization and related or	complete Schedulate 1a, is the sum of	ile J f repo	for s ortab	uch i de co	ndiv	dual ensat	ion a	ee, or highest compensated and other compensation fro complete Schedule J for su	m		3 4	Yes No
servi	ces rendered to the organ	ization? If "Yes,"							unrelated organization for ich person			5	x
1 Com	. Independent Contractor plete this table for your five pensation from the organization	e highest compei	nsate	ed inc	depe	nder	nt co	ntrac	ctors that received more that	n \$100,000 of		<u></u> -	
		(A) I business address							Descrip	(B) toon of services		Com	(C) pensation
		····						-					
· 								-					
								-					-
	number of independent of than \$100,000 in competition		_				to th	nose	listed above) who received			0	
DAA	man a roo,ooo in compei	isation from the t	Jigal	114all	U11 P						E.		990 (2009

P 2	IIT V	III Staten	nent of Reve	nue				· · · · · · · · · · · · · · · · · · ·		
	•	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated can	npaigns	1a				· · · · · · · · · · · · · · · · · · ·		The state of the s
Contributions, gifts, grants and other similar amounts	ь	Membership de	•	1b						
₽ξ		Fundraising ev		1c						
ifts	4	Related organi		1d						
Pi.		•	i	1e						
Sis	Government grants (contributions) f All other contributions, grifts, grants,									
λĘ	'	and similar amounts		4.		CC0 013				
햜				1f		668,813				
and	g		ns included in lines 1a-1	it 3	\$		660 010			
	<u> </u>	Total. Add line	s 1a-1f			P _	668,813	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	_					Busn. Code	450 045	4.50.04.5		
eve	2a	SUMMER (CAMP FEES				158,315	158,315		
e R	b									
Σic	С							 		
Se	d									
шa	8								_	
Og	f	All other progra	am service reven	ue						
٩	g	Total. Add line	s 2a-2f				158,315			
	3	Investment inc	ome (including d	vidend	is, interest	, and				
		other similar ar	mounts)			. ▶	354,256			354,256
	4	4 Income from investment of tax-exempt bond prod				ceeds 🕨				
	5	Royalties				•				
			(ı) Real		(II) P	ersonal				
	6a	Gross Rents				25,650				
	b	Less rental exps				10,321				
	С	Rental inc or (loss)				15,329				
	d	Net rental inco	me or (loss)			•	15,329	15,329	Ī	
	7a	Gross amount from	(ı) Securities		(11)	Other		,	· · · · · · · · · · · · · · · · · · ·	
		sales of assets other than inventory	1,718,	975						
	b	Less cost or other								
		basis & sales exps	1,802,	518						
	С	Gain or (loss)	-83,							
	d	Net gain or (los			·		-83,543	ĺ	İ	-83,543
		= :	om fundraising even	ts [33/313			03,343
nue	- Ou	(not including \$	m randraising even	_້						
ver			eported on line 1c)			1				
Re		See Part IV, line		اء						
Other Reve	ь	Less direct ex		a b						
ŏ			loss) from fundr		avente		Ī	1	ł	
			om gaming activities		4011(9		,			
	Ja	See Part IV, line				}				
	L.	Less. direct ex		a b						
			•							
			(loss) from gamı	ng activ	nties			-		
	ıua	Gross sales of	-			1				
		returns and alle		a l						
		Less cost of g		þ			Ī			
	С		(loss) from sales	of inve	entory	•				
			ellaneous Revenue			Busn. Code				
	11a	CRUTCH PI	NS AND BOOKS				4,071	4,071		
	b	•		•						
	С									
	d	All other reven								
	0	Total. Add line				. ▶	4,071			
	12	Total Revenue	e. See instruction	s			1,117,241	177,715	0	270,713

Part IX Statement of Functional Expenses

Form 990 (2009)

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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part Vill.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,000	20,000		
3	Grants and other assistance to governments,	20,000	20,000		
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	32,673		32,673	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	49,789	12 014	E 075	
10	Payroll taxes	49,189	43,814	5,975	
11	Fees for services (non-employees)				
a b	Management Legal				
C	Accounting	3,900		3,900	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		,		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	2,254		2,254	
14	Information technology .				
15	Royalties				
16	Occupancy				
17 18	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				***************************************
22	Depreciation, depletion, and amortization	47,400	47,400		
23	Insurance .				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	CONTRACT LABOR	218,794	218,794		· · ·
b	AGENCY FEES	102,869	102,869		
c	UTILITIES	53,961	53,961		
d	INSURANCE	52,364	44,338	8,026	
е	FOOD	34,126	34,126		
f	All other expenses	159,614	112,170	16,444	31,000
25	Total functional expenses. Add lines 1 through 24f	777,744	677,472	69,272	31,000
26	Joint costs. Check here ✓ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation		<u>.</u>	<u></u> l	Form 990 (2009)

