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Form **990****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

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

**A** For the 2010 calendar year, or tax year beginning , and ending

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

**C** Name of organization **PISCATAWAY DOMESTIC VIOLENCE CRISIS INTER**  
Doing Business As  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
**27 DUNBAR AVE C/O TREASURER**  
City or town, state or country, and ZIP + 4  
**PISCATAWAY NJ 08854**

**D** Employer identification number **22-3667984**

**E** Telephone number

**F** Name and address of principal officer  
**MARY THOMAS 27 DUNBAR AVE, PISCATAWAY, NJ 08854**

**G** Gross receipts \$ **37,225**

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ **N/A**

**K** Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation **2003**

**M** State of legal domicile **NJ**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **SEE ATTACHED BY-LAWS**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>0</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>0</b>
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	<b>0</b>
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>5</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>25</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	<b>-25</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	1,728	2,480
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	469	2,815
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	38	25
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	37,375	31,905
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	39,610	37,225
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	1,000	7,000
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	26,845	20,320
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>23,185</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11f–24f) . . . . .	13,332	13,803
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	41,177	41,123
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	-1,567	-3,898

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16) . . . . .	40,494	36,596
<b>21</b> Total liabilities (Part X, line 26) . . . . .	0	0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	40,494	36,596

**Part II Signature Block**

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

**Sign Here** **Mary Thomas** **5-10-11**  
Signature of officer Date  
**MARY THOMAS** **TREASURER**  
Type or print name and title

**Paid Preparer's Use Only**  
Print/Type preparer's name **JOSEPH R. PETRACCA CPA** Preparer's signature **JOSEPH R. PETRACCA CPA** Date **5/12/2011** Check ☒ if self-employed PTIN **P01203131**  
Firm's name ▶ **18 HAMILTON ST STE # 6** Firm's EIN ▶ **01-0663495**  
Firm's address ▶ **BOUND BROOK, NJ 08805** Phone no **(732) 748-9000**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

(HTA)

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**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission:  
 THE GROUP ESTABLISHED CONTACT WITH MORE THAN 100 CLIENTS DURING THE YEAR. SCHOLARSHIPS  
 WHERE GRANTED TO HIGH SCHOOL STUDENTS IN THE AMOUNT OF 7,000.00 FOR COLLEGE.
- 
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 
- 4a** (Code: ) (Expenses \$ 7,000 including grants of \$ 0 ) (Revenue \$ 0 )  
 THE GROUP ESTABLISHED CONTACT WITH OVER 100 CLIENTS DURING THE YEAR FOUR SCHOLARSHIPS WERE GRANT  
 TO HIGH SCHOOL STUDENTS FOR COLLEGE
- 
- 4b** (Code: ) (Expenses \$ 2,441 including grants of \$ 0 ) (Revenue \$ 0 )  
 PROMOTION AND ADVERTISING
- 
- 4c** (Code: ) (Expenses \$ 2,010 including grants of \$ 0 ) (Revenue \$ 0 )  
 EDUCATION FOR STAFF AND PUBLIC
- 
- 4d** Other program services. (Describe in Schedule O.)  
 (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
- 
- 4e** Total program service expenses ▶ 11,451

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	X
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<b>2</b>	X
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	
<b>6</b> 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 . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	<b>11a</b>	X
<b>b</b> 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. . . . .	<b>11b</b>	X
<b>c</b> 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. . . . .	<b>11c</b>	X
<b>d</b> 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. . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	X
<b>15</b> 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, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> 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, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> 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 (see instructions). . . . .	<b>17</b>	X
<b>18</b> 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 . . . . .	<b>18</b>	X
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	X	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . <b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . <b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b>	X	
<b>2a</b>	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. . . . . <b>2a</b> 0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		X
<b>6a</b>	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? . . . . . <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . . <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b>		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b> 0		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b> 0		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . . <b>11a</b> 0		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b> 0		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		X
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . . <b>13b</b> 0		
<b>c</b>	Enter the amount of reserves on hand. . . . . <b>13c</b> 0		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>14b</b>		

