



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



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

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

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 \$ 3,957,867 including grants of \$) (Revenue \$ 139,580)

TO LEAD STATEWIDE EFFORTS TO ELIMINATE CHILD ABUSE IN ALL ITS FORMS BY ESTABLISHING LOCAL PARTNERSHIPS, THE ORGANIZATION BUILDS COMMUNITIES, STRENGTHENS FAMILIES AND EMPOWERS PARENTS THROUGH PARENTING PROGRAMS, EDUCATION AND TRAINING, ADVOCACY AND PUBLIC AWARENESS ACTIVITIES THE ORGANIZATION IS PRIMARILY SUPPORTED BY FEDERAL, STATE & PRIVATE GRANTS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 3,957,867

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. 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	4	No
5 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	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
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. 	11b	No
c 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. 	11c	No
d 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. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
f 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. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
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 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23		No
24a	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–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	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>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	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>	33		No
34	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>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	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> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	12
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	51
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
8			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filedNJ
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. THE ORGANIZATION 103 CHURCH ST SUITE 210 NEW BRUNSWICK, NJ 08901 (732) 246-8060

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, and **current** key employees. 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) BRUCE ARBONIES BOARD PRESIDENT	1 0	X		X				0	0	0
(2) STEVEN BERNKNOPF FUNDRAISING COMMITTEE CHAIR	1 0	X						0	0	0
(3) NICHOLAS BORRELLI BOARD TREASURER	1 0	X		X				0	0	0
(4) LAURA BUSH BOARD SECRETARY	1 0	X		X				0	0	0
(5) MAURA SOMERS DUGHI BOARD MEMBER	1 0	X						0	0	0
(6) JUDITH FELDMAN BOARD DEVELOPMENT CHAIR	1 0	X						0	0	0
(7) HAROLD KAPLAN BOARD MEMBER	1 0	X						0	0	0
(8) LYNNE SHAPIRO SMITH VICE PRESIDENT	1 0	X		X				0	0	0
(9) JOEL KRINSKY PAST PRESIDENT	1 0	X						0	0	0
(10) MITCHELL LANDIS BOARD MEMBER	1 0	X						0	0	0
(11) COLLEEN MATUSZEWSKI BOARD MEMBER	1 0	X						0	0	0
(12) DEBORAH STAHL PROGRAM COMMITTEE CHAIR	1 0	X						0	0	0
(13) MARTIN WEISS BOARD MEMBER	1 0	X						0	0	0
(14) MICHAEL CASSIDY BOARD MEMBER	1 0	X						0	0	0
(15) DR PAULETTE HINES BOARD MEMBER	1 0	X						0	0	0
(16) SCOTT WOLMAN DIRECTOR OF FINANCE	40 0			X				53,795	0	7,721

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	184,270	0	24,439

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 ▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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

