

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 07/01, 2009, and ending 06/30.2010 A For the 2009 calendar year, or tax year beginning C Name of organization PREVENT CHILD ABUSE-NEW JERSEY CHAPTER, INC D Employer identification number B Check if apple Please use IRS 22-2314861 Doing Business As E Telephone number print or Number and street (or P O box if mail is not delivered to street address) Room/suite type. 103 CHURCH STREET, SUITE 210 (732) 246-8060 Initial return See Specifi City or town, state or country, and ZIP + 4 nstruc 4,193,292. NEW BRUNSWICK, NJ 08901 Amended tions. G Gross receipts \$ return Application pending F Name and address of principal officer: RUSH RUSSELL H(a) is this a group return for X No Yes affiliates? SAME H(b) Are all affiliates included? X | 501(c) (3) ◀ (insert no) if "No." attach a list (see instructions) Tax-exempt status 4947(a)(1) or 527 Website: ▶ WWW.PREVENTCHILDABUSENJ.ORG H(c) Group exemption number L Year of formation 1979 M State of legal domicile NJ Form of organization | X | Corporation | Part I Summary Briefly describe the organization's mission or most significant activities: TO PREVENT CHILD ABUSE Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets 2 Check this box Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 45 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column Chine 1VED.

b Net unrelated business taxable income from Form 990-T, line 34. **Current Year Prior Year** 3,697,893 3,999,102. Contributions and grants (Part VIII, line 1h) 68,414. 49,050 Program service revenue (Part VIII, line 2g) 9 2,220. 5,118. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e) 81,961 79,887. 11 3,834,022 4,149,623. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) $2,\overline{1}81,007$ 1,995,898. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) ▶ 1,890,834. 2,093,600. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,071,841 4,089,498. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -237,81960,125. Revenue less expenses. Subtract line 18 from line 12. 19 Beginning of Year End of Year 598,008. 465,259 20 Total assets (Part X, line 16) 542,992. 517,089 Total liabilities (Part X, line 26) 21 포취 22 -51,830. 55,016. Net assets or fund balances. Subtract line 21 from line 20, Part II Signature Block

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

Sign Here

SCANNED

Signature of office Diretor FUCC.

SPRING STREET NEW BRUNSWICK, NJ 08901

Type or print name and title Preparer's

Paid signature Preparer's Firm's name (or your WathumSmirh+Brown,

Date

Check if employed

Phone no

Preparer's identifying number EIN

22-2027092 732-828-1614

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2009)

Yes

G17 Page

Form 990 (2009)

Pari	V 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	Х	
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		l x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>	_	
7	Schedule C, Part II			X
-	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
5		ا ـ ا		
	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,			١
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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 N	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		X
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	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1.4	٠, .	٠.
	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	, 4		
	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 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.	.	: Ç -	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		*	1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	'		
	the organization's separate or consolidated infancial statements for the tax year include a footible that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	,	, ,	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	, ,	, ,	İ
12	complete Schedule D, Parts XI, XII, and XIII.	42	X	
424	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	12		
IZA		.	.	,
40		40		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	- <u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		ļ	v
		14b		<u>X</u>
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		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	l		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	
	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
			990	20001

	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			•
	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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			۱.,
	24b through 24d and complete Schedule K If "No," go to question 25	24a	ļ	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d or-	3	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250	İ	Х
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
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		Х
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 N	28b		X
С	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,			
	Part N	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			v
	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,			Х
~~	Part I	31		
32	Schedule N, Part II	32	İ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
••	III, N, and V, line 1	34	İ	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ī	Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		X	
		Form	990 (2009)

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	, ;		-
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			L
·	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)		,	ĺ
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ł
-	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
ь	If "Yes," enter the name of the foreign country. ▶		4	
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	*		į
	and Financial Accounts.		٠	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		,	<u>د</u> ا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	l	v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-	1	.
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u></u>		- v -l
	benefit contract?	7e		$\frac{x}{x}$
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\dashv	
_	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			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
	organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		/
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	-	7	
	Initiation fees and capital contributions included on Part VIII, line 12	٠.	_ ,	ļ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		-, ,	
11	Section 501(c)(12) organizations. Enter:		,	.]
	Gross income from members or shareholders		1	1
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them)			
12a	,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI 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			
			Yes	No
12	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2		2	1	X
_	any other officer, director, trustee, or key employee?		1	
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	-	
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?	7 b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	ļ
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	9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	Х	
11A				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	X	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С		12c	х	
40	describe in Schedule O howthis is done	13	X	
13	Does the organization have a written whistleblower policy?	14	X	
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		x	
а	The organization's CEO, Executive Director, or top management official	15a	Δ	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	Ì		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the nerson who possesses the books and records of the	е		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION 103 CHURCH STREET, SUITE 210 NEW BRUNSWICK, NJ	0890)1	
	732-246-8060			

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.

