



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



Return of Organization Exempt From Income Tax

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2012 calendar year, or tax year beginning

07/01/2012, and ending

06/30, 2013

B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.				D Employer identification number 22-2462247
	Doing Business As				
	Number and street (or P O box if mail is not delivered to street address) 24K WORLD'S FAIR DRIVE			Room/suite	E Telephone number (732) 805-1912
	City, town or post office, state, and ZIP code SOMERSET, NJ 08873				G Gross receipts \$ 6,492,529.
	F Name and address of principal officer VICKY CALABRO 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ►
J Website: ► WWW.EVERAS.ORG				K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation 1978 M State of legal domicile NJ	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE INNOVATIVE SERVICES THAT SUPPORT INDEPENDENCE AND COMMUNITY INCLUSION FOR PEOPLE ACROSS A BROAD SPECTRUM OF ABILITY AND SPECIALIZED NEEDS.		
	2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 9.		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 8.		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 224.		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 83,166.		
	b	Net unrelated business taxable income from Form 990-T, line 34 7b 82,166.		
Revenue	8	Contributions and grants (Part VIII, line 1h) 4,372,118. 4,645,919.		
	9	Program service revenue (Part VIII, line 2g) 1,078,286. 1,080,300.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,020. 25,483.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 117,012. 136,437.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,597,436. 5,888,139.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 98,141. 93,146.		
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0 0		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,235,862. 4,329,536.		
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0 0		
	b	Total fundraising expenses (Part IX, column (D), line 25) 40,544.		
17	Other expenses (Part IX, column (A), lines 11f-24e) 1,111,860. 1,307,033.			
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,445,863. 5,729,715.			
19	Revenue less expenses Subtract line 18 from line 12 151,573. 158,424.			
Expenses				
Net Assets or Fund Balances				
20	Total assets (Part X, line 16) 4,461,649. 5,370,736.			
21	Total liabilities (Part X, line 26) 710,589. 1,385,830.			
22	Net assets or fund balances Subtract line 21 from line 20 3,751,060. 3,984,906.			

Part II Signature Block

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

Sign Here <input type="checkbox"/> Signature of officer <input type="checkbox"/> VICKY CALABRO, President Type or print name and title			Date 4/25/14

Paid Preparer Use Only	Print/Type preparer's name CATHERINE BENDALL	Preparer's signature <i>Catherine Bendall</i>	Date 4/23/14	Check <input type="checkbox"/> if self-employed	PTIN P00521196
	Firm's name ► WITHUMSMITH+BROWN, PC	Firm's EIN ► 22-2027092			
	Firm's address ► 1 SPRING STREET NEW BRUNSWICK, NJ 08901	Phone no 732-828-1614			

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No g/1

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission**ATTACHMENT 1****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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,262,025. Including grants of \$ 14,231.) (Revenue \$ _____)**ATTACHMENT 2****4b** (Code _____) (Expenses \$ 1,618,031. Including grants of \$ 3,342.) (Revenue \$ 1,080,300.)**ATTACHMENT 3****4c** (Code _____) (Expenses \$ 181,996. including grants of \$ 75,573.) (Revenue \$ _____)**ATTACHMENT 4****4d** Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 5,062,052.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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*

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*

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*

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 "Yes," complete Schedule D, *Part I*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, *Part III*

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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*

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, *Part V*

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*

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*

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*

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*

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, *Part 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*

12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, *Parts XI and XII*

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 and XII* is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14 a Did the organization maintain an office, employees, or agents outside of the United States?

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*

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*

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*

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)

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*

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*

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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	
25 a	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? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
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? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	14	
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	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	224	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
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	X	
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	X	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X	
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 as charitable contributions?	6b		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X	
7 Organizations that may receive deductible contributions under section 170(c).	7b		
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?	7c	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a		
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?	9b		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
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?	12a		
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			
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	X	
b 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. X

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	1a	9
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	8
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?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	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		

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

		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	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a	X
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?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	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?		
b	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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► NJ,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 ► VICKY CALABRO 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873 732-805-1912