**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.

Check if Schedule O contains a response to any question in this Part VI. ☐

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . .	<b>1b</b>	
<b>2</b> 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? . . .	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	<b>7b</b> X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . .	<b>8b</b> X	
<b>9</b> 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 . . .	<b>9</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . .	<b>10a</b>	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . .	<b>11a</b> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . .	<b>12c</b>	
<b>13</b> Does the organization have a written whistleblower policy? . . .	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . .	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization . . .	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	<b>16a</b>	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **► NJ**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ 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 interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **► MARY THOMAS (732) 743-0885**  
27 DUNBAR AVE, PISC, NJ 08854

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A. ADAMIAK COORDINATOR	24.							0	0	0
(2) B. ORAZI SECRETARY	24.							0	0	0
(3) M. THOMAS TREASURER	24.							0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0	0	0
<b>d Total (add lines 1b and 1c)</b> .....								0	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . **3** **Yes** **No** **X**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . . **4** **Yes** **No** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . **5** **Yes** **No** **X**

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0	2,480				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 2,480					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 0					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .	0					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	2,480					
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code . . . . .	0	2,815			
<b>b</b>		CELL PHONE RECYCLE . . . . .	423930					
<b>c</b>		. . . . .	0					
<b>d</b>		. . . . .	0					
<b>e</b>		. . . . .	0					
<b>f</b>		All other program service revenue . . . . .	0					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .	2,815					
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	25	0		25	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .	0					
	<b>5</b>	Royalties . . . . .	0					
	<b>6a</b>	Gross Rents . . . . .	(i) Real	(ii) Personal	0			
			0	0				
	<b>d</b>	Net rental income or (loss) . . . . .	0					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other	0			
			0	0				
			0	0				
			0	0				
	<b>d</b>	Net gain or (loss) . . . . .	0					
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a 31,905	31,905				
	<b>b</b>	Less: direct expenses . . . . .	b 0					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .	31,905					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	a 0	0				
	<b>b</b>	Less: direct expenses . . . . .	b 0					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .	0					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a 0	0				
<b>b</b>	Less: cost of goods sold . . . . .	b 0						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	0						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b>	. . . . .		0	0				
<b>b</b>	. . . . .		0					
<b>c</b>	. . . . .		0					
<b>d</b>	All other revenue . . . . .		0					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	0						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		37,225	0	25	0		

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	7,000	7,000		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	0			
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	0			
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	450		450	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	20,320			20,320
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other . . . . .	0			
<b>12</b> Advertising and promotion . . . . .	2,341	2,341		
<b>13</b> Office expenses . . . . .	5,904		5,904	
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	0			
<b>17</b> Travel . . . . .	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	100	100		
<b>22</b> Depreciation, depletion, and amortization . . . . .	0	0	0	0
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> REGISTRATION FEES . . . . .	60		60	
<b>b</b> TRAINING EDUCATION . . . . .	2,010	2,010		
<b>c</b> BANK CHARGES . . . . .	73		73	
<b>d</b> SUPPLIES . . . . .	2,865			2,865
<b>e</b> . . . . .	0			
<b>f</b> All other expenses . . . . .	0			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f . . . . .	41,123	11,451	6,487	23,185
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	40,494	<b>2</b>	36,596
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 0		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 0	<b>10c</b> 0	0
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	40,494	<b>16</b>	36,596	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	40,494	<b>27</b>	36,596
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	40,494	<b>33</b>	36,596	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	40,494	<b>34</b>	36,596	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	37,225
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	41,123
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-3,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	40,494
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	36,596

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	X	
b Were the organization's financial statements audited by an independent accountant? . . . . .		X
c 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: . . . . . <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

PISCATAWAY DOMESTIC VIOLENCE CRISIS INTERVENTION TEAM

Employer identification number

22-3667984

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	37,305	48,463	53,385	39,572	37,200	215,925
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0					0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0					0
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	37,305	48,463	53,385	39,572	37,200	215,925
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4. . . . .						215,925

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	37,305	48,463	53,385	39,572	37,200	215,925
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	213	241	247	38	25	764
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0					0
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						216,689
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00%
<b>16a</b> <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0		0
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 . . . . .	0	0	0	0		0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .		0	0	0		0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0		0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0		0
6 <b>Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
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.) . . . . .	0					0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
14 <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ► ☐
- b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► ☐



**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. Also complete this part for any additional information. (See instructions).