Check this box if the organization did not compensate any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week	ल Individual trustee P or director	nstitutional trustee	-		ap Highest compensated the employee	Pormer	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BRUCE ARBONIES		-	-		_	<u> </u>				
BOARD MEMBER	1.00	X						l 0.	0	0.
STEVE BERNKNOPF									I	-
BOARD MEMBER	1.00	Х			İ	}		0.		0.
NICK BORRELLI						_				
BOARD MEMBER	1.00	Х						0.		0.
LAURA BUSH										
BOARD MEMBER	1.00	X						0.		0.
MAURA SOMERS DUGHI										
PAST PRESIDENT	1.00	х			•			0.		0.
JUDY FELDMAN										
BOARD MEMBER	1.00	Х						0.		0.
HAROLD KAPLAN				T						
BOARD MEMBER	1.00	Х		i				0.		0.
LYNNE SHAPIRO SMITH										
BOARD MEMBER	1.00	Х		-	1			0.		0.
JOEL KRINSKY										
PRESIDENT	1.00	Х						0.		0.
MICKY LANDIS										
BOARD MEMBER	1.00	Х			ı			0.		0.
COLLEEN MATUSZEWSKI										
BOARD MEMBER	1.00	Х						0.		0.
DEB STAHL										
BOARD MEMBER	1.00	Х						0.		0.
MARTY WEISS										
BOARD MEMBER	1.00	X						0.		0.
MICHAEL CASSIDY										
BOARD MEMBER	1.00	Х						0.		0.
RICH LISK				Ī						
BOARD MEMBER	1.00	Х						0.	0	0.
BAHIYYAH MUHAMMAD										
BOARD MEMBER	1.00	Х								

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru (A)	(B)		•		C)			(D)	(E)		(F)
Name and title	Average hours per week	ndividual trustee	Institutional trustee	•	k all	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensati from relate organization (W-2/1099-M	on ed ns	Estimated amount of other compensation from the organization and related organizations
SCOTT WOLMAN DIRECTOR OF FINANCE	40.00				Х			52,131.			4,770
RUSH RUSSELL											
EXECUTIVE DIRECTOR	40.00			_	Х		<u> </u>	61,134.			2,348
							:				
						į					
1b Total							>	113,265.		0 -	7,118.
2 Total number of individuals (including but not in reportable compensation from the organization)				d ab	ove) who	re	ceived more than S	\$100,000 in		
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ile J for suc	r or h indi	tru:	stee	e, k	ey e	mpl	oyee, or highest	compensate	ed	3 X
4 For any individual listed on line 1a, is the the organization and related organizations	greater the	an \$	150	,000)?	f "Ye	es, "	complete Schedu	ule J for suc	ch	4 X
individual	or accru	ie co	mp	ens	atioi	n fro	m	any unrelated or	ganization for	or	
services rendered to the organization? <i>If "Yes,"</i> Section B. Independent Contractors	сотрівтв S	cneau	JIO J	I TOF	suc	n per	son	· · · · · · · · · · · · · · · · · · ·		•	5 X
Complete this table for your five highest compensation from the organization.	compensate	ed in	dep	end	ent	cont	ract	ors that received	more than	\$100	,000 of
(A) Name and business addr	ess							(B) Description of serv	//ces	Cor	(C) mpensation
Traine and Submose dad											
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ıted	to		e lis	sted above) who	received		

_	rt VI				22-2314861		
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns		3,999,102.		· ,	
Program Service Revenue	2a b c d e	All other program service revenue	usiness Code	68,414	68,414.		
Other Revenue	3 4 5 6a	Gross Rents	and ▶ eeds ▶	2,220. 0.			2,220.
	to do do do do do do do do do do do do do	Rental income or (loss)	(ii) Other	0		_	
	c d 8a b	of contributions reported on line 1c). See Part IV, line 18	TCH 4 107,421. 43,669	0.			
	9a b	Net income or (loss) from fundraising events . A. Gross income from gaming activities See Part IV, line 19	rch. 5. ▶	63,752.	63,752		
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances		0			
	11a b	Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Bu COMMISSIONS - EPIC MISCELLANEOUS INCOME PROMOTIONAL SALES	isiness Code	3,297. 2,496.			3,297. 2,496. 240.
	c d e	All other revenue	▶	10,102. 16,135.			10,102.
	12	Total Revenue. See instructions		4,149,623.	132,166.		18,355.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