P	art)	Balance Sheet					Page II
•					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			100	1	100
	2	Savings and temporary cash investments		. [309,489	2	404,583
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tro	ustees, key				
		employees, and highest compensated employees. Comple	ete Part II of				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	nder section		, , , ,		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				
	ļ	Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			*, ,	8	
⋖	9	Prepaid expenses and deferred charges			1,300	9	1,300
	10a	Land, buildings, and equipment: cost or		· [
		other basis. Complete Part VI of Schedule D	10a	2,403,902			
	ь	Less. accumulated depreciation	10b	2,262,478	199,139	10c	141,424
	11	Investments—publicly traded securities			4,183,824	11	5,982,798
	12	Investments—other securities See Part IV, line 11	•		747,969	12	391,933
	13	Investments—program-related See Part IV, line 11		<u> </u>		13	<u> </u>
	14	Intangible assets	14				
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		Ī	5,441,821	16	6,922,138
	17	Accounts payable and accrued expenses			8,938	17	15,675
	18	Grants payable			18		
	19	Deferred revenue			129,400	19	118,665
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability Complete Part IV of S	Schedule D	· [21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key				
豆		employees, highest compensated employees, and disqual	lified	[
Ë		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third p	arties			23	
	24	Unsecured notes and loans payable to unrelated third part	ties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			138,338	26	134,340
S	ĺ	Organizations that follow SFAS 117, check here ▶ X	and				
ဋ		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			5,303,483	27	6,787,798
m	28	Temporarily restricted net assets				28	
Б	29	Permanently restricted net assets		L		29	
Ξ		Organizations that do not follow SFAS 117, check here	e ▶ 📗				
Net Assets or Fund Balances		and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds		Į,		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment for	und	ļ		31	
As	32	Retained earnings, endowment, accumulated income, or o	other funds			32	
et	33	Total net assets or fund balances			5,303,483	33	6,787,798
Z	34	Total liabilities and net assets/fund balances		1	5,441,821	34	6,922,138

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW JERSEY STATE ELKS ASSOCIATION SPECIAL CHILDREN'S COMMITTEE, INC

Employer identification number 22-1522929

P	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	struction	ons.		
Γhe	orga	nızatıon ıs not a	a private foundation because	it is (For lines 1 through 11, che	eck only or	ne box)							
1		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(۹)(i).						
2			cribed in section 170(b)(1)(A										
3	П			e organization described in secti	ion 170(b)	(1)(A)(iii)							
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	لسبسا	city, and state	•	,						•			
5	П	•		a college or university owned or	operated	by a gove	ernmenta	al unit de	scabed	ın			
-	Ш	•	b)(1)(A)(iv). (Complete Part I	•	-	-, - g							
6	\Box	•		· / vernmental unit described in se c	tion 170/	h)(1)(A)(v	a)						
7	\vdash			ubstantial part of its support from				n the ne	neral nu	ihlic			
•	Ш	•	•		i a govern	memar a.	0	ii tiic gc	nerai pe	ibiic			
8	described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9													
•													
	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												
		• •	•	, 1975 See section 509(a)(2). (•		11 (02) 11	om busi	1103303				
10	\Box		•	clusively to test for public safety	•	•	a)//)						
11	\vdash	-	•	clusively for the benefit of, to pe		•		carny ou	t the				
٠.	ш	-	•	d organizations described in sec				-		tion			
				e type of supporting organization									
		a Type		c Type III–Functions			d [一 ĭ	 e III–Otl	her			
0		<u> </u>	_ ··	nization is not controlled directly			L			1101			
•	ш			nd other than one or more public		• •		•		ction			
		•	ection 509(a)(2).		,								
f		,	, , , ,	mination from the IRS that it is a	Type I, Ty	pe II. or T	vpe III s	upportin	a				
•		_	check this box		,, , ,		,,		•				
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
,		following per	· ·			•							
		٠.		ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
			pelow, the governing body of	-	•						11g(i)		
		• •	member of a person describe	,,							11g(ii)		
			ontrolled entity of a person de	• • • • • • • • • • • • • • • • • • • •	•		•				11g(iii		
h		• •	ollowing information about the	** **	•		•••				<u> </u>		
(1)	Nam	e of supported	(II) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	Is the	(vii) Am	ount of	
	org	ganization		(described on lines 1-9		sted in your		nization in of your	organizat	ion in col zed in the		port	
				above or IRC section (see instructions))	governing	document?		port?		S ?			
					Yes	No	Yes	No	Yes	No_			
		·											
					ļ		ļ						
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					 	 	<u> </u>		<u>.</u> 				
					<u> </u>	<u> </u>	ļ						
-		· · · · · · · · · · · · · · · · · · ·											-

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		▶ □
Sec	tion 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 line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶ □
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		. ▶□
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.		▶ □
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% 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	or	▶ 🗆
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	•	▶ 🗌

Schedule A (Form 990 or 990-EZ) 2009

13

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.)

