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990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2011
Open to Public Inspection

<u>A</u>	Por th	e 2011 calendar year, or tax year beginning , and ending			
В	Check if a	applicable C Name of organization		D Emplo	yer Identification number
П	Address of	thange Essex County Family Justice Center			
百	Name cha	Donn Rusiness As	··.	27.	-1978441
님	Name uk	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
Ш	Initial retu	m 89 Market Street, 2nd Floor		97	3-286-3890
П	Terminate			97.	200 3090
Ħ				1	400 667
닏	Amended	retum Newark NJ 07871 F Name and address of pnnopal officer		G Gross rec	ceipts \$ 400,667
Ш	Application	n pending i	H(a) Isthusa	ımın etim fo	r affiliates? Yes X No
		Mary Houtsma, CSW, DVS	1,44, 15020,	Joup ICIDITY IO	
		, '	H(b) Are all a	ffiliates include	ed? []Yes [No
			If "No	o," attach a lis	st. (see instructions)
1	Tax-exen	mpt status X 501(c)(3) 501(c) () ◄ (insert no) 4947(a)(1) or 527			
	Website		H(c) Group ex	amataa aua	har b
ĸ			Year of formation 2		
	Part I	Summary	rear or lonnation 2	010	M State of legal domicile NJ
					
	יין ו	Briefly describe the organization's mission or most significant activities			_
8		The Mission of the Essex County Family Justice Center			
ᇤ		safety and autonomy of domestic violence victims and t	heir child	dren b	Y
ē	ľ	providing accessible and coordinated services in one 1	location.		
Governance	2 (Check this box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net as:	sets	
	3 1	Number of voting members of the governing body (Part VI, line 1a)	0.000.000	3	6
∘ ō ∽	1			1	5
Ë	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	
Activities	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	9
Ac	L	Total number of volunteers (estimate if necessary)		6	_2
	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea	37	Current Year
en en	8 (Contributions and grants (Part VIII, line 1h)	389	9,498	400,667
Ž	9 F	Program service revenue (Part VIII, line 2g)		0	. 0
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	ō	0
æ				340	0
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<u> </u>
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36:	9,838	400,667
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	0	0
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
S.	15 8	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	113	L,596	188,853
Se	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,087			
ŭ	17 (110	7,175	221,341
	18 1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Fotal expenses Add lines 13–17 (must equal Part IX, column (A) line 25)		771	410,194
	10	Total expenses Add lines 13-17 (must equal Part IX, column (A), inte 25)—1 0			
- 4	19 1	Revenue less expenses Subtract line 18 from line 12		067	<u>-9,527</u>
85	20.7	Fotal assets (Part X, line 16)	Beginning of Cur		End of Year
Net Assets or Fund Balances	20	K I (SI)		3,531	169,581
₹ <u>₽</u>	21	Total liabilities (Part X, line 26)		9,463	20,039
		Net assets or fund balances Subtract line 21 from line 20 OGDEN UT	159	068	149,542
	art II	Signature Block			
U	nder per	naities of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	st of my kn	owledge and belief, it is
tn.	ue, corre	ct, and complete. Declaration of bredager (other than officer) is based on all information of which preparer	has any knowledg	е ,,	1.1140
					114112
Sig	ın	Signature of officer		Date	
He		Mary Houtsma, CSW, DVS Execu	tive Dia	ector	. '
		Type or pnnt name and title	<u> </u>		<u>. </u>
		Print/Type preparer's name Preparer's signature	Date		d PTIN
Paid	d		l	Check	□ "]
		William J. Arnold William J. Arnold	11/07/	12 self-em	ployed
	parer	Firm's name Lambrides, Arnold, Moulthrop LLP	F	m's EIN	
USe	Only	26 Park St Ste 301			
_		Firm's address Montclair, NJ 07042-3443	P	hone no	973-744-8660
May	the IR	S discuss this return with the preparer shown above? (see instructions)		-	X Yes No
		work Reduction Act Notice, see the separate instructions.			Form 990 (2011)
DAA	•) /) -5/11 556 (2011)
			4	1/	14 U
			_ /	1//	(/) 1
				7'	