				plete columns (B), (C), a	
Do not include amounts rep 7b, 8b, 9b, and 10b of Part		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
 Grants and other assistance 	e to governments and				
organizations in the U.S. S	ee Part IV, line 21	0.			
2 Grants and other assista		_			
the U.S. See Part IV, line 2:	2	0.			
3 Grants and other assista					
organizations, and indiv					
U.S. See Part IV, lines 15 a		0.			· · · · · · · · · · · · · · · · · · ·
4 Benefits paid to or for mem	r	0.			
5 Compensation of current				1	
trustees, and key employee	es	120,383.	107,141.	7,223.	6,019
6 Compensation not included	d above, to disqualified				
persons (as defined under s	` ' ' ' '				
persons described in section	on 4958(c)(3)(B)	0.			
7 Other salaries and wages .		1,566,527.	1,375,883.	104,804.	85,840
8 Pension plan contributions	(include section 401(k)				
and section 403(b) employ	er contributions)	0.			
9 Other employee benefits .		308,988.	272,870.	19,155.	16,963
10 Payroli taxes		0.		-	
11 Fees for services (non-emple					
a Management	· '	0.			
b Legal		0.	-		
c Accounting		19,500.	19,110.	234.	156
d Lobbying		0.			
e Professional fundraising service		0.			
f Investment management fe	· · · · · · · · · · · · · · · · · · ·	0.			
-		291,259.	285,191.	3,740.	2,328
g Other	I I	63,142.	61,184.	60.	1,898
12 Advertising and promotion	<u>[</u>	168,140.	147,747.	5,776.	14,617
13 Office expenses		0.	147,747.	3,770.	14,017
14 Information technology	4	0.			
15 Royalties	l l	59,040.	52,232.	3 5 6 0	2 240
16 Occupancy				3,568.	3,240
17 Travel		26,187.	25,435.	415.	337
18 Payments of travel or enter	· 1				
for any federal, state, or	local public officials	0.			
19 Conferences, conventions,	and meetings	31,901.	31,196.	106.	599
20 Interest		0.			
21 Payments to affiliates		0.			
22 Depreciation, depletion, and	d amortization	16,566.	14,564.	1,093.	909
23 Insurance		25,613.	22,637.	1,563.	1,413
24 Other expenses. Itemiz	ze expenses not	}			
covered above. (Expenses	grouped together				
and labeled miscellaneous	s may not exceed				
5% of total expenses show	n on line 25 below)				
a CONSULTANTS					
b EDUCATIONAL MATER	RIAL	50,425.	50,444.	47.	-66.
c NON CAPITALIZABLE	<u>-</u>	24,776.	15,417.	7,964.	1,395.
PAYROLL PROCESSIN		3,724.	3,306.	216.	202.
PROFESSIONAL TRAI		211,832.	211,627.	205.	202
		1,101,495.	1,015,123.	73,660.	12,712.
f All other expenses		4,089,498.	3,711,107.	229,829.	148,562.
25 Total functional expenses. Ac				227,023.	140,302.
26 Joint Costs. Check here ▶ SOP 98-2. Complete this		1			
organization reported in col	lumn (B) joint costs				
from a combined education	onal campaign and				
fundraising solicitation	· · · · · · · · · · · · · · · · · · ·		<u></u>		Form 990 (2009)

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	331,957.		371,538.
	2	Savings and temporary cash investments	12,131.		12,160.
	3	Pledges and grants receivable, net	31,255.	. 3	136,258.
	4	Accounts receivable, net	12,514.	4_	16,148.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
/A		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	18,217.	9	15,801.
	10a	Land, buildings, and equipment: cost or 10a 153,381.			
	}	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation	55,474.	10c	42,152.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part N, line 11		12	
	13	Investments - program-related. See Part V, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,711.		3,951.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	465,259.		598,008.
	17	Accounts payable and accrued expenses	213,837.		283,873.
	18	Grants payable	114,365.	18	175,965.
	19	Deferred revenue	188,887.	19	83,154.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow.or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified			
=		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	517,089.	26	542,992.
S		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	-77,335.	27	-57,484.
Jala	28	Temporarily restricted net assets	25,505.	28	112,500.
Q E	29	Permanently restricted net assets	,	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
det	33	Total net assets or fund balances	-51,830.	33	55,016.
-		Total liabilities and net assets/fund balances		34	598,008.
_					

Form **990** (2009)

	Page	1	2
--	------	---	---

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		ŀ	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1		
	issued on a consolidated basis, separate basis, or both:	1		
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	Х	
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.	3 b	Х	
		Form	990	(2009)