Sec	ction A. Public Support				·		-
	llendar 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 any "unusual grants.")	791,558	781,580	824,217	768,403	668,313	3,834,071
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	159,525	164,030	185,340	177,080	158,315	844,290
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	951,083	945,610	1,009,557	945,483	826,628	4,678,361
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			į	ł		
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year	147,633	151,823	172,179	164,163	146,312	782,110
С 8	Add lines 7a and 7b Public support (Subtract line 7c from	147,633	151,823	172,179	164,163	146,312	782,110
	line 6)						3,896,251
	ction B. Total Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(2) 2007	(4) 2000	(a) 2000 T	(f) T-4-1
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,	951,083	945,610	1,009,557	945,483	826,628	4,678,361
IVa	payments received on securities loans, rents, royalties and income from similar sources	245,969	273,642	311,787	336,626	354,256	1,522,280
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	245,969	273,642	311,787	336,626	354,256	1,522,280
11	Net income from unrelated business 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.)	-7,890	1,480	-5,204	9,570	19,400	17,356
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,189,162	1,220,732	1,316,140	1,291,679	1,200,284	6,217,997
14	First five years. If the Form 990 is for the o	•	econd, third, fourth,	, or fifth tax year as	a section 501(c)(3	3)	٠,
<u></u>	organization, check this box and stop here						<u> </u>
	ction C. Computation of Public Su			···			
15	Public support percentage for 2009 (line 8,		-))		15	62.66%
16	Public support percentage from 2008 Sche					16	63.27%
	ction D. Computation of Investme			lump (f))		17	24.9/
17 10	Investment income percentage for 2009 (III			iuiiiri (1))		18	24 %
18 19a	Investment income percentage from 2008 \$ 33 1/3 % support tests—2009. If the organ			1 and line 15 is mo	re than 33 1/2 %		23 /6
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	ox and stop here. The nization did not chec	he organization qua ck a box on line 14 c	lifies as a publicly s or line 19a, and line	supported organiza 16 is more than 3	ation 3 1/3 %, and	► <u>X</u>
	line 18 is not more than 33 1/3 %, check thi						▶ _
20	Private foundation, if the organization did	not check a box on	line 14, 19a, or 19b	, check this box an	d see instructions		▶

Schedule A (Form 990 or 990-EZ) 2009 NEW JERSEY STATE ELKS ASSOCIATION

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

RENTAL INCOME 10,164

OTHER INCOME 7,192

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer Identification number NEW JERSEY STATE ELKS ASSOCIATION SPECIAL CHILDREN'S COMMITTEE, INC 22-1522929 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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: Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