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 0

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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	6,615			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,862,654			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	193,761			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,063,030			
	Program Service Revenue			Business Code			
2a		FEES FROM SERVICES	624100	139,580	139,580		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		139,580			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		510		510
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		0			
	6a			(i) Real	(ii) Personal		
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a			(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a						
				133,144			
b	Less direct expenses		47,172				
c	Net income or (loss) from fundraising events . .		85,972				
9a							
			0				
10a							
			0				
Miscellaneous Revenue		Business Code					
11a	COMMISSIONS - EPIC		2,229			2,229	
b	MISCELLANEOUS INCOME		508			508	
c	PROMOTIONAL SALES		885			885	
d	All other revenue		20,484			20,484	
e	Total. Add lines 11a-11d		24,106				
12	Total revenue. See Instructions		4,313,198	139,580		24,616	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,035,376	1,035,376		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	208,709	188,222	9,509	10,978
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,619,087	1,459,633	74,357	85,097
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,734	22,366	1,059	1,309
9	Other employee benefits	170,846	154,482	7,318	9,046
10	Payroll taxes	191,766	173,414	8,208	10,144
a	Fees for services (non-employees) Management	0			
b	Legal	2,588	2,536	29	23
c	Accounting	19,500	19,110	217	173
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	289,024	283,270	3,197	2,557
12	Advertising and promotion	47,644	40,829	3,678	3,137
13	Office expenses	113,298	92,388	4,789	16,121
14	Information technology	0			
15	Royalties	0			
16	Occupancy	21,635	19,578	948	1,109
17	Travel	34,514	32,561	996	957
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	31,076	30,687	0	389
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,059	11,781	589	689
23	Insurance	22,927	20,689	1,026	1,212
24	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)				
a	EDUCATIONAL MATERIAL	26,757	26,432	325	0
b	NON CAPITALIZABLE EQUIPMENT	43,045	43,045	0	0
c	PAYROLL PROCESSING	5,664	5,088	278	298
d	PROFESSIONAL TRAINING	233,441	232,925	427	89
e	MISCELLANEOUS	8,273	1,139	5,505	1,629
f	All other expenses	80,059	62,316	8,512	9,231
25	Total functional expenses. Add lines 1 through 24f	4,243,022	3,957,867	130,967	154,188
26	Joint costs. Check here ☒ 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			371,538	1	254,729
	2	Savings and temporary cash investments			12,160	2	12,179
	3	Pledges and grants receivable, net			136,258	3	164,161
	4	Accounts receivable, net			16,148	4	19,519
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			15,801	9	41,452
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	166,439			
	b	Less: accumulated depreciation	10b	121,288	42,152	10c	45,151
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,951	15	7,267
	16	Total assets. Add lines 1 through 15 (must equal line 34)			598,008	16	544,458
Liabilities	17	Accounts payable and accrued expenses			283,873	17	304,042
	18	Grants payable			175,965	18	96,489
	19	Deferred revenue			83,154	19	18,735
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			542,992	26	419,266
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			-57,484	27	-453
	28	Temporarily restricted net assets			112,500	28	113,645
	29	Permanently restricted net assets				29	12,000
		Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			55,016	33	125,192
	34	Total liabilities and net assets/fund balances			598,008	34	544,458

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	4,313,198
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,243,022
3	Revenue less expenses Subtract line 2 from line 1	3	70,176
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,016
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	125,192

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 ☐ Cash ☒ Accrual ☐ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	Yes	
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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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 PREVENT CHILD ABUSE-NEW JERSEY CHAPTER INC	Employer identification number 22-2314861
--	--

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 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?
- h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,651,172	3,066,326	3,680,698	4,049,872	4,154,090	17,602,158
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,651,172	3,066,326	3,680,698	4,049,872	4,154,090	17,602,158
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						17,602,158

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,651,172	3,066,326	3,680,698	4,049,872	4,154,090	17,602,158
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,880	17,637	5,118	2,220	510	58,365
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		9,723	29,016	16,135	24,106	78,980
11 Total support (Add lines 7 through 10)						17,739,503
12 Gross receipts from related activities, etc (See instructions)					12	363,759
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 226 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 194 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

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						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
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 ▶		

Part IV

Supplemental Information. 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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
22-2314861

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

(ii) Assets included in Form 990, Part X▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b Assets included in Form 990, Part X▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
b Contributions	12,000				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	12,000				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		0	0	
c Leasehold improvements		0	0	0
d Equipment		0	0	0
e Other	0	166,439	121,288	45,151
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				45,151

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	14,313,198
2	Total expenses (Form 990, Part IX, column (A), line 25)	24,243,022
3	Excess or (deficit) for the year Subtract line 2 from line 1	70,176
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	70,176

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	14,451,430
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	91,060
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	47,172
e	Add lines 2a through 2d2e	138,232
3	Subtract line 2e from line 13	4,313,198
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	4,313,198

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	14,381,254
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	91,060
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	47,172
e	Add lines 2a through 2d2e	138,232
3	Subtract line 2e from line 13	4,243,022
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	4,243,022