SCHEDULE A (Form 990 ar 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 22-2314861 PREVENT CHILD ABUSE-NEW JERSEY CHAPTER, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public Х described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type II С By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) X and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) Х (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (vii) Amount of (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the organization in col. organization (described on lines 1-9 in col. (i) listed in your the organization in support above or IRC section governing document? col. (i) of your (i) organized in the US? (see instructions)) support? No Yes Yes No

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

Total

608060

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	Section A. Public Support								
Cal	endar 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.")	2,375,454	2,651,172	3,066,326.	3,680,698	4,049,872.	15,823,522.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge				1				
4	Total. Add lines 1 through 3	2,375,454.	2,651,172.	3,066,326.	3,680,698.	4,049,872.	15,823,522.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included								
	on line 1 that exceeds 2% of the amount				•				
6	shown on line 11, column (f)			4			15,823,522.		
	tion B. Total Support	J	I		<u> </u>	L			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	2,375,454.	2,651,172	3,066,326	3,680,698.	4,049,872.	15,823,522.		
8	Gross income from interest, dividends, payments received on securities loans,		-,,-	2,700,700	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	rents, royalties and income from similar sources	15,837.	32,880.	17,637.	5,118.	2,220.	73,692.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			9,723	29,016.	16,135.	54,874		
11	Total support. Add lines 7 through 10						15,952,088.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	425,048.		
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizati	on's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)		
Sec	tion C. Computation of Public Supp	ort Percentag	ge						
14	Public support percentage for 2009 (lin	ne 6, column (f)	divided by line	11, column (f))		14	99.19%		
15	Public support percentage from 2008 \$					15	99.16%		
16a	331/3% support test - 2009. If the or	-					17.1		
	this box and stop here . The organization								
b	331/3% support test - 2008. If the o						, ,		
	check this box and stop here. The orga								
17a	10%-facts-and-circumstances test - 20								
	or more, and if the organization me					-	-		
	Part IV how the organization meets the			•	-	•			
	organization								
b	10%-facts-and-circumstances test - 2	_							
	15 is 10% or more, and if the orga						•		
	Explain in Part IV how the organization				•	•			
18	supported organization	n did not check	c a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see		
	instructions	<u></u>	<u> </u>						
					S	chedule A (Form 99	0 or 990-EZ) 2009		

Part III	Support Schedule for Organizations Described in	Section	509(a)(2)
	(Complete only if you checked the box on line 9 of I	Part I.)	

Sec	tion A. Public Support						
С	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's			1		ĺ	
	benefit and either paid to or expended on	ľ		Ì			
	ıts behalf						
5	The value of services or facilities		i			:	
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
Ð	received from other than disqualified !						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		-		-		
	line 6)			l .			
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2003	(b) 2000	(0)2007	(4) 2000	(6) 2003	(i) Total
9 10a	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business		·				=
	activities not included in line 10b,						
	whether or not the business is regularly						
40	Other income. Do not include gain or						
12	Other income. Do not include gain or loss from the sale of capital assets	ŀ					
	(Explain in Part IV.)	i					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year as	s a section 50	01(c)(3)
	organization, check this box and stop here.	_					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,	column (f) divide	d by line 13, colur	nn (f))		15	<u></u> %
16	Public support percentage from 2008 Schee					16	<u> </u>
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin					17	<u> </u>
18	Investment income percentage from 2008 S					18	%_
19a	33 1/3% support tests - 2009. If the organization						
	17 is not more than 33 1/3%, check th		-				
b	33 1/3% support tests - 2008. If the orga						
	line 18 is not more than 331/3%, check						
20 JSA	Private foundation. If the organization of	not check a	a pox on line 1	14, 19a, or 19b,			structions >
JUN						LITEURIE M LEON	1. aau ui aau•C£:/!!!!

Page 4

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

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PRE	REVENT CHILD ABUSE-NEW JERSEY CHAPTER,	INC.	22-2314861
Pa	art I Organizations Maintaining Donor Advised the organization answered "Yes" to Form 9		Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	ers in writing that the assets held in don	or advised
	funds are the organization's property, subject to the org	ganization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and do		
	used only for charitable purposes and not for the benefit		
	purpose conferring impermissible private benefit?	<u></u>	Yes No
	art II Conservation Easements. Complete if the	organization answered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	· — · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation	· · · · · · · · · · · · · · · · · · ·	an historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the	he form of a conservation
	easement on the last day of the tax year.	To the	Held at the End of the Year
	T-4-1	_	2a
a			2b
b			2c
C			
d 3	Number of conservation easements modified, transferre		
•	the tax year ▶	ou, released, extinguished, or terminate	ou by the organization during
4	Number of states where property subject to conservation	on easement is located >	
5	Does the organization have a written policy regarding th		
	violations, and enforcement of the conservation easeme	_ · ·	
6	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation easer	ments during the year
			