SCANNED HECAS 2012

Form 990 (2011) Essex County	Family Justice Center	27-1978441	Page 2
	m Service Accomplishments		, _
	contains a response to any question in	this Part III	
1 Briefly describe the organization's mis		ica Combon is to omb	ongo the
	Essex County Family Just		
sarety and autonomy	of domestic violence vi	ectims and their child	aren by
providing accessible	and coordinated service	es in one location.	
2 Did the organization undertake any si	gnificant program services during the year which	were not listed on the	
prior Form 990 or 990-EZ?	grinicant program services during the year wind	Were not listed on the	Yes X No
If "Yes." describe these new services	on Schedule O		
	g, or make significant changes in how it conduct	s, any program	
services?	,, or mane eigenmeans arangee ar near it correct	ic, any program	Yes X No
If "Yes," describe these changes on S	Schedule O		
_	service accomplishments for each of its three lai	rgest program services, as measured by	
	(c)(4) organizations and section 4947(a)(1) trusts		
	otal expenses, and revenue, if any, for each pro		
4a (Code) (Expenses \$	296,938 including grants of \$) (Revenue \$)
	f services to victims of		
include: therapeutic	services for adult vic	ctims and children, c	ounseling,
	nce, access to shelter a		nce,
	safety planning, suppo		
	gration matters, assist.		e and
Probation reports, o	optional spiritual suppo	ort.	
			_
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
			<u> </u>
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
10 (Code) (Expenses T	moduling grants of \$) (Nevenue 4	,
			•
4d Other program services (Describe in	Schedule O)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ▶	296,938		

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		Ī	
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	ļ	77
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	İ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	440	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	-	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С		-115		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	- 1	X
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		- 1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

X Form 990 (2011)