<u>sche</u>	dule D (Form 990) 2009 NEW JERSEI	STATE ELKS A	ASSOCIATIO	<u> </u>	-1522929	Page 2
Pa	rt III Organizations Maintaining (Collections of Art, H	istorical Treas	ures, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check a	iny of the following	that are a signif	ficant use of its	
а	Public exhibition	d Loan or	exchange program	ns		
b	Scholarly research	e Other				_
¢	Preservation for future generations	_				_
4	Provide a description of the organization's collect Part XIV.	tions and explain how they	further the organiz	ation's exempt	purpose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be					☐ Yes ☐ No
Pa	et IV Escrow and Custodial Arrar	·			red "Yes" to Fori	
	IV, line 9, or reported an amo	•	_			
1a	Is the organization an agent, trustee, custodian of			assets not		
	included on Form 990, Part X?	, , , , , , , , , , , , , , , , , , , ,				Yes No
ь	If "Yes," explain the arrangement in Part XIV and	I complete the following tal	ole.		•	
	3	,				Amount
С	Beginning balance				1c	
	Additions during the year			• •	1d	
	Distributions during the year				1e	
f	Ending balance	•			1f	· · · · · · · · · · · · · · · · · · ·
2a	Did the organization include an amount on Form	990 Part X line 212	• •			Yes No
	If "Yes," explain the arrangement in Part XIV		• • • •			□ 162 □ NO
******	ert V Endowment Funds. Comple	te if organization ans	swered "Yes" to	Form 990.	Part IV line 10	
		(a) Current year	(b) Prior year	(c) Two years		···
1a	Beginning of year balance		· · · · · · · · · · · · · · · · · · ·	 ` · · · · · · · · · · · · · · · · · · 	11111111	
h	Contributions					
_	Net investment earnings, gains,	· · · · · · · · · · · · · · · · · · ·				
·	and losses					
ч	Grants or scholarships			***************************************		
	Other expenditures for facilities		· · · · ·			
•	and programs					
	Administrative expenses			 		
	·					
g	End of year balance	d balance bald as:		i		
2	Provide the estimated percentage of the year en Board designated or quasi-endowment ▶					
d L	· -	%				
	Permanent endowment ► % Term endowment ► %					
	· ·	£ th				
Ja	Are there endowment funds not in the possession	in or the organization that a	ire neid and admini	stered for the		Van Na
	organization by					Yes No
	(i) unrelated organizations (ii) related organizations					3a(i)
L	If "Yes" to 3a(ii), are the related organizations lis	tad as required as Cabadu	Io B2			3a(ii)
_	Describe in Part XIV the intended uses of the organizations is			•		3b
<u>4</u>	ert Vi Investments—Land, Buildin) Part Y lin	o 10	
1.0	Description of investment	(a) Cost or other basis	(b) Cost or ot		(c) Accumulated	(d) Book value
		(investment)	basis (other		depreciation	(d) book value
1-	Land	1	222.2 (24.12.1	1		2
	Land Buildings	1,184,914	 		1,146,198	38,716
	•	965,577			867,996	97,581
	Leasehold improvements	158,310			158,310	31,361
	Equipment	95,099			89,974	5,125
	Other I. Add lines 1a through 1e (Column (d) must equal			L	09,91%	141,424
· vid	Add mies to unough te (Column (d) must equa	a rominoso, ranta, colum	., (D), iiile 10(C))			

NEW JERSEY STATE ELKS ASSOCIATION

Schedule D (Form 990) 2009

22-1522929

Page 3

	dule D (Form 990) 2009 NEW JERSEY STATE ELKS ASSOCIATION 22-152292		Page 4
Pa	rt Xi Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1.	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,117,241
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	777,744
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	339,497
4	Net unrealized gains (losses) on investments	4	1,144,819
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 through 8	9	1,144,819
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,144,819 1,484,316
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	2,262,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· <u>-</u> ·
а	Net unrealized gains on investments 2a 1,144,819		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c	1 1	
d	Other (Describe in Part XIV)	1 1	
е	Add lines 2a through 2d	2e	1,144,819
3	Subtract line 2e from line 1	3	1,144,819 1,117,241
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		
b	Other (Describe in Part XIV) 4b	1 1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,117,241
	ert XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
1	Total expenses and losses per audited financial statements	1	777,744
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	1 1	
C	Other losses 2c		
d	Other (Describe in Part XIV.)	1	
e	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	777,744
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		111113
a	• -		
		4.	
5	Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	777,744
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) ART XIV Supplemental Information	9	111,133
	plete 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		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
ıııs þ	part to provide any additional information		
			
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Schedule D (Fo	rm 990) 2009	NEW	JERSEY	STATE	ELKS	ASSOCIATION	22-1522929	Page 5
Part XIV	Suppleme	ntal Info	ormation (c	ontinued)				
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		- -						
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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

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2009

Open to Public Inspection OMB No. 1545-0047 **Employer Identification number** 22-1522929 Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. INC NEW JERSEY STATE ELKS ASSOCIATION SPECIAL CHILDREN'S COMMITTEE, General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Part!

]	A	ant						
]	ered "Yes" to e than \$5,000. Use	(h) Purpose of grant or assistance						•
	inization answ received mor	(g) Description of non-cash assistance						
	lete if the orga o one recipient	(f) Method of valuation (book, FMV, appraisal, other)						
	ted States. Comp heck this box if no	(e) Amount of non-cash assistance					-	
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ### Grants and Other Assistance to Governments and Organizations in the United United United States	zations in the Uni re than \$5,000. C	int of cash grant						
	Organiz Sived mo ace is ne	(c) IRC section f applicable						
	rernments and sipient that receif additional sp	(b) EIN						anizations
2 Describe in Part IV the organization's procedures for monitor		1 (a) Name and address of organization or government	÷					2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

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

3 Enter total number of other organizations

Page 2

22-1522929

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 NEW JERSEY STATE ELKS ASSOCIATION Part III Grants and Other Assistance to Individuals in the Heise State

<u>ت</u> ا	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
SCHOLARSHIPS	RSHIPS	œ	20,000			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the information	n required in Part I, lir	ne 2, and any other addition	nal information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

NEW JERSEY STATE ELKS ASSOCIATION SPECIAL CHILDREN'S COMMITTEE, INC

Employer identification number 22-1522929

Form 990 - Organization's Mission or Most Significant Activities
The Committee's primary function is the operation of a
handicapped children's camp (Camp Moore). It enables
children to use and further develop recreational, social
and leisure skills.