7	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easements	s during the year
	> \$		
8	Does each conservation easement reported on line 2(d)	• •	1 1 1
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization reports cons		•
	balance sheet, and include, if applicable, the text of the	_	statements that describes
Dar	the organization's accounting for conservation easement art III Organizations Maintaining Collections of A		Similar Assats
ı aı	Complete if the organization answered "Yes		Similar Assets.
1a			tement and halance sheet works of
ıa	art, historical treasures, or other similar assets held for	public exhibition, education, or resea	irch in furtherance of public service,
	provide, in Part XIV, the text of the footnote to its financial	al statements that describes these item	S.
b		116, to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for p provide the following amounts relating to these items:	ublic exhibition, education, or research	ch in furtherance of public service,
	(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, his		
	following amounts required to be reported under SFAS 1		0
а	Revenues included in Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2009

Pa	rt III Organizations N	faintaining Co	llections	of Art, Histo	rical Treas	sures, o	r Other Similar	Assets (contir	nued))
3	Using the organization's a		ssion, and	other records	s, check any	of the fo	ollowing that are a	significant use	of its	
	collection items (check al			_						
а	<u> </u>			d _	⊣		nge programs			
b				e _	Other					
C		_								
4	Provide a description of the	ne organization's	collection	s and explain	how they fu	irther the	organization's ex	empt purpose	IN	
	Part XIV.									
5	During the year, did the o	•							_	
	assets to be sold to raise								es	No
Pa	rt IV Escrow and Cus IV, line 9, or rep						swered "Yes" to	Form 990, Pa	art ——	
	t die e									
1 a	Is the organization an age				-				Г	
	included on Form 990, Pa							Y	es	No
b	if "Yes," explain the arrang	gement in Part X	IV and con	nplete the fol	owing table	:	1			
								Amount		
C	Beginning balance					-				
d	Additions during the year									
e	Distributions during the ye									
f	Ending balance							1 150		
	Did the organization includ			J, Part X, line	21?		• • • • • • • • •	<u> </u> Y	} \$ _	No
	If "Yes," explain the arrang			-4:	1111/ 11 4		000 Ded N/ line	- 40		
Par	rt V Endowment Fun			1						b l.
1a	Beginning of year balance		urrent Year	(b) Prior ye	ar (C) 1	wo years ba	ack (d) Three ye	ars back (e) r	our yea	rs back
b	Contributions	 		ļ	_					
-										
C	and losses									
а	Grants or scholarships									
	Other expenditures for fac									
-	and programs	4								
•	Administrative expenses .						<u> </u>			
	End of year balance	<u> </u>								
g 2	Provide the estimated per	<u> </u>	oar and ha	lance held as						
a	Board designated or quas			%	•					
	Permanent endowment									
c	Term endowment ▶	<u></u> %	, o							
	Are there endowment fund		session of	the organiza	tion that are	held and	d administered for	the		
	organization by:	is not in the po.	,50551071 01	the organiza	don that are	, noid and	a daministered for		Yes	No
	(i) unrelated organizations							3a(i		1
	(ii) related organizations .									+
b	If "Yes" to 3a(II), are the re									+-
4	Describe in Part XIV the in	-		-						
	rt VI Investments - La						line 10.			
	Description of investm			or other basis	(b) Cost or		(c) Accumulated	(d) Book	value	
	•			vestment)	basis (ott		depreciation	(-,		
1a	Land									
b	Buildings				13	3,549.	13,549			
C	Leasehold improvements.					3,741.	10,633		28,	108.
d	Equipment				7.	7,866.	63,822		14,	044.
е	Other	<u></u>				0.	0			0.
Tota	I. Add lines 1a through 1e	(Column (d) mu	st equal Fo	orm 990, Part .	X, column (B), line 10	(c).) ▶		42,	152.
								Schedule D (I	orm 99	90) 2009

Part VII	Investments - Other Securities. See	Form 990, Part X, line	12.	1 age
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	alue
Financial d	erivatives		-	
	ld equity interests			
 -				
			······	
-				
		-		
		-		
	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments - Program Related. See			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	ilue
				
				
				-
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	<u> </u>		
Part IX	Other Assets. See Form 990, Part X			(h) D = -1=1
 		(a) Description	-	(b) Book value
				<u></u>
 				·
··· ··· · · · · · · · · · · · · · · ·				- ···
Total (Column	(b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Amount		,
Federal inco	ome taxes		•	
				;
			` '	!
				,
			, ,	İ
		+	ų i	i !
				į
			,	, agreement
				‡
				and the charge
otal. (Column	(b) must equal Form 990, Part X, col (B) line 25)			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