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2010

**Open to Public Inspection**

Name of the organization

PISCATAWAY DOMESTIC VIOLENCE CRISIS INTERVENTION TEAM

Employer identification number

22-3667984

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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.
- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations          |  |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 STANDARD MARKETING INC 64 UNION TURNPIKE BRANCHVILLE NJ 07009	ENTERTAINMENT		X	31,905	20,320	11,585
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				31,905	20,320	11,585

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

[illegible]

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ENTERTAINMENT (event type)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	31,905	0	0	31,905
	2 Less: Charitable contributions . . . . .	0	0	0	0
	3 Gross income (line 1 minus line 2) . . . . .	31,905	0	0	31,905
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Noncash prizes . . . . .	0	0	0	0
	6 Rent/facility costs . . . . .	0	0	0	0
	7 Food and beverages . . . . .	0	0	0	0
	8 Entertainment . . . . .	0	0	0	0
	9 Other direct expenses . . . . .	0	0	0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				0
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				31,905

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue . . . . .				0
Direct Expenses				
				0
				0
				0
				0
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				0
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				0

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? . . . . .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in:   |                              |                             |
| a  | The organization's facility . . . . .   | 13a                          | %                           |
| b  | An outside facility . . . . .   | 13b                          | %                           |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |                              |                             |

Name 

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ 0 .
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

**17 Mandatory distributions:**

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **►** \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

PISCATAWAY DOMESTIC VIOLENCE CRISIS INTERVENTION TEAM

Employer identification number

22-3667984

**Part I General Information on Grants and Assistance**

- 1 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? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) .....			0	0			
(2) .....			0	0			
(3) .....			0	0			
(4) .....			0	0			
(5) .....			0	0			
(6) .....			0	0			
(7) .....			0	0			
(8) .....			0	0			
(9) .....			0	0			
(10) .....			0	0			
(11) .....			0	0			
(12) .....			0	0			

2 Enter total number of section 501(c)(3) and government organizations. ☐

3 Enter total number of other organizations. ☐

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

(HTA)

Schedule I (Form 990) (2010)

## Part III

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

**Part III can be duplicated if additional space is needed.**

Part III can be completed if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	4	7,000	0	Book	0
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

## Part IV

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part III Line 1 SCHOLARSHIPS TO INDIVIDUALS FOR COLLEGE

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

Employer identification number

PISCATAWAY DOMESTIC VIOLENCE CRISIS INTERVENTION TEAM

22-3667984

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)			0	0						
(2)			0	0						
(3)			0	0						
(4)			0	0						
(5)			0	0						
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
Total				0						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)		0			
(2)		0			
(3)		0			
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

PISCATAWAY DOMESTIC VIOLENCE CRISIS INTERVENTION TEAM

22-3667984

Form 990 Part I Line 7A INTEREST INCOME ON SAVINGS

**Item F (990) - Name and Address of Principal Officer**

Name MARY THOMAS			Phone Number (732) 743-0885
Address 27 DUNBAR AVE			Foreign Country
City, Town, or Post Office PISCATAWAY	State NJ	Zip Code 08854	Check ("X") if a business <input type="checkbox"/>

**Item H(b) (990) - Affiliates Included in Group Return**

	Name	Street Address	City	State	ZIP code	Foreign Country	EIN
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

**Item M (990) - State of Legal Domicile**

State	Foreign Country
NJ	

**Part V, Line 4b (990) - Authority over a Financial Account in a Foreign Country**

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

If "Yes," enter the name of the foreign country

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed**

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Georgia	<input checked="" type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input type="checkbox"/> Ohio	
<input type="checkbox"/> Illinois	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input type="checkbox"/> Oregon	
<input type="checkbox"/> Kansas	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