37

X

37

38

Form					<u>Justice</u>		<u> 27-1978</u>	<u> 441</u>	·		P	age 5
Pa	•		_	-	Filings and	•						_
		Check if So	chedule O o	<u>ontains a res</u>	ponse to any	question in	this Part V					Щ,
	_							1			Yes	No
1a		-			ter -0- if not app			1a				
þ					Enter -0- if not a			1b			1	
C					ules for reportat	ole payments to	vendors and			İ	l	
_			-	to prize winne						1c		X
2a					3, Transmittal of	=		١	•	İ		
			•	•	within the year o	•		_2a	9	}		
Ь		•		Ū	ion file all requir	•	•			2b	X	-
•				-	0, you may be re	•	•	s)				۱
3a		-		-	come of \$1,000	•	•			3a	ļ	X
b				•	" provide an exp					3b	-	_
4a					tion have an inte	_			ty			
			t in a foreign c	ountry (such as	a bank account	, securiies acco	ount, or other tir	nanciai		1.	1 1	-
	account)?		of the foreign							4a		X
b			of the foreign	-	00.004 Danes	of Farmer D			-4-			
E.					90-22 1, Report	•		Accou	nts			40"
5a		-			er transaction at		•	-40		5a	ļi	X
b		-			s or is a party to	a pronibited tax	x sneiter transac	ction?		5b		
C Sa			•	zation file Form	are normally gr	actor than \$100	000			<u>5c</u>		
6a		-	•	at were not tax	, ,	ealer than \$ 100	,000, and did tr	ie				x
b	_	•			ation an express	statement that	such contabutio	.na ar		6a		
D	_	not tax deduc		illi every solicita	auon an express	statement triat	Sucri continuud	JIIS QI		ام		
7	_			uctible contrib	utions under se	action 170(c)				6b	\vdash	
· a	-		•		75 made partly a	• •	and narthy for a	noode				
u		es provided to		I III EXCESS OF \$	75 made partly a	as a continuution	rano panny ion s	yuuus		7a		x
b		=		donor of the va	lue of the goods	or services pro	wded?			7b	\vdash	
c		-	•		ose of tangible p	•		as		10		
•		file Form 82		ou lor mod diope	oc or langible p	croonar property	, tor writer it we	45		7c		x
d	•			8282 filed dunn	g the year			7d				
е					rectly, to pay pre	emiums on a pe	ersonal benefit c		?	7e	·	x
f		-	-	•	directly or indirec	•				7 f		X
g					intellectual prope				9 as required?	7g		
h	_			•					a Form 1098-C?	7h		
8					ed funds and		=			111		
	organizati	ions. Did the	supporting org	anization, or a c	lonor advised fui	nd maintained b	y a sponsoring					
					ne during the ye		, ,			8		
9	Sponsorir	ng organizati	ons maintaini	ng donor advis	sed funds.							
а	Did the on	ganization ma	ke any taxable	distributions un	der section 496	67				9a		
b	Did the on	ganization ma	ke a distributio	n to a donor, do	onor advisor, or i	related person?				9b		
10	Section 5	i01(c)(7) orga	nizations. Ente	er								
а	Initiation fe	es and capita	al contributions	included on Pa	rt VIII, line 12			10a				
b	Gross rece	eipts, included	on Form 990,	Part VIII, line 1	2, for public use	of dub facilities	3	10b]		
11	Section 5	i01(c)(12) org	anizations. En	ter								
а	Gross inco	ome from mer	nbers or share	holders				11a				
b	Gross inco	ome from othe	r sources (Do	not net amounts	due or paid to	other sources						
	against an	nounts due or	received from	them)				11b		-		
12a	Section 4	947(a)(1) non	exempt char	table trusts. Is	the organization	filing Form 990) in lieu of Form	1041?		12a		
b	If "Yes," er	nter the amou	nt of tax-exem	ot interest receiv	red or accrued d	lunng the year		12b		_		
13	Section 5	01(c)(29) qua	lified nonprof	t health insura	ince issuers.							
а	Is the orga	anızatıon lıcen:	sed to issue qu	ialified health pl	ans in more thar	n one state?				13a		
	Note. See	the instruction	ns for additiona	al information th	e organization m	nust report on S	chedule O					
b	Enter the a	amount of res	erves the orga	nization is requii	red to maintain b	y the states in	which					
	the organiz	zation is licens	sed to issue qu	alified health pl	ans			13b	······································	_		
С			erves on hand					13c	<u>-</u>	4		
14a		-			anning services	•				14a		<u> </u>
b	If "Yes," ha	as it filed a Fo	<u>rm 720 to repo</u>	rt these payme	nts? If "No," prov	nde an explanat	tion in Schedule	0		14b		

Form 990 (2011)

Form	990 (2011) Essex County Family Justice Center 27-1978441		P	age 6
	rt 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	Sched	ule	_
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			_X_
Sec	tion 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 1a 6	-		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			,
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 5	-		\$ 3.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		-
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
h	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	···		
b	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	i · ^ ·
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		_	
	describe in Schedule O how this was done	12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13	X	4.
14	Did the organization have a written document retention and destruction policy?	14	/ <u>*</u>	X
15	Did the process for determining compensation of the following persons include a review and approval by		(fr. 7	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		``
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	•	*
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a		160		x
_	with a taxable entity during the year? If "Yea" did the emphysical follows a written policy or procedure requiring the emphysical to evaluate its	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sac	tion C. Disclosure	100		<u> </u>
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 (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Mary Houtsma, CSW, DVS 89 Market Street			
_N	ewark NJ 07871 973	3-28	6-3	<u>890</u>