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) VICKY CALABRO PRESIDENT	40.00	X		X			132,292.	0	27,068.
(2) JOHN REDMOND CHAIRPERSON	1.00	X		X			0	0	0
(3) JUNE MURTHA VICE PRESIDENT	1.00	X		X			0	0	0
(4) SALLY MYERS SECRETARY	1.00	X		X			0	0	0
(5) ANDREW C. TUPLER TREASURER	1.00	X		X			0	0	0
(6) PETER GRUENBERG MEMBER	1.00	X					0	0	0
(7) JANET LUTON-PERANTONI MEMBER	1.00	X					0	0	0
(8) THOMAS OLSEN MEMBER	1.00	X					0	0	0
(9) JENNIFER RECTOR EXECUTIVE DIRECTOR	40.00			X			70,885.	0	17,812.
(10) OLIVIA JUNG DIRECTOR OF FINANCE	40.00			X			60,022.	0	20,375.
(11) MARGARETE ANDREWS ASST EXECUTIVE DIRECTOR	40.00			X			73,088.	0	22,807.
(12) _____									
(13) _____									
(14) _____									

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

1b Sub-total ► 336,287. 0 88,062.

c Total from continuation sheets to Part VII, Section A ► 0 0 0

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII.

		(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				
d Related organizations	1d				
e Government grants (contributions)	1e	4,639,234.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	6,685.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		4,645,919.			
Program Service Revenue					
	Business Code				
2a EMPLOYMENT SERVICES PROGRAM REVENUE	900099	1,080,300.	1,080,300.		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		1,080,300.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 5		39,586.			39,586.
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)			0		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	144,251.				
c Gain or (loss)	243.	158,111.			
d Net gain or (loss)	-243.	-13,860.			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
See Part IV, line 18	a	9,774.			
b Less direct expenses	b	11,762.			
c Net income or (loss) from fundraising events		ATTACH. 6.	-1,988.		-1,988.
9a Gross income from gaming activities					
See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	a	517,440.			
b Less cost of goods sold	b	434,274.			
c Net income or (loss) from sales of inventory.			83,166.		83,166.
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS	900099	55,259.	55,259.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		55,259.			
12 Total revenue. See instructions		5,888,139.	1,135,559.	83,166.	23,495.

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	93,146.	93,146.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	393,913.	78,000.	315,913.	
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	3,256,875.	3,154,144.	99,946.	2,785.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,356.	74,050.	17,306.	
9 Other employee benefits	196,821.	151,532.	42,475.	2,814.
10 Payroll taxes	390,571.	353,835.	36,319.	417.
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,537.		1,541.	996.
c Accounting	48,569.	23,569.	25,000.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	10,051.		10,051.	
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	55,041.	54,504.	456.	81.
12 Advertising and promotion	26,420.	25,642.	653.	125.
13 Office expenses	74,122.	60,105.	11,653.	2,364.
14 Information technology.	30,302.	10,120.	2,150.	18,032.
15 Royalties.	0			
16 Occupancy	642,850.	593,818.	42,019.	7,013.
17 Travel	80,038.	78,444.	1,395.	199.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	18,183.	14,249.	632.	3,302.
20 Interest	9,772.	9,772.		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization	160,712.	147,105.	12,423.	1,184.
23 Insurance	6,186.		6,186.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EQUIPMENT AND RENOVATIONS	6,421.	4,393.	938.	1,090.
b DUES, FEES AND SUBSCRIPTIONS	44,531.	44,326.	63.	142.
c FOOD FOR CLIENTS/STAFF	72,340.	72,340.		
d HOUSEHOLD SUPPLIES	18,262.	18,262.		
e All other expenses	696.	696.		
25 Total functional expenses. Add lines 1 through 24e	5,729,715.	5,062,052.	627,119.	40,544.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	96,610.	1	191,235.	
	2 Savings and temporary cash investments	1,089,859.	2	889,158.	
	3 Pledges and grants receivable, net	185,960.	3	190,440.	
	4 Accounts receivable, net	8,372.	4	15,886.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6 Loans and other 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) Complete Part II of Schedule L		0	6	0
	7 Notes and loans receivable, net		0	7	0
	8 Inventories for sale or use	72,971.	8	79,603.	
	9 Prepaid expenses and deferred charges	59,683.	9	36,925.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,142,957.			
	b Less accumulated depreciation	10b 1,516,162.	1,786,796.	10c	2,626,795.
	11 Investments - publicly traded securities		1,147,500.	11	1,253,799.
	12 Investments - other securities See Part IV, line 11		0	12	0
	13 Investments - program-related See Part IV, line 11		0	13	0
	14 Intangible assets		0	14	0
	15 Other assets See Part IV, line 11		13,898.	15	86,895.
16 Total assets. Add lines 1 through 15 (must equal line 34)		4,461,649.	16	5,370,736.	
Liabilities	17 Accounts payable and accrued expenses	463,933.	17	461,555.	
	18 Grants payable	71,537.	18	130,801.	
	19 Deferred revenue	ATCH 10.	19,120.	19	74,133.
	20 Tax-exempt bond liabilities		0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23 Secured mortgages and notes payable to unrelated third parties ATCH 11		145,610.	23	708,952.
	24 Unsecured notes and loans payable to unrelated third parties		0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		10,389.	25	10,389.
	26 Total liabilities. Add lines 17 through 25		710,589.	26	1,385,830.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,667,921.	27	2,900,119.	
	28 Temporarily restricted net assets	1,083,139.	28	1,084,787.	
	29 Permanently restricted net assets	0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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	3,751,060.	33	3,984,906.	
	34 Total liabilities and net assets/fund balances	4,461,649.	34	5,370,736.	