**Line 12 (990-T) - Other Income**

1 From Form 6478 - Alcohol and Cellulosic Biofuel Fuels Credit . . . . .	1	0
2 From Form 8864 - Biodiesel and Renewable Diesel Fuels Credit . . . . .	2	0
3 Bad debt recoveries . . . . .	3	
4 Proceeds received from employer-owned life insurance contracts issued after August 17, 2006 . . . . .	4	
5 Recapture of excess depreciation including Sec 179 expense deduction . . . . .	5	0
6	6	
7	7	
8	8	
9	9	
10	10	
11	11	
12	12	
13	13	
14 Total other income . . . . .	14	0

**Line 18 (990-T) - Interest**

1 Interest Allocation . . . . .	1	25
2 Tax Exempt Interest . . . . .	2	
3 Prepaid Interest . . . . .	3	
4 Straddle Interest . . . . .	4	
5 Original Issue Discount . . . . .	5	
6 Related Party Interest . . . . .	6	
7 Interest on certain underpayments of tax . . . . .	7	
8 Interest allocable to the production of designated property . . . . .	8	
9 Interest on below-market loans . . . . .	9	
10 Interest on which no tax is imposed (section 163(j)) . . . . .	10	
11	11	
12	12	
13 Total . . . . .	13	25

**Reduction of Expenses for General Credits (990-T)**

General Credits such as Increasing Research Activities, Orphan Drugs Credit, Disabled Access Credit and others include a denial of double benefit. To the extent of a credit is claimed, expenditures may not be claimed as a deduction in figuring taxable income, capitalized or used in figuring any other credit. Below is a statement showing credits claimed and the reconciling reduction of expenses or capital basis.

**Tax Credits Claimed that Require the Reduction of Expenses**

	Credit Allowed
1 Form 6765 - Increasing Research Activities . . . . .	1 0
2 Form 8820 - Orphan Drug Credit . . . . .	2 0
3 Form 8826 - Disabled Access Credit . . . . .	3 0
4 Form 8846 - Employer Credit for Social Security and Medicare Taxes Paid . . . . .	4 0
5 Form 8881 - Credit for Small Employer Pension Plan Startup Costs . . . . .	5 0
6 Form 8882 - Credit for Employer-Provided Childcare Facilities and Services . . . . .	6 0
7 Form 8923 - Mine Rescue Team Training Credit . . . . .	7 0
8 Form 8931 - Agricultural Chemicals Security Credit . . . . .	8 0
9 Form 8932 - Credit for Employer Differential Wage Payments . . . . .	9 0
10	10
11	11
12	12
13 Total . . . . .	13 0

**Reduction of Expenses****Adjustments to 'Cost of Goods Sold' - Page 2, Sch A, line 4b - 'Other Costs'**

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10 Total . . . . .	10 0

**Adjustments to 'Salaries and wages' - Page 1, line 15**

11	11
12	12
13	13
14 Total . . . . .	14 0

**Adjustments to 'Other Deductions' - Page 1, line 28**

15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24 Total . . . . .	24 0

**Adjustments to Capital**

25 Amount Chargeable to a Capital Account - Reduction of Basis . . . . .	25
26 Total Reductions . . . . .	26 0

**Part I, Line 11h (Sch A (990/990-EZ)) - Supported Organizations**

0

	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 1 through 9 of Page 1 or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Did you notify the organization of your support?		Is the organization in the United States?		Amount of support
				Yes	No	Yes	No	Yes	No	
1										0
2										0
3										0
4										0
5										0
6										0
7										0
8										0
9										0
10										0
11										0
12										0
13										0
14										0
15										0
16										0
17										0
18										0
19										0
20										0



**Part III, Line 9 (Sch G (990/990EZ)) - States Where Operating Gaming Activities**

---

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	<input type="checkbox"/> All States
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input type="checkbox"/> Ohio	
<input type="checkbox"/> Illinois	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input type="checkbox"/> Oregon	
<input type="checkbox"/> Kansas	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

---

**Part I, Line 1 (Sch L (990/990EZ)) - Excess Benefit Transactions**

	Name of Disqualified Person	Name of Manager(s) that Participated in Transaction	Check ("X") if a Business	Description of Transaction	Was Transaction Corrected?	
					Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**Part II (Sch L (990/990EZ)) - Loans to and from Interested Persons**