Form 990 (2011	Essex County Family Justice Center 27-1978441	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ınd
	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 thi	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the	
organization's ta	ax year	
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of	
compensation E	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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	bo	x, unle	Pos check ess pe	erson directo	the boast Highest compensated employee	an ee)	(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
(1) Mary Houtsma										
Pres/Exec Dir/Trust	50.00	X		X				65,520	0	0
(2) Michael David L			•	l						
Treas/Sec/Trustee	1.50	X		X		Ш		0	0	0
(3) William Waldman										
Chair/Trustee	1.50	X		X		Ш		0	0	0
(4) Wayne S. Fisher								_		
Trustee	1.50	X		_	<u> </u>	1		0	0	0
(5) Stephanie R. Bu			P							_
Trustee	1.50	X			<u> </u>	Ш		0	0	0
(6) Lynn Ramsey	1				l			ا		<u> </u>
Trustee	1.50	X	_					0	0	0
(7)										
(8)										
(9)										
(10)										
(11)						H				
(12)							-		- "	
(13)							\dashv			<u></u>
(14)				\dashv		\vdash	\dashv			

	990 (2011) Essex Con	Directors Tr	111y	s K	ev F	mnl	ovee	<u> </u>	enter 27-1979 nd Highest Compensated				age 8
<u>:rai</u>	(A) Name and tite	(B) Average hours per week (describe	(dd	not o	Pos check ess pe	ition more rson i	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) ', Estimated amount of other compensation		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organzation (W-2/1099-MISC)	(W-2/1099-MISC)	from (organiza and rel organiza	ition ated	
(15)		-											
(16)													
(17)													
(18)													
(19)													
(20)													
(21)	100												
(22)													
(23)													,
(24)													
(25)													
1b c	Sub-total Total from continuation she	ets to Part VII	Secti	ion A	\ \			>	65,520				
d	Total (add lines 1b and 1c)				`			<u> </u>	65,520				
2	Total number of individuals (ir reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
3	Did the organization list any f	ormer officer, di	rector	, or	trust	ee,	key e	empl	oyee, or highest compensa	ated		Yes	No
4	employee on line 1a? If "Yes, For any individual listed on lin	ne 1a, is the sun	n of re	eport	able	con	npens	satio	n and other compensation	from the	3	٠,	X
5	organization and related orga individual Did any person listed on line										4	,	X
	for services rendered to the o	organization? If "	Yes,"	com	plete	Sc Sc	hedu	le J	for such person	- Harridaa	5		X
	ction B. Independent Contrac			4					matery that recovered more	than \$100,000 of			
1		ization_Report o	ompe	nsal	nae ton 1	for the	ne ca	ienc	lar year ending with or with	nin the organization's tax year		(C)	
	Name an	(A) d business address							Description	(B) tion of services	Co	(C) mpensa	tion
	·												
								_					<u> </u>
								_					
								1			I		

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

Form 990 (2011) Essex County Family Justice Center 27-1978441 Page 9 Part VIII Statement of Revenue (A) Total revenue (B) Related or (C) (D) Revenue exempt function excluded from tax under sections business revenue 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 65,361 e Government grants (contributions) 1e f All other contributions, gifts, grants. and similar amounts not included above 1f 335,306 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 400,667 Revenue Busn. Code 2a b Service С d Program f All other program service revenue g Total. Add lines 2a-2f \blacktriangleright 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps C Rental inc or (loss) d Net rental income or (loss) ▶ Gross amount from (i) Secunties (a) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) ▶ 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b d All other revenue

▶

400,667

0

O

Total. Add lines 11a-11d

Total revenue. See instructions

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)