Form 990, Part III, Line 4d - All Other Achievements
All other camp program expenses

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Description	Date Acquired	Date Sold	Sales Price	Cost Basis	Gain/ (Loss)
Short Term					
15,000 Units Federal National Mtg	12/1/2008	4/17/2009	14,999.00	15,000.00	(1.00)
75,000 Units Paragon Commercial Rale	9/19/2008	6/26/2009	75,000.00	75,000.00	-
15,000 Units Federal Home Loan Mrtg	6/3/2009	10/14/2009	15,000.00	14,884 00	116.00
300 SHS PSE&G PFD	2/16/2010	3/16/2010	30,900.00	27,530.00	3,370 00
25,000 Units Fannie Mae Invt Note	11/24/2008	4/6/2009	25,000.00	24,974.00	26.00
15,000 Units Federal National Mortgag	11/25/2008	8/11/2023	15,000.00	14,961.00	39.00
15,000 Units Wachovia Bank	7/3/2008	4/17/2009	15,000 00	15,000.00	-
16,000 Units Federal National Mtg Deb	7/14/2008	4/27/2009	16,000.00	15,855.00	145 00
10,000 Units Federal National Mtg	10/16/2008	4/27/2009	10,000.00	9,950.00	50 00
25,000 Units Federal Home Loan Mrtg	11/28/2008	5/5/2009	25,000.00	24,619.00	381 00
10,000 Units Federal Home Loan Mrtg	7/30/2008	6/1/2009	10,000.00	10,004 00	(4 00)
10 Units PSE&G CO PFD	5/11/2009	3/24/2010	1,030.00	955.00	75.00
110 Units PSE&G CO PFD	5/14/2009	3/24/2010	11,330.00	9,897 00	1,433.00
110 Units PSE&G CO PFD	6/8/2009	3/24/2010	11,330.00	9,897 00	1,433.00
70 Units PSE&G CO PFD	6/9/2009	3/24/2010	7,210.00	6,310 00	900.00
30 Units PSE&G CO PFD	6/12/2009	3/24/2010	3,090.00	2,652.00	438 00
120 Units PSE&G CO PFD	7/16/2009	3/24/2010	12,360 00	10,465 00	1,895 00
100 Units PSE&G CO PFD	9/4/2009	3/24/2010	10,300.00	8,553.00	1,747 00

Description	Date Acquired	Date Sold	Sales Price	Cost Basis	Gain/ (Loss)
100 Units PSE&G CO PFD	12/18/2009	3/24/2010	10,300.00	9,240 00	1,060.00
100 Units PSE&G CO PFD	1/20/2010	3/24/2010	10,300.00	9,110.00	1,190.00
Total Short Term Gain/(Loss)			329,149.00	314,856.00	14,293.00
Long Term					
20,000 Units Federal National Mtg	3/7/2003	4/13/2009	20,000.00	20,000 00	-
15,000 Units Federal Natl Mtg Assoc.	1/27/2005	4/27/2009	15,000.00	15,000.00	-
20,000 Units Federal National Mtg	1/8/2004	4/27/2009	20,000.00	20,000 00	•
15,000 Units Federal Home Loan Mtg	5/16/2005	5/5/2009	15,000.00	14,817.00	183.00
20,000 Units Federal Home Loan Mtg	5/20/2005	5/5/2009	20,000.00	19,755.00	245 00
15,000 Units Federal Home Loan Mtg	5/26/2005	5/5/2009	15,000.00	15,042.00	(42.00)
25,000 Units General Motors Corp	1/19/2001	5/5/2009	1,935.00	25,320.00	(23,385.00)
25,000 Units FPL Group Capital	1/24/2001	6/1/2009	25,000.00	25,848.00	(848.00)
15,000 Units Firstbank Puerto Rico	11/13/2002	6/1/2009	15,000 00	15,000.00	-
2,000 Units Citigroup Capıtal X	9/8/2003	6/25/2009	27,144 00	50,000.00	(22,856 00)
15,000 Units The CIT Group, Inc.	8/15/2006	9/30/2009	7,940.00	15,004 00	(7,064.00)
15,000 Units The Allstate Corp	1/23/2001	12/1/2009	25,000.00	25,883.00	(883 00)
25,000 Federal Home Loan Mortgage	4/21/2008	2/12/2010	25,000 00	24,484 00	516 00