	Name	Check ("X") if a Business	Purpose of Loan	Loan to or from organization?		Original Principal Amount	Balance Due	Loan in Default?		Approved by the Board?		Written Agreement?	
				To	From			Yes	No	Yes	No	Yes	No
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

**Part III (Sch L (990/990EZ)) - Grants or Assistance Benefiting Interested Persons**

	Name	Check ("X") if a Business	Relationship with Organization	Amount of Grant	Type of Assistance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Part IV (Sch L (990/990EZ)) - Business Transactions Involving Interested Persons**

	Name	Check ("X") if a Business	Relationship with Organization	Amount of Transaction	Description of Transaction	Sharing in Revenues?	
						Yes	No
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

**SCHEDULE O**  
**(Form 5471)**(Rev. December 2005)  
Department of the Treasury  
Internal Revenue Service**Organization or Reorganization of Foreign  
Corporation, and Acquisitions and  
Dispositions of its Stock**

OMB No. 1545-0704

▶ **Attach to Form 5471. See instructions for Form 5471.**

Name of person filing Form 5471

Identifying number

Name of foreign corporation

**Important:** Complete a **separate** Schedule O for each foreign corporation for which information must be reported.**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition
	Street City St Zip			
	Street City St Zip			
	Street City St Zip			
	Street City St Zip			

**Part II To Be Completed by U.S. Shareholders****Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.**Section A—General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
Name ID Num Street City St Zip				
Name ID Num Street City St Zip				
Name ID Num Street City St Zip				

**Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
	Street City St Zip			
	Street City St Zip			
	Street City St Zip			

**Section C—Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

**For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**

Schedule O (Form 5471) (12-2005)

(HTA)

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired			
	Name City	Street St	Zip	Country
	Name City	Street St	Zip	Country
	Name City	Street St	Zip	Country

**Section D—Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

  

(f) Amount received	(g) Name and address of person to whom disposition of stock was made			
	Name City	Street St	Zip	Country
	Name City	Street St	Zip	Country
	Name City	Street St	Zip	Country

**Section E—Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor		(b) Identifying number (if any)	(c) Date of transfer
Name City	Street St Zip Country		
Name City	Street St Zip Country		
Name City	Street St Zip Country		

  

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

**Section F—Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

**PISCATAWAY  
DOMESTIC VIOLENCE CRISIS INTERVENTION TEAM**

**By-Laws**

**PREAMBLE**

The following by-laws have been adopted in order that the duties of its members and coordinators; the terms of office and membership as well as qualifications; the manner of voting and meetings of said team shall be determined.

**Article I**

**NAME**

The name of this team shall be the Piscataway Domestic Violence Crisis Intervention Team.

**Article II**

**STATEMENT OF PURPOSE**

We are a team of paraprofessional volunteers, trained and certified in domestic violence counseling. The purpose of this team is to: provide a range of aid, comfort, education, assistance, and referrals to victims of domestic violence; and, to increase the public awareness, through education of individuals, groups, and the community in general about the cause, prevalence, interventions, and prevention of Domestic Violence. The Piscataway DVCIT operates under the guidance of the Piscataway Police Department.

**Article III**

**CALENDAR YEAR**

The calendar year shall be from January 1 to December 31 of each respective year.

**Article IV**

**MEMBERSHIP**

In order to gain membership to the Piscataway Domestic Violence Crisis Intervention Team, one must complete the course presented by the Piscataway Police Department or a New Jersey State approved domestic violence core services program. In certain circumstances, an individual who has completed a training program for Domestic Violence counseling, and upon approval by the Piscataway Police Department's liaison to the team, along with the Team Coordinators, may also gain membership to the team.



All new team members must attend an orientation session given by the Team Coordinators and/or Police Liaison, before signing on the monthly calendar.