	Check if Schedule O contains a response to	any question in this Part	IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				······
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	65,520	29,484	26,208	9,828
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	102,760	92,793	9,967	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,029	1,481	426	122 1,113
10	Payroll taxes	18,544	13,537	3,894	1,113
11	Fees for services (non-employees)			"-	
а	Management	19,363	9,682	9,681	
b	Legal	,			
С	Accounting	17,410		17,410	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	93,356	93,356		
12	Advertising and promotion	, ,			
13	Office expenses	13,520	8,139	5,381	
14	Information technology	3,452	2,589	863	
15	Royalties	,	•		
16	Occupancy	36,964	27,723	7,393	1,848
17	Travel	3,742		3,742	
18	Payments of travel or entertainment expenses			, <u>, , , , , , , , , , , , , , , , , , </u>	
. •	for any federal, state, or local public officials		1		
19	Conferences, conventions, and meetings	1,923	1,923		
20	Interest				
21	Payments to affiliates		·		
22	Depreciation, depletion, and amortization	12,000		12,000	
23	Insurance	7,955	5,245	2,534	176
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column			i	
	(A) amount, list line 24e expenses on Schedule O)				
а	Victim's Aid	10,741	10,741		
b	Miscellaneous	670		670	
C	Professional Development	245	245		
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	410,194	296,938	100,169	13,087
26	Joint costs. Complete this line only if the				20,00.
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
DAA	The same of the sa				Form 990 (2011)

	art)		istice ce	iicer 27	-19/6441		Page 11
	ail /	Dalatice Street			(A)		(P)
				i	(A) Beginning of year		(B) End of year
_	1	Cash—non-interest bearing		-	141,167	1	30,526
	2	Savings and temporary cash investments		-	141,107		30,320
	3	Pledges and grants receivable, net		ŀ	27,364	2	19,903
] 4		}	21,304	3_	19,903	
	#	Accounts receivable, net	to at a section	}		4	
	5	Receivables from current and former officers, directors,					
		employees, and highest compensated employees Com Schedule L	ipiete Part II of				
	_			}		5	·-··
	6	Receivables from other disqualified persons (as defined					
		4958(f)(1)), persons described in section 4958(c)(3)(B),					
	1	employers and sponsoring organizations of section 501	(c)(9) voluntary	l			
Assets	-	employees' beneficiary organizations (see instructions)		ŀ		6	<u> </u>
ASS	7	Notes and loans receivable, net		}		7	
•	8	Inventories for sale or use	-		8		
	9	Prepaid expenses and deferred charges	Ļ	-	9		
	10a	Land, buildings, and equipment cost or	40-	127 402			
		other basis Complete Part VI of Schedule D	10a	127,402			115 400
		Less accumulated depreciation	10b	12,000	· · · · · · · · · · · · · · · · · · ·	10c	115,402
	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	F		13		
	14 15	Intangible assets Other assets See Part IV. line 11	-		14	2 750	
	16		4		168,531	15	3,750
_	17	Total assets. Add lines 1 through 15 (must equal line 3		9,463	16	169,581	
	18	Accounts payable and accrued expenses Grants payable	-	9,403	17	20,039	
	19	Deferred revenue	F		18	-	
	20	Tax-exempt bond liabilities		F		19 20	
	21	Escrow or custodial account liability Complete Part IV of	of Cabadula D	-			
	22	Payables to current and former officers, directors, truste		<u> </u>		21	
Liabilities		employees, highest compensated employees, and disq	•			- 1	
Ē		Complete Part II of Schedule L	dailled persons	1		22	
ם	23	Secured mortgages and notes payable to unrelated thin	d nartice	F		23	
	24	Unsecured notes and loans payable to unrelated third p	•	i i		24	
	25	Other habilities (including federal income tax, payables i		<u> </u>		-24	
		parties, and other liabilities not included on lines 17-24)					
		of Schedule D	Complete Fart X			25	
	26	Total liabilities. Add lines 17 through 25			9,463	26	20,039
		Organizations that follow SFAS 117, check here ▶	and complete				20,033
g		lines 27 through 29, and lines 33 and 34.		1		- 1	
<u>ا ۾</u>	27	Unrestricted net assets		İ	3,864	27	140,384
g	28	Temporanly restricted net assets			155,205	28	9,158
ᅙ	29	Permanently restricted net assets		F		29	7,200
큔		Organizations that do not follow SFAS 117, check h	ere ▶ and	F			
ا ة		complete lines 30 through 34.	5.67 L. u.i.u	j			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	İ		30		
SS	31	Paid-in or capital surplus, or land, building, or equipmen	 		31		
7	32	Retained earnings, endowment, accumulated income, o	<u> </u>		32		
ž	33	Total net assets or fund balances		 	159,069	33	149,542
	34	Total liabilities and net assets/fund balances		-	168,532	34	169,581