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
SPECIAL EVENTS EXPENSES	SCH D, PART XII & PART XIII	SPECIAL EVENTS EXPENSES OF 47,172 ARE SHOWN NET ON THE FORM 990 AND GROSS ON THE FINANCIAL STATEMENTS
FIN 48 FOOTNOTE	SCHEDULE D, PART X, #2	PCA-NJ IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES. PCA-NJ ADOPTED THE ACCOUNTING PRONOUNCEMENT DEALING WITH UNCERTAIN TAX POSITIONS AS OF JULY 1, 2009. UPON ADOPTION OF THIS ACCOUNTING PRONOUNCEMENT, PCA-NJ HAD NO UNRECOGNIZED TAX BENEFITS. FURTHERMORE, PCA-NJ HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2011. PCA-NJ HAD NO OPEN YEARS SUBJECT TO EXAMINATION PRIOR TO JUNE 30, 2008. THERE WERE NO TAX RELATED INTEREST OR PENALTIES INCLUDED IN THE FINANCIAL STATEMENTS PRESENTED.
ENDOWMENT FUND	SCHEDULE D, PART V, #4	PCA-NJ IS IN THE PROCESS OF FORMING AN ENDOWMENT POLICY CONSISTENT WITH THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT. THE EARNINGS OF THE FUND ARE NOT RESTRICTED FOR ANY PURPOSE.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Employer identification number
22-2314861

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

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. Form 990-EZ filers are not required to complete this table.

(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			
Total ▶						

- 3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DINNER</u> (event type)	<u>OTHER MISC</u> (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	115,028	24,731	139,759
	2	Less Charitable contributions	6,615		6,615
	3	Gross income (line 1 minus line 2)	108,413	24,731	133,144
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	29,805		29,805
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	17,367		17,367
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					85,972

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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?

☐ Yes ☐ 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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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 \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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
PREVENT CHILD ABUSE-NEW JERSEY CHAPTER INC

Employer identification number
22-2314861

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 Code 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
See Additional Data Table							

2

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

95

3

Enter total number of other organizations

0

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.
Use Schedule I-1 (Form 990) 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

Part IV

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

Identifier	Return Reference	Explanation
GRANT MONITORING	SCHEDULE I, PART I, LINE 2	THE CORPORATION MONITORS EXPENSES BY CHECKING PAYROLL REGISTERS, INVOICES AND CONFIRMING WITH OUR FAMILY WORK COORDINATORS THAT STAFF ARE BEING PAID FOR ACTUALLY PERFORMING THE WORK IN QUESTION

Software ID:

Software Version:

EIN: 22-2314861

Name: PREVENT CHILD ABUSE-NEW JERSEY CHAPTER INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ABC DAY CARE LLC511 30TH STREET UNION CITY,NJ 07087	27-0408839	501(c)(3)	5,091				CHILD CARE
ABC KIDZ ACADEMY115 SOUTH 3RD STREET HARRISON,NJ 07029	22-3819850	501(C)(3)	9,898				CHILD CARE
ACADEMICA LEARNING CENTER2900 BERGENLINE AVE UNION CITY,NJ 07087	22-3780775	501(c)(3)	5,928				CHILD CARE
ACADEMY HOUSE CHILD DEVELOPMENT CENTER 203 ACADEMY STREET JERSEY CITY,NJ 07306	22-3670546	501(c)(3)	10,390				CHILD CARE
BRIGHT BEGINNINGS EARLY LEARNING570 57TH STREET WEST NEW YORK,NJ 07093	22-3828115	501(c)(3)	7,278				CHILD CARE
BRIGHT BEGINNINGS TOO 6100 MONROE PLACE WEST NEW YORK,NJ 07093	26-0711950	501(c)(3)	9,717				CHILD CARE
BUSY PLACE EARLY LEARNING CENTER INC444 CENTRAL AVE JERSEY CITY,NJ 07307	06-1646648	501(c)(3)	5,416				CHILD CARE
CATAPULT LEARNING215 NINTH STREET HOBOKEN,NJ 07030	73-1685121	501(c)(3)	11,808				CHILD CARE
CHILDRENS GARDEN SCHOOL6500 BERGENLINE AVE WEST NEW YORK,NJ 07093	22-3057432	501(c)(3)	6,455				CHILD CARE
CHILDRENS STUDIO OF HARRISON102 N FIFTH STREET HARRISON,NJ 07029	22-3004761	501(c)(3)	12,212				CHILD CARE
COMMUNITY DAY NURSERY115 SOUTH MUNN AVENUE EAST ORANGE,NJ 07018	22-1553693	501(c)(3)	15,743				CHILD CARE
CONCORDIA LEARNING CENTER AT ST JOSEPHS SCHOOL761 SUMMIT AVE JERSEY CITY,NJ 07307	22-1777601	501(c)(3)	13,224				CHILD CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EAST ORANGE CHILD DEVELOPMENT CORP682 PARK AVE PO BOX 890 EAST ORANGE,NJ 07017	22-1994553	501(c)(3)	47,258				CHILD CARE
EAST ORANGE YMCA100 NO ARLINGTON AVE EAST ORANGE,NJ 07017	22-1487387	501(c)(3)	7,152				CHILD CARE
EGENOLF EARLY CHILDHOOD CENTER725 NEWARK AVE ELIZABETH,NJ 07208	22-1487168	501(c)(3)	20,551				CHILD CARE
ELIZABETHPORT PRESBYTERIAN CHILD CARE154 FIRST ST PO BOX 248 ELIZABETH,NJ 07206	22-1807800	501(c)(3)	9,828				CHILD CARE
FIRST UNITED METHODIST LEARNING CENTER407 23RD STREET UNION CITY,NJ 07087	22-2471259	501(c)(3)	7,821				CHILD CARE
FIRST N INFANT CARE TBA BABY WORLD491 493 OCEAN AVE JERSEY CITY,NJ 07305	22-2392530	501(c)(3)	10,507				CHILD CARE
GARFIELD YMCA BRIGHT BEGINNINGS33 OUTWATER LANE GARFIELD,NJ 07026	22-2324697	501(c)(3)	12,483				CHILD CARE
GRANDMAS PLACE520 66TH STREET WEST NEW YORK,NJ 07093	22-3654893	501(c)(3)	11,784				CHILD CARE
UNITED CEREBAL PALSY OF HUDSON CITY27 FISK STREET JERSEY CITY,NJ 07305	22-1599183	501(c)(3)	15,347				CHILD CARE
HAPPY FACE DAY CARE CENTER379 PALISADE AVE JERSEY CITY,NJ 07307	04-3608056	501(c)(3)	11,450				CHILD CARE
HARAMBEE FAMILY ACADEMY60 GLEN WOOD AVE EAST ORANGE,NJ 07017	22-2311125	501(c)(3)	13,281				CHILD CARE
HARRISON LEARNING CENTER620 ESSEX STREET HARRISON,NJ 07029	32-0023508	501(c)(3)	5,791				CHILD CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HOPES CAPE INC124 GRAND STREET HOBOKEN, NJ 07030	22-1801849	501(c)(3)	17,560				CHILD CARE
IT TAKES A VILLAGE II486 OCEAN AVE JERSEY CITY, NJ 07305	22-3746771	501(c)(3)	10,001				CHILD CARE
IT TAKES A VILLAGE III 492 OCEAN AVE JERSEY CITY, NJ 07305	51-0419856	501(c)(3)	5,821				CHILD CARE
JEFFERSON PARK DAY CARE CENTER485 MADISON AVE ELIZABETH, NJ 07201	22-1900479	501(c)(3)	9,952				CHILD CARE
JERSEY CITY CHILD DEVELOPMENT CENTERS INC93 NELSON AVE JERSEY CITY, NJ 07307	22-1920507	501(c)(3)	21,461				CHILD CARE
JERSEY CITY DAY CARE 100409 415 HALLADAY STREET JERSEY CITY, NJ 07304	22-6571971	501(c)(3)	5,739				CHILD CARE
JERSEY KIDS LLC2004-06 NEW YORK AVE UNION CITY, NJ 07087	22-3770672	501(c)(3)	13,379				CHILD CARE
JUNIOR PREP PRESCHOOL CENTER1003-1007 SUMMIT AVE UNION CITY, NJ 07087	22-2613875	501(c)(3)	13,531				CHILD CARE