Description	Date Acquired	Date Sold	Sales Price	Cost Basis	Gain/ (Loss)
15,000 Units Federal Home Loan Mort	2/11/2008	2/12/2010	15,000.00	15,004.00	(4.00)
20,000 Units Federal National Mortgag	3/31/2008	2/12/2010	20,000.00	20,004.00	(4.00)
15,000 Units The Provident Bank	3/18/2003	4/1/2009	15,000.00	15,000.00	-
25,000 Units Westernbank Puerto Ricc	3/18/2003	4/1/2009	25,000.00	24,367.00	633.00
15,000 Units Federal National Mort	9/20/2004	4/6/2009	15,000.00	15,399.00	(399.00)
20,000 Units Federal National Mortgag	12/12/2007	4/13/2009	16,000.00	16,004.00	(4.00)
20,000 Units Federal National Mortgag	4/26/2004	4/13/2009	20,000.00	19,675 00	325 00
15,000 Units Federal National Mortgag	1/12/2006	4/27/2009	15,000 00	15,000.00	-
20,000 Units Federal National Mortgag	12/1/2003	4/27/2009	20,000.00	19,305.00	695.00
25,000 Units First Commerce Com	4/27/2007	4/27/2009	25,000.00	25,000.00	-
15,000 Units Federal National Mortgag	3/11/2004	4/30/2009	15,000.00	15,230.00	(230.00)
30,000 Units Discover Bank	12/1/2006	5/4/2009	30,000.00	29,559.00	441 00
20,000 Units Federal National Mortgag	11/8/2002	5/4/2009	20,000.00	20,000.00	-
6,000 Units Federal National Mortgage	8/4/2005	5/4/2009	6,000.00	5,915.00	85.00
10,000 Units Federal Home Loan Morto	5/20/2005	5/5/2009	10,000.00	9,880.00	120.00
20,000 Units Federal Home Loan Morto	6/28/2005	5/5/2009	20,000.00	19,954 00	46.00
15,000 Units Federal Home Loan Mort	4/19/2005	5/5/2009	15,000.00	14,900.00	100.00
20,000 Units Federal National Mortgag	4/16/2004	5/5/2009	20,000 00	19,600.00	400 00
13,000 Units Federal Home Loan Mrtg	9/20/2004	5/5/2009	13,000.00	12,842.00	158 00

Description	Date Acquired	Date Sold	Sales Price	Cost Basis	Gain/ (Loss)
35,000 Units Federal Home Loan Mrtg	12/3/2007	5/5/2009	35,000.00	35,004 00	(4.00)
20,000 Units Bank Hapoalim	4/29/2003	5/11/2009	20,000 00	20,000.00	-
20,000 Units Bank Hapoalim	4/23/2008	5/11/2009	20,000.00	20,000.00	-
30,000 Units Wachovia Bank	4/29/2008	5/15/2009	30,000.00	30,000 00	-
15,000 Units Federal Home Loan Mrtg	Various	5/15/2009	15,000.00	14,552.00	448.00
25,000 Units Midfirst Bank Ok	11/20/2007	5/26/2009	25,000.00	25,000.00	-
12,000 Units Discover Bank	5/18/2007	5/26/2009	12,000.00	12,000.00	-
25,000 Units Wachovia Bank	5/15/2008	5/29/2009	25,000.00	25,000.00	-
15,000 Units John Hancock Life	9/8/2004	6/15/2009	15,000.00	15,530.00	(530.00)
15,000 Units Treasury Bank of Alexanc	11/13/2003	6/19/2009	15,000 00	15,000.00	-
390 Units Citigroup Cap XI	7/14/2005	6/25/2009	5,138.00	9,943.00	(4,805.00)
1,000 Units Citigroup Cap XIX	12/6/2007	6/25/2009	18,821.00	25,577.00	(6,756.00)
25,000 Units Bank Hapoalim	7/3/2007	7/6/2009	25,000.00	25,000.00	-
20,000 Units The CIT Group	10/27/2006	11/15/2016	6,329.00	20,004.00	(13,675 00)
15,000 Units R-G Premier Bank PR	7/21/2006	7/27/2009	15,000.00	15,000 00	-
15,000 Units Savannah Electric & Pow	11/30/2006	8/21/2009	15,000.00	15,004.00	(4.00)
10,000 Units Federal Home Loan Mrtg	8/25/2004	9/3/2009	10,000.00	10,000.00	-
10,000 Units Tennessee Valley Auth	7/14/2003	9/25/2009	10,000.00	10,000.00	-
20,000 Units Federal Home Loan Mrtg	6/3/2008	1/15/2023	20,000.00	19,924.00	76 00