Fom	n 990 (2011) Essex County Family Justice Center 27-1978441			Pag	<u>e 12</u>
	art 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		00,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,1	
3	Revenue less expenses Subtract line 2 from line 1	3		9,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	59,0	<u> </u>
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	14	19,5	<u> 542</u>
Pa	art 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		* 1	,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			3	
	Schedule O.		- 1 4	`	<u>.</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		_2b	х	
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?		2c	X	
	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		1	. A &	
	issued on a separate basis, consolidated basis, or both			^	*
	X Separate basis Consolidated basis Both consolidated and separate basis				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	n 99 0	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Essex County Family Justice Center

Employer identification number 27-1978441

P	<u>art l</u>	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art) S	ee ins	tructio	ns.			
The	orga	nızatıon is not	a private foundation because	se it is (For lines 1 through 11,	check only	y one box	()							
1	П	A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).							
2	П		cribed in section 170(b)(1)											
3	Н			ice organization described in se	ction 170)(b)(1)(<u>A</u>)	(iii)							
4	Н	•		<u> </u>			• •	hV4VAV	iii\ Ent	er the t	noenital'e	namo		
•	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 stat		of a callege of										
5														
		section 170(b)(1)(A)(iv). (Complete Part II)												
6			- ·	overnmental unit described in section 170(b)(1)(A)(v).										
7	X	An organizati	on that normally receives a	substantial part of its support fro	om a gov	emmental	unit or	from the	e gener	al public	;			
	_	described in	section 170(b)(1)(A)(vi). (C	Complete Part II)										
8	Ш	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	:II)									
9		An organizati	on that normally receives (1) more than 33 1/3% of its sup	port from	contributi	ions, me	mbersh	p fees,	and gr	oss			
		receipts from	activities related to its exen	npt functions-subject to certain	exception	ns, and (2) no mo	re than	33 1/39	% of its				
		support from	gross investment income ai	nd unrelated business taxable in	come (le:	ss section	511 ta	x) from	busines	ses				
				0, 1975 See section 509(a)(2)	•			,						
10				exclusively to test for public safe			•							
11	Н		· · · · · · · · · · · · · · · · · · ·	exclusively for the benefit of, to	•				out th	e				
• •	ш			ted organizations described in s	•				•		,			
				the type of supporting organizati					•	300000	•			
		<u>— — </u>				•	_	o .		.				
_			<u> </u>	c Type III–Functions	-		d	_ ^.	e III-O		_			
е	Ш		·	ganization is not controlled direct	-				•	•				
			-	er than one or more publicly sup	portea or	yanızallor	ns desd	ibea in	section	509(a)(1)			
_		or section 50					_							
f				ermination from the IRS that it is	a Type I,	type II,	or Type	III supp	orting					$\overline{}$
			check this box											\sqcup
g		Since August	17, 2006, has the organiza	tion accepted any gift or contribi	ution from	any of the	ne							
		following per	rsons?									_		
		(i) A persor	n who directly or indirectly or	ontrols, either alone or together	with perso	ons descri	ibed in ((II) and					Yes	No
		(III) belov	v, the governing body of the	supported organization?								11g(i)		
		(ii) A family	member of a person descri	oed in (i) above?								11g(iı)		
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?								11g(iii)		
h		Provide the	following information about	the supported organization(s)										-
(i) Name	e of supported	(ii) EiN	(iii) Type of organization	(iv) is the	organization	(V) Did	you notify	(vi)	Is the		vii) Amou	nt of	
		anization	, ,	(described on lines 1-9	1 ' '	sted in your	the orga	nization in	organizat	ion in col	,	suppor		
				above or IRC section	governing document?		col (i) of your support?			zed in the S?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
A)		-			1.00			 ,	1.05					
~,							ĺ		1					
D)									1					
B)														
									├					
C)														
			<u> </u>		ļ	ļ		<u> </u>		ldash				
D)					[
					ļ									
-						1	I	I	1	i .				
E)									1					
E)														