KIDDIE KORNER I304 MLK DRIVE JERSEY CITY, NJ 07305	22-3064371	501(c)(3)	7,525				CHILD CARE
KIDDIE KORNER II136 GARFIELD AVE JERSEY CITY, NJ 07305	22-3064371	501(c)(3)	6,160				CHILD CARE
KIDS WORLD INC5818 JEFFERSON STREET WEST NEW YORK, NJ 07093	22-3696258	501(c)(3)	24,585				CHILD CARE
KIDZ INN DAY CARE73 CONGRESS STREET JERSEY CITY, NJ 07307	22-3365697	501(c)(3)	10,393				CHILD CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LEADERS OF TOMORROW DAYCARE PRESCHOOL CORP144 BARTHOLDI AVE STE 1 JERSEY CITY,NJ 07305	22-3665502	501(c)(3)	11,711				CHILD CARE
LITTLE ONES43 PROSPECT STREET EAST ORANGE,NJ 07018	22-3231937	501(c)(3)	23,612				CHILD CARE
LITTLE PS SMALL WORLD 2201 NEW YORK AVE UNION CITY,NJ 07087	26-3157997	501(c)(3)	8,067				CHILD CARE
LITTLE SCHOOLHOUSE 103-110 THIRD STREET ELIZABETH,NJ 07206	22-2164120	501(c)(3)	12,003				CHILD CARE
MAGICAL RAINBOW PRESCHOOL6614 BROADWAY WEST NEW YORK,NJ 07093	22-3677430	501(c)(3)	5,293				CHILD CARE
MILE SQUARE ELC301 GARDEN STREET HOBOKEN,NJ 07030	22-2221257	501(c)(3)	31,921				CHILD CARE
MRS PS SMALL WORLD I 2201 BERGENLINE AVE UNION CITY,NJ 07087	22-3170750	501(c)(3)	14,239				CHILD CARE
NEW HOPE MEMORIAL889 E JERSEY STREET ELIZABETH,NJ 07201	26-3341164	501(c)(3)	15,963				CHILD CARE
NORJENES II61 NORTH ARLINGTON AVE EAST ORANGE,NJ 07017	22-2991922	501(c)(3)	5,106				CHILD CARE
NORTH HUDSON COMM ACTION CORP HEAD START314 67TH STREET WEST NEW YORK,NJ 07093	22-1818699	501(c)(3)	13,592				CHILD CARE
OASIS CHILD CARE260 HUTTON STREET JERSEY CITY,NJ 07307	22-3572375	501(c)(3)	10,782				CHILD CARE
PALISADE CHILDREN CENTER INC415 36TH STREET UNION CITY,NJ 07087	22-3683796	501(c)(3)	16,312				CHILD CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PARKSIDE PRESCHOOL I 202 206 CENTRAL AVE JERSEY CITY,NJ 07307	22-3780981	501(c)(3)	16,379				CHILD CARE
PLAY AND LEARN2606 KENNEDY BLVD JERSEY CITY,NJ 07306	22-2417941	501(c)(3)	16,160				CHILD CARE
PROCEED EARLY CHILDHOOD I1122 EAST GRAND STREET ELIZABETH,NJ 07201	22-2088378	501(c)(3)	6,294				CHILD CARE
PROCEED EARLY CHILDHOOD II1126 DICKINSON STREET ELIZABETH,NJ 07201	22-2088378	501(c)(3)	8,405				CHILD CARE
SARAH WARD NURSERY406 SANFORD AVE NEWARK,NJ 07106	22-1542344	501(c)(3)	6,090				CHILD CARE
SMART COOKIE LEARNING CENTER25 EVERGREEN PLACE EAST ORANGE,NJ 07018	22-3488826	501(c)(3)	8,255				CHILD CARE
SPANISH AMERICAN DAY CARE CENTER413 44TH STREET UNION CITY,NJ 07087	20-2265688	501(c)(3)	11,629				CHILD CARE
STARTING POINTS OF HUDSON COUNTY8 10 CLIFTON PLACE JERSEY CITY,NJ 07304	22-3482355	501(c)(3)	17,945				CHILD CARE
STUDY HALL INC100 FRANK RODGERS BLVD HARRISON,NJ 07029	22-2912751	501(c)(3)	10,159				CHILD CARE
TATAS KIDS301 43RD STREET UNION CITY,NJ 07087	22-3827424	501(c)(3)	20,132				CHILD CARE
THE LEAGUERS INC405- 425 UNIVERSITY AVE NEWARK,NJ 07102	22-6054365	501(c)(3)	27,568				CHILD CARE
THREE STAGES LEARNING CENTER91 SOUTH HARRISON STREET EAST ORANGE,NJ 07018	22-3744522	501(c)(3)	10,479				CHILD CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOTS WORLD CHILD CARE CENTER122 SEAVIEW AVE JERSEY CITY,NJ 07305	22-3217272	501(c)(3)	14,268				CHILD CARE
TRINITY CHILD CARE CENTER509 BRAMHALL AVE JERSEY CITY,NJ 07304	22-1500634	501(c)(3)	10,837				CHILD CARE
UNION CITY DAY CARE PROGRAM INC219 47TH STREET UNION CITY,NJ 07087	22-2540403	501(c)(3)	18,393				CHILD CARE
UNION CITY EARLY CHILDHOOD LEARNING CENTER510 35TH STREET UNION CITY,NJ 07087	22-2540403	501(c)(3)	22,715				CHILD CARE
WONDER WORLD NURSERY SCHOOL1359 MORRIS AVE PO BOX 162 UNION,NJ 07083	22-3229437	501(c)(3)	10,977				CHILD CARE
NORTHERN NEW JERSEY CHILD HEALTH CONSORTIUM17 ARCADIAN WAY SUITE 204 PARAMUS,NJ 07652	52-1816613	501(c)(3)	103,113				CHILD CARE