Description	Date Acquired	Date Sold	Sales Price	Cost Basis	Gain/ (Loss)
15,000 Units The CIT Group, Inc.	1/29/2007	9/30/2009	6,830.00	15,004 00	(8,174 00)
20,000 Units The CIT Group, Inc.	1/5/2004	10/5/2009	9,697.00	20,000.00	(10,303.00)
25,000 Units The CIT Group, Inc.	1/28/2008	10/6/2009	12,432.00	25,004.00	(12,572.00)
20,000 Units Federal Home Loan Mrtg	3/11/2004	10/14/2009	20,000.00	20,180.00	(180.00)
15,000 Units Caterpıllar Fınancial Serv	4/21/2003	10/15/2009	15,000.00	15,000.00	-
15,000 Units Caterpillar Financial Serv	3/7/2005	10/15/2009	15,000.00	15,000.00	-
15,000 Units Treasury Bank Alexandria	12/3/2003	11/27/2009	15,000.00	15,000.00	-
10,000 Units Federal National Mortgag	7/1/2005	12/7/2009	10,000.00	9,905.00	95 00
20,000 Units Hartford Life Ins	12/18/2006	12/15/2009	20,000.00	20,004.00	(4.00)
20,000 Units Westernbank Puerto Ricc	6/18/2003	1/4/2010	20,000.00	20,000.00	-
20,000 Units Federal Home Loan Mrtg	3/20/2008	1/15/2010	20,000.00	20,124.00	(124.00)
20,000 Units GMAC	12/5/2000	1/19/2010	20,000.00	20,097.00	(97.00)
24,000 Units The Goldman Sachs Grou	12/1/2008	1/28/2010	24,000.00	24,374.00	(374.00)
45,000 Units Federal Home Loan Mtg	Various	2/12/2010	45,000 00	44,592.00	408.00
50,000 Units Federal Home Loan Mtg	Various	2/12/2010	50,000 00	50,009 00	(9.00)
20,000 Units Federal Home Loan Mtg	4/1/2008	2/12/2010	20,000.00	20,004 00	(4.00)
27,000 Units Bear Sterns Co.	Various	2/16/2010	27,000 00	28,287 00	(1,287 00)
10,000 Units Bear Sterns Co.	6/1/2004	2/16/2010	10,000 00	10,000.00	-
10,000 Units First Union Nat Bank	12/12/2000	2/16/2010	10,000 00	10,093 00	(93.00)

Description	Date Acquired	Date Sold	Sales Price	Cost Basis	Gain/ (Loss)
20,000 Units Hartford Life	6/25/2007	2/16/2010	20,000.00	19,604.00	396.00
13,000 Units Federal Farm Credit	1/12/2009	3/24/2010	13,000.00	13,103 00	(103 00)
14,000 Units Federal National Mtg Dbn	6/28/2007	3/24/2010	14,000.00	13,282.00	718 00
15,000 Units Federal National Mortgag	6/9/2008	3/29/2010	15,000.00	15,004.00	(4 00)
20 Units PSE&G CO PFD	6/8/2001	3/24/2010	2,060.00	1,540.00	520.00
100 Units PSE&G CO PFD	6/19/2001	3/24/2010	10,300.00	7,700.00	2,600.00
200 Units PSE&G CO PFD	7/9/2002	3/24/2010	20,600 00	16,315 00	4,285 00
100 Units PSE&G CO PFD	10/28/2004	3/24/2010	10,300.00	9,055.00	1,245.00
100 Units PSE&G CO PFD	12/4/2008	3/24/2010	10,300.00	8,053 00	2,247.00
Total Long Term Gain/(Loss)			1,389,826.00	1,487,662.00	(97,836.00)
Totals			1,718,975.00	1,802,518.00	(83,543.00)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return

Attachment Sequence No

NEW JERSEY STATE ELKS ASSOCIATION Name(s) shown on return Identifying number SPECIAL CHILDREN'S COMMITTEE, INC 22-1522929 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 7 R 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 47,400 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property f 20-year property S/L 25-year property 25 yrs 27 5 yrs S/L Residential rental MM property MM 27 5 yrs S/I Nonresidential real 39 yrs S/L property S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L S/L 40-vear 40 vrs MM Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

47,400

23

22

22

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions. NEW JERSEY STATE ELKS ASSOCIATION

► Attach to your tax return.