22-2314861

Sched	UIB D (Form 990) 2009			Page 4
Par			s	
. 1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		4,149,623
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		4,089,498
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		60,125
4	Net unrealized gains (losses) on investments	4	<u> </u>	
5	Donated services and use of facilities	5_		
6	Investment expenses		<u> </u>	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		60,125
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		·
1	Total revenue, gains, and other support per audited financial statements	L	1	4,240,012
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		i	
а	Net unrealized gains on investments			
b	Donated services and use of facilities	20.		
C	Recoveries of prior year grants		ł	
d	Other (Describe in Part XIV) 2d 43, 60	69.		
е	Add lines 2a through 2d		2e	90,389.
3	Subtract line 2e from line 1		3	4,149,623.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	Г		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	ı		
b	Other (Describe in Part XIV)		ŀ	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,149,623.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n	
1	Total expenses and losses per audited financial statements		1	4,133,166.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	L		_
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses 2c		İ	
d	Other (Describe in Part XIV.)	58.		
е	Add lines 2a through 2d	<u> </u>	2e	43,668.
3	Subtract line 2e from line 1		3	4,089,498.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	ł		
b	Other (Describe in Part XIV.)		ı	
С	Add lines 4a and 4b	- □ ,	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,089,498.
Part	XIV Supplemental Information			
and 2	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; 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. Alter to provide any additional information	so co	mplet	
SPEC	CIAL EVENTS EXPENSES			
SCH	D, PART XI & PART XII	-		
SPEC	CIAL EVENTS EXPENSES OF 43,669 ARE SHOWN NET ON THE FORM 990 AND GR	oss		
ON T	HE FINANCIAL STATEMENT			

Part XIV Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury **Supplemental Information Regarding Fundraising or Gaming Activities**

organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 Open To Public Inspection

Internal Revenue Service

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

Employer identification number Name of the organization PREVENT CHILD ABUSE-NEW JERSEY CHAPTER, INC. 22-2314861 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 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants е а Internet and email solicitations Solicitation of government grants b Special fundraising events С Phone solicitations g d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X Yes 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 fundraiser have (i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization col (i) Yes No CONSULTANT 99,597 15,500 84,097. CDK EVENTS MANAGEMENT X 99,597 15,500 84,097. 3 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

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

Schedule G (Form 990 or 990-EZ) 2009

			(a) Event #1	(b) Event #2	(c) Other Events		
			DINNER	OTHER MISC	(c) Other Events		al events (a) through
			(event type)	(event type)	(total number)	· co	(c))
Jue							
Revenue	1		99,521.	20,135.			119,65
ď	2	Less: Charitable	12,235.				12,23
	2	contributions	12,233.				12,23
	Ľ	minus line 2)	87,286.	20,135.	·····		107,42
		Outh					
	4	Cash prizes					
	5	Noncash prizes					
S							
Direct Expenses	6	Rent/facility costs	17,040.				17,04
.xbe	7	Food and beverages					
苡	'	rood and botolages					
چ	8	Entertainment					
		Other direct expenses	70,246.	8,940.			79,18
	9	Other direct expenses	10/2101	0/310.	-		
	10	Direct expense summary. Add lines 4	through 9 in column (d)) <i></i>	▶	(96,226
		Net income summary. Combine line 3					11,19
Pa	rt I	Gaming. Complete if the org than \$15,000 on Form 990-l		Yes" to Form 990, Par	t IV, line 19, or repo	orted more	9
		11a11 9 13.000 011 1 01111 930-1					
			· · · · · · · · · · · · · · · · · · ·	(b) Dull toballantant	(a) Other geming	(d) Total o	amına (add
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		aming (add ough col. (c)
Sevenue			· · · · · · · · · · · · · · · · · · ·		(c) Other gaming		
Revenue	1	Gross revenue	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming		
		Gross revenue	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming		
		·	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming		
	2	Gross revenue	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming		
Expenses	2	Gross revenue	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming		
Expenses	2	Gross revenue	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming		
	3	Gross revenue	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming		
Expenses	3	Gross revenue	· · · · · · · · · · · · · · · · · · ·	bingo/progressive bingo	(c) Other gaming		
Expenses	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo			
Expenses	2 3 4 5	Gross revenue	(a) Bingo	Yes% No	Yes%	col (a) thro	
Expenses	2 3 4 5	Gross revenue	(a) Bingo	Yes% No	Yes%	col (a) thro	
Expenses	2 3 4 5 7	Gross revenue	Yes% No through 5 in column (d)	Yes% No	Yes% No	col (a) thro	ough čol. (c)
Direct Expenses	2 3 4 5 6 7 8	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and	Yes% No	Yes% No	col (a) thro	
Φ Direct Expenses	2 3 4 5 6 7 8	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming act	Yes % No	Yes% No	còl (a) thro	ough čol. (c)
Direct Expenses	2 3 4 5 6 7 8 En Is	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming act	Yes % No	Yes% No	còl (a) thro	ough čol. (c)
Direct Expenses	2 3 4 5 6 7 8 En Is	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming act aming activities in each	Yes% No Vities: Of these states?	Yes% No	còl (a) thro	ough čol. (c)
Direct Expenses	2 3 4 5 6 7 8 Eils is	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming activities in each	Yes% No line 7	Yes% No	còl (a) thro	ough čol. (c)
Direct Expenses	2 3 4 5 6 7 8 EI IS IS IS IS	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming activities in each	Yes% No line 7	Yes% No	còl (a) thro	ough čol. (c)
Direct Expenses	2 3 4 5 6 7 8 EI IS IS IS IS	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming act aming activities in each of	Yes% No line 7	Yes% No	(9a	ough čol. (c)
Direct Expenses	2 3 4 5 6 7 8 EI IS IS IS IS	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming act aming activities in each of	Yes% No line 7	Yes% No	(9a	ough čol. (c)
Direct Expenses	2 3 4 5 6 7 8 Eiss if	Gross revenue	Yes% No through 5 in column (d) ne line 1, column d, and ion operates gaming act aming activities in each of	Yes% No No No No No No No No No No	Yes% No	(9a	ough čol. (c)