#### A. Levels of Membership

There shall be three (3) levels of membership: Active, Intern, and Inactive. They are defined as follows:

1. Active - A member who has completed all training classes and the required hours for certification and attends meetings, participates in community awareness projects, signs the calendar and counsels victims at Police Headquarters, is considered an active member, and shall have voting rights. An individual may also become a member of the Piscataway Domestic Violence Crisis Intervention Team as a transferee. The definition of transferee is as follows:
  - a. Transferee- This individual has received her/his training through an organization other than the Piscataway Police Department and was a member of an active Domestic Violence Team and has requested and been approved for membership with the Piscataway Team.
2. Intern- A member who has not been certificated confirming satisfactory completion of the 40-hour state-mandated training curriculum plus required hours for certification. Interns should respond with an Active member, whenever possible, for their first ten (10) accredited hours.
3. Inactive/Leave of Absence - An inactive member who has requested to be moved to an inactive status (i.e. leave of absence), usually not taking any calls or attending any meetings or fulfilling the responsibilities of an active member. An active member receives all mailings and information distributed by and for the team. Notification of leave of absence should be made to the police liaison and/or the team coordinators, noting the period of leave, if possible.

Upon returning from a leave that was of three (3) months time or longer, the member must first meet with the team coordinators and/or police liaison to review policies/procedures prior to coming back on the monthly calendar.

#### B. Membership of Non- Piscataway Residents

The number of non- Piscataway residents on the Team will be limited to a number set by the Police Departments liaison assigned to the Domestic Violence Crisis Intervention Team, based on the needs of the Police Department, Team, and the Community.

## **Article V**

### **DUTIES**

#### **A. Monthly Meetings**

Regular meetings are to be held at Police Headquarters on the fourth (4) Tuesday of each month, beginning at 7:00 PM, unless otherwise noted.

1. Additional meetings or training sessions shall be held as needed, as determined (or recommended) by the Team and/or Police Department and/or by any other body identified as having expertise or jurisdiction in this area.
2. The suggested Order of Meeting is as follows: Call to Order, Secretary's Report, Treasurer's Report, Old Business, New Business, Case Reports, Comments, Adjournment.
3. Attendance at Meetings - It is suggested that all members attend a minimum of eight (8) Piscataway Team meetings in a given calendar year as well as special training sessions that are held (i.e. County Coalition Meetings, workshops, conferences, etc.).

If an active member misses three (3) consecutive meetings, a letter will be sent to the member requesting clarification of intent.

4. Leave of Absence – An Active Member may find it necessary to take a leave of absence. Notification of leave of absence should be made to the police liaison and/or team Coordinators, noting the period of time, if possible.
5. On-Call Coverage – It is recommended that each team member sign up for a minimum of forty-eight (48) hours per month. A minimum commitment of twenty-four (24) hours is required with each shift being at least four (4) hours. In the event that a member is unable to keep an on-call commitment previously made, it will be that member's responsibility to contact the watch commander and/or team coordinators.
6. On-Call Coverage and Monthly Calendar - Members sign the calendar at each monthly meeting for the upcoming month. If a member is unable to attend the meeting, it is the member's responsibility to notify the scheduler, two (2) days before the meeting, with their on-call hours for the upcoming month.

All responses to calls will be at the request of Piscataway Police Department and will occur at Police Headquarters.

7. Confidentiality – After completion of the counseling session, no discussion of individual cases shall occur outside of the Team.

8. Community Education and Domestic Violence Awareness Projects – As part of the requirements to sustain active membership, members are required to participate in at least one community education awareness project per calendar year (i.e. Street Fair, National Night Out, Fatima Feast, Yellow Dress, Silent Witness), plus participate on one Comedy Night committee.
9. Only active members in good standing who have met the yearly requirements shall have the privilege to attend the Holiday Dinner Meeting.

## **ARTICLE VI**

### **TEAM OFFICES**

The Offices of the Piscataway Domestic Violence Crisis Intervention Team will be comprised of: Team Coordinators, Secretary, Treasurer, and Scheduler. Nominations will be held at the November team meeting. Annual election of team officers will be held by written ballot at the December meeting. Only active members are permitted to cast ballots. All candidates must have been active members for at least one year prior. There is no limit to the number of terms an individual may serve.