6050 11/07/2012 5 45 PM Schedule A (Form 990 or 990-EZ) 2011 Essex County Family Justice Center 27-1978441 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 🤋 Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I 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 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 Gifts, grants, contributions, and membership fees received (Do not 389<u>,</u>498 400,667 790,165 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 400,667 790,165 Total. Add lines 1 through 3 389,498 The portion of total contributions by Ŷ, 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) 790,165 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2011 Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (f) Total 389,498 400,667 790,165 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 340 340 (Explain in Part IV) Total support. Add lines 7 through 10 790,505 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **▶** |**X**| organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 14 15 15 Public support percentage from 2010 Schedule A, Part II, line 14 % 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2011. 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 10%-facts-and-circumstances test—2010. 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 publicity

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2011 Essex County Family Justice Center 27-1978441

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)

Sec	tion A. Public Support	quanty annual t		oo.ott, pioaco	ionipioto i dici.	· /					
_	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(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										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c from										
	line 6)	<u> </u>									
	tion B. Total Support dar year (or fiscal year beginning in) ▶	(-) 2007	(h) 0000	(-) 2000	(4) 0040	4-1 0044	_	(0 T-1-1			
9	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	\dashv	(f) Total			
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										
С	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 firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)					
	organization, check this box and stop hen							▶			
	tion C. Computation of Public Su					<u></u>		 			
15	Public support percentage for 2011 (line 8			ın (f))			15	<u>%</u>			
16 Soc	Public support percentage from 2010 Sche						16	<u>%_</u>			
	tion D. Computation of Investme					1.	. . T				
17 18	Investment income percentage for 2011 (III Investment income percentage from 2010		•	, wiumin (t))		-	17 18	<u>~%</u> %			
19a	. •		-	14 and line 15 is	more than 33 1/3		.0				
	33 1/3% support tests—2011. 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—2010. 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 th							▶ □			
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ons		▶ □			

Schedule A (Form 990 or 990-EZ) 2011 Essex County Family Justice Center 27-1978441 Page 4

Part IV: 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)

Part II, Line 10 - Other Income Detail

\$

340

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number Essex County Family Justice Center 27-1978441 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 (ASC 958), 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 (ASC 958), 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 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sch	edule D (Form 990) 2011 Essex Cou	nty Family	<u> Ju</u>	<u>stice</u>	<u>Center</u>	<u> 27-1</u>	<u>.978441</u>	Page 2
_P	art III Organizations Maintaining	Collections of	Art, H	istorical	Treasures,	or Othe	er Similar As	sets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other record	s, check	any of the f	following that a	re a signif	ficant use of its	
_		⊿ □	1	avahanan m				
a	H	ďН		exchange p	orograms			
t	Scholarly research Preservation for future generations	е 📋	Other					
<i>A</i>	Provide a description of the organization's coll	actions and ovniau	bow th	ov further th	o omanization'	's avamat	numero in Part	
•	XIV	ections and explain	I HOW BI	ey lululer ul	le organization	s exempt	purpose in Fait	
5	During the year, did the organization solicit or	receive donations	ofart hi	istorical trea	eures or other	eimilar		
Ŭ	assets to be sold to raise funds rather than to				•			Yes No
P	art IV Escrow and Custodial Arra						"Yes" to Form	
	line 9, or reported an amount	_	-	_				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a	Is the organization an agent, trustee, custodia			_	or other asse	ts not		
	included on Form 990, Part X?		,					☐ Yes ☐ No
t	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowina	table				
	3		J					Amount
c	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f							1f	
2 a	Did the organization include an amount on For	m 990, Part X, line	217					Yes No
t	If "Yes," explain the arrangement in Part XIV							
P	art V Endowment Funds. Comple	ete if the organia	zation a	answered	"Yes" to Fo	m 990,	Part IV, line	10.
		(a) Current year	(1) Pnor year	(c) Two ye	ars back	(d) Three years	back (e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	: Net investment earnings, gains, and							
	losses							
d	Grants or scholarships					,	ļ	
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance						<u></u>	
2	Provide the estimated percentage of the current	nt year end balanc	e (line 1	g, column (a)) held as			
а	Board designated or quasi-endowment ▶	%						
t	Permanent endowment ► %							
C	Temporanly restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the possess	sion of the organiza	ition that	t are held ar	nd administered	d for the		
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
	If "Yes" to 3a(ii), are the related organizations	•						3b
<u> 4</u>					no 10			
	art VI : Land, Buildings, and Equip					(2)	Annumulatud	(d) Death and a
	Description of property	(a) Cost or other i	asis		or other basis other)		Accumulated epreciation	(d) Book value
4~	1 and	(/			
	Land	 						
	Buildings Leasehold improvements				120,000		12,000	108,000
	Equipment			<u> </u>	7,402		12,000	7,402
	Other				,, 402			1,302
	il. Add lines 1a through 1e (Column (d) must ed	ual Form 990. Par	X, colu	mn (B), line	10(c))		<u> </u>	115,402
		,	,	<u>,-/,,o</u>	\-//			