Sched	ule G (Form 990 or 990-EZ) 2009	22-2314861			Page 3
•	,	I I		Yes	No
13	Indicate the percentage of gaming activity operated in:]	
а	The organization's facility		<u>%</u>		
b	An outside facility	• • • • • • • • • • • • • • • • • • • •	%		
14	Enter the name and address of the person who prepares the organization's and records:	s gaming/special events book	5		
	Name ▶		-		
	Address		-		
	Does the organization have a contract with a third party from whom the revenue?				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$_				
	amount of gaming revenue retained by the third party ▶ \$				
C	If "Yes," enter name and address of the third party:				
	Name		_		
	Address >		-		
16	Gaming manager information:				
	Name •		-		
	Gaming manager compensation ▶ \$		-		
	Description of services provided ▶		-		
	Director/officer Employee Independent contract	ctor			
17	Mandatory distributions.				
а	Is the organization required under state law to make charitable distributions				
_	retain the state gaming license?				
b	Enter the amount of distributions required under state law to be distributed or spent in the organization's own exempt activities during the tax year ▶ \$	to other exempt organizations	·		

Schedule G (Form 990 or 990-EZ) 2009

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
PREVENT CHILD ABUSE-NEW JERSEY CHAPTER, INC.

Employer identification number

22-2314861

Attachment 1

COMPENSATION PROCESS

PART VI, SECTION B, #15

AN ANNUAL BUDGET, THAT CONTAINS SALARIES BY PERSON, IS REVIEWED AND APPROVED BY THE BOARD. ADDITIONALLY, THERE IS AN EMPLOYEMENT CONTRACT IN EFFECT FOR THE EXECUTIVE DIRECTOR WHICH IS SUBJECT TO REVIEW AND REVISION ON A BIANNUAL BASIS.

990 REVIEW PROCESS

PART VI, SECTION A, #10

THE 990 IS REVIEWED AND APPROVED BY THE AUDIT/FINANCE COMMITTEE AND IS SENT TO THE BOARD FOR REVIEW AND COMMENT BEFORE SUBMISSION.

CONFLICT OF INTEREST

PAGE 6, PART VI, SECTION B, 12 C

EACH EMPLOYEE AND TRUSTEE PERIODICALLY CERTIFIES THAT THEY HAVE READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY. CERTIFICATION REQUIRES EACH INDIVIDUAL TO DISCLOSE ANY CONFLICT. IF DURING THE PERIOD, A CONFLICT ARISES, THE INDIVIDUAL MUST DISCLOSE SUCH CONFLICT IMMEDIATELY.

CERTIFICATION ARE REVIEWED BY THE AUDIT COMMITTEE FOR FOLLOW-UP.