Identifying number

SPECIAL CHILDREN'S COMMITTEE, INC 22-1522929 Business or activity to which this form relates Building Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 10,321 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs S/L Residential rental S/L 27.5 yrs MM property 27 5 yrs ММ S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40 yrs MM S/L 40-vear Part IV Summary (See instructions.) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 10,321 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the

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in iled Maolo

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue	Service			arate application for each					
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								Þ X	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								•	· '
-	_			atic 3-month extension on a	• •	•			
Part I			•	submit original (no d					
A	ranurad ta fila	Form 000 T and assurable			have and assemble to				
-	edanea to me	romi 990-1 and requesting	an automatic 6-m	onth extension—check this	box and complete				
Part I only									▶ ⊔
_			ips, REMICs, and	trusts must use Form 7004	to request an exter	ision of			
time to file inco	me tax returns	i							
Electronic Fili	ing (e-file). Ge	nerally, you can electronica	lly file Form 8868	f you want a 3-month auton	natic extension of til	ne to file			
one of the retu	rns noted belo	w (6 months for a corporation	on required to file F	form 990-T) However, you	cannot file Form 88	68			
electronically if	(1) you want t	he additional (not automatic) 3-month extension	on or (2) you file Forms 990-	-BL, 6069, or 8870,	group			
returns, or a co	omposite or co	nsolidated Form 990-T Inst	ead, you must sub	mit the fully completed and	signed page 2 (Par	t II) of Fo	orm		
8868. For more	e details on the	electronic filing of this form	ı, visıt www.irs gov	efile and click on e-file for (Charities & Nonprof	its			
Type or	Name of Exe	empt Organization				Emplo	ver ide	ntification nu	mber
print	MENT TERCEN CORNER BING ROOCTAMION				 				
File by the	CDECTAL CULTIDDENIC CONSTERNE THE					22-1522929			
due date for		et, and room or suite no. If							
filing your		OX 1596						•	
return See instructions		post office, state, and ZIP	ode For a foreign	address, see instructions					
	WOODBR			095-1596					
Check type of		iled (file a separate applica	tion for each return	1)					
X Form 99	0		Form	990-T (corporation)				Form 4720	
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)							Form 5227		
Form 990-EZ Form 990-T (trust other than above)						<u> </u>	Form 6069		
Form 990-PF Form 1041-A						-	Form 8870		
								_	
 The books 	are in the care	of JOHN M.	SZCZOMAK						
	72	0 206 1200	_						
•		2-326-1300		AX No. ▶					_
If the organ	nization does n	ot have an office or place of	f business in the U	nited States, check this box					▶ ∐
If this is for	a Group Retu	m, enter the organization's t	•			If this is			
for the whole g	roup, check thi	s box ▶ 🔲 . If i	t is for part of the g	roup, check this box	▶ ∐ and a	attach			
a list with the n	ames and EIN:	s of all members the extens	ion will cover						
•		•	•	o file Form 990-T) extension					
until 1	1/15/10	, to file the exempt organize	zation return for the	e organization named above	e. The extension is				
for the or	ganızatıon's re	turn for							
	calendar year	or							
► X t	ax year beginr	ing 04/01/09, and	dending 03/3	31/10					
				_	_				
2 If this tax	year is for les	s than 12 months, check rea	ason 🔲 Initia	il return 🔲 Final returr	ı 🔲 Change ıı	n accoun	iting pei	nod	
3a If this app	olication is for l	orm 990-BL, 990-PF, 990-	T, 4720, or 6069, e	enter the tentative tax,				••	
less any	nonrefundable	credits See instructions				3a	\$		
b If this app	olication is for f	orm 990-PF or 990-T, ente	r any refundable c	redits and estimated tax					
payments	s made Includ	e any prior year overpayme	nt allowed as a cre	dit.		3ь	\$		
c Balance	Due. Subtract	line 3b from line 3a. Include	your payment wit	h this form, or, if required,					
		n or, if required, by using E		•		1]		
	See instruction	•		•		3с	\$		
			drawal with this Fo	rm 8868, see Form 8453-E	O and Form 8879-E				
or payment ins				,	🗸	•			
For Privacy Ac	t and Paperw	ork Reduction Act Notice,	see Instructions					Form 8868 (Re	ev 4-2009)