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Part VII Investments—Other Securities. See Form 9	90, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-yea	r market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		-	-
(A)			
(B)			
(C)			
(D)			
•			
(E)	-		
(F)			
(G)	-		
(H)			
(1)			
	>]		
Part VIII Investments—Program Related. See Form 9	990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)		·	
(6)			
(7)			
(8)			
(9)			
(10)			
	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			<u> </u>
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 2	25.	<u> </u>	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		1	
(2)		1	
(3)			
(4)		1	
(5)		{	
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	>		
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot	e to the organization's financi	al statements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule D (Form 990) 2011 Essex County Family Justice Center 27-197844	1	Page 4
	Int XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nents	4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_1_	400,667
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	410,194
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-9,527
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10_	
<u>P</u> a	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	<u>turn</u>	
1	Total revenue, gains, and other support per audited financial statements	1	428,690
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	3	
а	Net unrealized gains on investments	»	
þ	Donated services and use of facilities 2b 28,023	1 4	
С	Recovenes of pnor year grants 2c	1 3	
d	Other (Describe in Part XIV)	l	00 000
е	Add lines 2a through 2d	20	28,023
3	Subtract line 2e from line 1	3	400,667
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 1	
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	400,667
<u>%Pa</u>	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		n
1	Total expenses and losses per audited financial statements	1	438,217
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 28,023	3 3	
b	Pnor year adjustments 2b	4 14	
С	Other losses 2c	-	
d	Other (Describe in Part XIV)	4 1	00 000
е	Add lines 2a through 2d	2e	28,023
3	Subtract line 2e from line 1	3	410,194
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIV)	- 1	
C	Add lines 4a and 4b	4c	440 404
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	410,194
় Pa	art 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, line 2, 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

Schedule D (Form 990) 2011 Essex County Family Justice Center 27-1978441 Part XIV Supplemental Information (continued)

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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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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Name of the organization

Essex County Family Justice Center

Employer identification number 27-1978441

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 is distributed to the Board of Trustees for review prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Acknowledgement/disclosure of conflict of interest form is updated

annually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The salary of the Executive Director was set during the strategic planning
phase by the agency that previously administered the project prior to the

Organization's establishment in February of 2010. The compensation level is
within the range of salaries of Executive Directors of Family Justice

Centers throughout the country, as maintained by the Family Justice Center

Alliance.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Salaries of key employees are evaluated against similar organizations in the area.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Organization makes its governing documents, conflict of interest
policy, and financial statements available to general public upon request.