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS	PAGE 6, PART VI, SECTION B, #15	AN ANNUAL BUDGET, THAT CONTAINS SALARIES BY PERSON, IS REVIEWED AND APPROVED BY THE BOARD. ADDITIONALLY, THERE IS AN EMPLOYMENT CONTRACT IN EFFECT FOR THE EXECUTIVE DIRECTOR WHICH IS SUBJECT TO REVIEW AND REVISION ON A BIENNIAL BASIS.

Identifier	Return Reference	Explanation
990 REVIEW PROCESS	PAGE 6, PART VI, SECTION B,#11B	THE 990 IS REVIEWED AND APPROVED BY THE AUDIT/FINANCE COMMITTEE AND IS SENT TO THE BOARD FOR REVIEW AND COMMENT BEFORE SUBMISSION

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST	PAGE 6, PART VI, SECTION B, 12 C	EACH EMPLOYEE AND TRUSTEE PERIODICALLY CERTIFIES THAT THEY HAVE READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY CERTIFICATION REQUIRES EACH INDIVIDUAL TO DISCLOSE ANY CONFLICT IF DURING THE PERIOD, A CONFLICT ARISES, THE INDIVIDUAL MUST DISCLOSE SUCH CONFLICT IMMEDIATELY CERTIFICATIONS ARE REVIEWED BY THE AUDIT COMMITTEE FOR FOLLOW-UP

Identifier	Return Reference	Explanation
PUBLIC ACCESS TO DOCUMENTS	PAGE 6, PART VI, SECTION C, 19	THE PCANJ FORM 990 AND THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON WWW GUIDESTAR.ORG. THESE AND OTHER ORGANIZATIONAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.