#### **A. Coordinators**

1. Team Coordinators will be elected by majority vote of Active Members present at the December meeting.
2. There should be two team coordinators.
3. Team coordinators responsibilities shall be but not limited to the following:
  - a. Prepare agenda
  - b. Co-lead the meeting with the police liaison
  - c. Write monthly newsletter
  - d. Help team members in need or with questions or problems
  - e. Coordinate volunteers for committees and their chairpersons.

The coordinators may delegate any or all of these responsibilities to other team members as needed.

#### **B. Secretary**

The Secretary is responsible for correspondences regarding written communications of the team and other activities as directed by the police liaison and/or the team coordinators. The secretary's responsibilities include but are not limited to the following:

- a. Keeps accurate record of attendance at team meetings.
- b. Maintains membership list.
- c. Furnishes new members with copy of the By-Laws.
- d. Keeps an accurate record of agendas and minutes of all meetings.
- e. Receives all team mail from liaison or coordinators and is responsible for proper disposition of the same.
- f. Prepares and maintains copies of all Team correspondence
- g. Tracks and reports to coordinators and police liaison team members who have missed three (3) or more consecutive meetings.

#### C. Treasurer

The Treasurer is responsible for all cash flow activities. The treasurer's duties shall include, but not be limited to the following:

- a. Making all bank deposits, unless otherwise designated
- b. Writing of checks.
- c. Reconciling the bank statement each month.
- d. Providing an oral expenditure report at each monthly meeting.

#### D. Scheduler

The Scheduler is responsible for preparing and distributing the monthly on-call schedules to all appropriate individuals. The scheduler uses monthly sign-up calendar in preparing on-call schedules. The scheduler's duties shall include, but not be limited to the following:

- a. Contacts team members who have not signed on the calendar or called in their schedule
- b. Prepares envelopes to mail with monthly schedule and coordinator's letter, with a copy to each team member and the police liaison either before or as close to the beginning of each new month as possible.
- c. Delivers a copy of each monthly on-call schedule to police watch commander.

In the event the scheduler is not able to carry out the responsibilities for a month or longer, a substitute team member may be appointed to serve as back up in fulfilling the scheduler's responsibilities.

## **Article VII**

### **ADOPTION OF BY-LAWS**

These By-laws shall become effective when approved by a majority vote at the next monthly team meeting following two weeks notice given to the presently active members of the team.

## **Article VIII**

### **REVIEW OF BY-LAWS**

The By-laws are to be reviewed once every five years or as deemed necessary.

## **Article IX**

### **AMENDMENTS TO BY-LAWS**

- A. Any active member may submit a proposed amendment.
- B. Proposed amendments must be introduced in writing at a scheduled meeting and distributed in writing within two weeks to all absent members.
- C. Proposed amendments shall be voted upon at the next scheduled meeting after their introduction.
- D. A majority vote at said meeting is required to pass an amendment.
- E. Passed amendments will go into effect within thirty (30) days of approval.
- F. Any amendment or addition to the by-laws proposed, recorded, discussed, voted upon and defeated cannot be reintroduced for team consideration during the following six (6) months.

## **Article X**

Upon the dissolution of the organization, assets shall be distributed to one or more Piscataway community organizations as long as they shall qualify under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code or exist as an entity of the state or local government, or shall be distributed to the federal government, for a public purpose.

*\*Note - These By-laws may be subject to change, based on changing Law and the needs of the Piscataway Community.*



State of New Jersey  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
OFFICE OF CONSUMER PROTECTION, CHARITIES REGISTRATION SECTION  
124 HALSEY STREET, P.O. BOX 45021  
NEWARK, N.J. 07101  
(973) 504-6262