PUBLIC ACCESS TO DOCUMENTS

PAGE 6, PART VI, SECTION C, 19

THE PCANJ FORM 990 AND THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON WWW.GUIDESTAR.ORG. THESE AND OTHER ORGANIZATIONAL

Page 2

Name of the organization PREVENT CHILD ABUSE-NEW JERSEY CHAPTER, INC. Employer identification number 22-2314861

Attachment 1 (Cont'd)

DOCUMENTS ARE AVAIALABLE TO THE PUBLIC UPON REQUEST.

Attachment 2

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

PREVENT CHILD ABUSE - NEW JERSEY CHAPTER, INC. LEADS A STATEWIDE EFFORT TO ELIMINATE PHYSICAL, SEXUAL AND EMOTIONAL CHILD ABUSE AND NEGLECT BY ESTABLISHING LOCAL PARTNERSHIPS AND PROVIDING PROFESSIONAL TRAINING, PUBLIC EDUCATION AND TECHNICAL ASSISTANCE TO LOCAL COMMUNITIES AND FAMILIES

FORM 990, PART VIII - INVESTMENT	INCOME		Attachment 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	2,220.			2,220.
TOTALS	2,220		- =	2,220.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS	Attachment 4
DESCRIPTION	AMOUNT
DINNER EVENT	12,235.
TOTAL	12,235.

Schedule O (Form 990) 2009			Page
Name of the organization		1	dentification number
PREVENT CHILD ABUSE-NEW JERSEY CHAP	TER, INC.	22-	2314861
		Attachmen	5
FORM 990, PART VIII - FUNDRAIS	ING EVENTS		
	GROSS	DIRECT	NET
DESCRIPTION	INCOME	EXPENSES	INCOME
DINNER EVENT	87,286.	35,179.	52,107.
MISC	20,135.	8,490.	11,645.
TOTALS	107,421.	43,669.	63,752.
		Attachment	6
FORM 990, PART X - PREPAID EXPENSES	AND DEFERRED CHARC	GES_	
	BEGINNING	END	ING
DESCRIPTION	BOOK VALU	E BOOK	VALUE
PREPAID EXPENSE	18,2	217.	15,801.

TOTALS

18,217.

15,801.

2009

22-2314861

PREVENT CHILD ABUSE-NEW JERSEY CHAPTER, INC.

Description of Property

DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp reduction in basis	Basis	Basis for depreciation	Beginning Accumulated /	Accumulated Me-	4 2	<u>.</u>	ACRS (MA Curre	Current-year 179	Current-year
TELEPHONE SYSTEM	06/30/2002	<u>_</u>	100.000			8,555.	7,484.	8,553.		+-	2000	1	פופע	uepreciation 1.069
WEBSITE	06/30/2002	23,112.	100 000			23,112	23,112.	23,112. SL		5 000				
SCANNER	06/30/2002	364	100 000			364	364.	f	_					
COLOR PRINTER	06/30/2004	4,966.	100 000			4,966	4,966	4,966. SL	-	5.000				
RICOH COPIER	05/31/2006	10,000	100 000			10,000	7,000	9,000 SL		5 000				2,000
WEBSITE ENHANCEMEN	06/01/2006	3,300	100 000			3,300	2,310	2,970. SL		5.000				. 099
TELEPHONE SYSTEM	05/31/2007	16,919	100.000			16,919	5,287.	7,402 SL		8 000				2,115.
WEBSITE ENHANCEMEN	05/31/2007	10,650.	100 000			10,650	5,325.	7,455. SL		5 000				2, 130.
CARPETING	05/31/2007	13,549.	100 000			13,549	10,161.	13,549. SL		3 000				3 388
OFFICE RECONFIGURA	06/30/2007	27,895.	100.000			27,895	3,802.	T	 -					4.119
OFFICE IMPROVEMENT	09/01/2007	10,846.	100 000			10,846	1,627			10 000	+			1.085
FURNITURE		23,225	100 000			23,225.	23,225.	23,225 SL	<u> </u>	5 000				
											-		-	
												+		
									-					
Less Retired Assets														
Subtotals		153,381.				153,381	94,663.	111.229						1.
Listed Property												_		10,566
									-				+	
									_				+	
													+	
Less: Retired Assets														
Subtotals														
TOTALS	•	153,381.				153,381	94,663.	111,229						000
AMORTIZATION														10,366.
Asset description	Date placed in service	Cost or basis					Accumulated	Accumulated	149					Current-year
										<u></u>			<u>i</u>	amortization
									-	_				
									-	Т.				
									_	T				
										Τ			<u> </u>	
TOTALS			_]				
*Assets Retired														

Page 30

95745P M998 2/11/2011

8:31:09 AM

V 09-9 2

090809