**Report of Charitable Solicitation by a Professional Fund Raiser**  
**N.J.S.A. 45:17A-27g(3)**

1. Name of Professional Fund Raiser: Standard Marketing, Inc.  
Last name First Middle  
Permanent Mailing Address: 64 Union Turnpike, Branchville, NJ 07826  
Street address City State ZIP code  
New Jersey Address: \_\_\_\_\_  
Street address City State ZIP code  
Telephone Number: (973)-948-4110 New Jersey PFR Registration Number: PFR0023300  
(include area code)
2. Name of Charitable Organization Contractor/Sponsor: Piscataway Domestic Violence Crisis Intervention Team  
Address: c/o Mary Thomas, Treasurer, 27 Dunbar Ave., Piscataway, NJ 08854  
Street address City State ZIP code  
Telephone Number: (732)-743-0885 New Jersey Registration Number: CH2135800
3. Date of Solicitation - from: 1/01/10 to 12/31/10 Type of Event: Program Book  
If this is a final report, enter the date the solicitation ended: \_\_\_\_\_
4. Method of Solicitation: ☒ Phone ☐ Direct ☐ Mail ☐ Door-to-door ☐ Other  
Purpose of Solicitation: To raise funds for domestic violence team.
5. Name and address of bank where contributions have been deposited: Bank of America, Piscataway, NJ 08854  
Whose name is on the bank account? Piscataway D.V.C.I.T.  
What is the number on the bank account? 0220008686870448
6. Please provide the following information if the sale of tickets to an event, performance or affair was employed in fund raising.  
Location of Event: Doubletree, 200 Atrium Dr., Somerset, Date of Event: 11/4/10  
Total number of seats or places available: 400 Printed tickets are numbered - from: 1 to 400
7. Tickets sold in each price category:
- |                              |                    | Total Sale  |
|------------------------------|--------------------|-------------|
| <u>0</u>                     | sold @ \$ <u>0</u> | \$ <u>0</u> |
| <u>0</u>                     | sold @ \$ <u>0</u> | <u>0</u>    |
| <u>0</u>                     | sold @ \$ <u>0</u> | <u>0</u>    |
| Total dollars received ..... |                    | <u>0</u>    |
8. If the sale of advertising or other services were included in the solicitation, please describe below.  
Local businesses were asked to sponsor ad space in the event program book.  
Complimentary tickets were given, free of charge, to ad sponsors.

**Certification**

We certify under penalty of perjury that the information furnished in the report, including continuation sheets, is true and correct to the best of our knowledge.

[Signature]  
Signature of President or Authorized Officer of Professional Fund Raiser

President  
Title

[Signature]  
Signature of Chief Fiscal Officer of Charitable Organization

\_\_\_\_\_  
Title

# Solicitation Campaign Financial Report

If this is a final report, enter the date solicitation ended: \_\_\_\_\_

1. Gross Revenue		\$ 29,029
2. Fees, salaries and commissions		
a. Professional fund raiser compensation	\$ 20,320	
b. Office manager's fee	\$	
c. Weekly payroll	\$	
d. Promotional fees	\$	
Other (itemize)		
e. 1. _____	\$	
f. 2. _____	\$	
g. Total (add lines 2a through 2f)		\$ 20,320
3. Other expenses		
a. Advertising (employment)	\$	
b. Collection fees	\$	
c. Furniture and equipment	\$	
d. Office expenses	\$	
e. Office rental	\$	
f. List rental	\$ 600	
g. Postage	\$ 440	
h. Printing (solicitation material)	\$	
i. Telephone	\$ 1,451	
j. Utilities	\$	
Other (itemize)		
k. 1. _____	\$	
l. 2. _____	\$	
m. 3. _____	\$	
n. Total (add lines 3a through 3m)		\$ 2,491
4. Direct event expenses		
a. Auditorium rental	\$	
b. Booking fee/producers fee	\$ 600	
c. Printing (tickets, program book)	\$ 1,500	
d. Event insurance	\$	
e. Police and fire protection	\$	
f. Show fee (performers)	\$	
g. Entertainment taxes	\$	
Other direct expenses (itemize)		
k. Total (add lines 4a through 4k)		\$ 2,100
5. Total expenses (add lines 2g, 3n, 4k)		\$ 20,320
6. Amount retained by charitable organization		\$ 8,709

## Important

The sum of lines 5 and 6 should equal the amount shown on line 1.  
If it does not, attach a complete explanation.

Indicate here the total amount of uncollected pledges as of the date of the report:

\$ 0

Mail completed application to:  
Charities Registration Section  
P.O. Box 45021  
Newark, N.J. 07101