Form 990 (2012)

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	5,888,139.
2	5,729,715.
3	158,424.
4	3,751,060.
5	75,422.
6	0
7	0
8	0
9	0
10	3,984,906.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
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?	3a	X
3b 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 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.

Employer identification number
22-2462247

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-Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

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

(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 monetary support
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,352,656.	4,969,936.	5,004,603.	4,379,654.	5,726,219.	25,433,068.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	5,352,656.	4,969,936.	5,004,603.	4,379,654.	5,726,219.	25,433,068.
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)						0
6 Public support. Subtract line 5 from line 4						25,433,068.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5,352,656.	4,969,936.	5,004,603.	4,379,654.	5,726,219.	25,433,068.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,210.	60,916.	30,808.	32,396.	39,586.	199,916.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		14,853	103,272.	116,036.	108,865.	343,026.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH. 1	13,264.	7,120.	12,712.	976.	55,259.	89,331.
11 Total support. Add lines 7 through 10						26,065,341.
12 Gross receipts from related activities, etc (see instructions)					12	5,379,306.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97.57 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.96 %
16a 33 1/3 % support test - 2012. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2011. 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 ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2012. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2011. 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2012. 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 ► <input type="checkbox"/>		
b 33 1/3 % support tests - 2011. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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)

ATTACHMENT 1**SCHEDULE A, PART II - OTHER INCOME**

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
OTHER SUPPORT AND REVENUE	13,264.	7,120.	12,712.	976.	55,259.	89,331.
TOTALS	<u>13,264.</u>	<u>7,120.</u>	<u>12,712.</u>	<u>976.</u>	<u>55,259.</u>	<u>89,331.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public
Inspection

► 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.

Name of the organization EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW
JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.

Employer identification number
22-2462247

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?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> 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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? Yes No
9 In Part XIII, 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 XIII, 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 ► \$ -----
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 (ASC 958) relating to these items
a Revenues included in Form 990, Part VIII, line 1 ► \$ -----
b Assets included in Form 990, Part X ► \$ -----

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

Schedule D (Form 990) 2012

JSA
2E1268 1 000

53735P M998 4/22/2014 4:26:04 PM V 12-7.12

PAGE 21

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

	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 XIII. Check here if the explanation has been provided in Part XIII.

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					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

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?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	650,118.	650,118.		650,118.
b Buildings	2,694,419.	2,694,419.	1,930,642.	1,729,098.
c Leasehold improvements	26,428.	26,428.	31,690.	10,583.
d Equipment	771,992.	771,992.	1,069,992.	236,996.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ►				2,626,795.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(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 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT REFUNDABLE TO	10,389.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 10,389.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,147,256.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	75,422.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	193,746.
e	Add lines 2a through 2d	2e	269,168.
3	Subtract line 2e from line 1	3	5,878,088.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,051.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	10,051.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,888,139.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,913,410.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	193,746.
e	Add lines 2a through 2d	2e	193,746.
3	Subtract line 2e from line 1	3	5,719,664.
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 7b	4a	10,051.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	10,051.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,729,715.

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SEE PAGE 5

Part XIII Supplemental Information (continued)**SPECIAL EVENT AND SALES OF INVENTORY EXPENSES****SCHEDULE D PART XII LINE 4B & PART XIII LINE 2D****SPECIAL EVENT EXPENSES OF \$11,762 ARE DEDUCTED FROM SPECIAL EVENT**

REVENUES FOR THE PRESENTATION IN FORM 990 IN ACCORDANCE WITH IRS INSTRUCTIONS, BUT ARE SHOWN AS GROSS REVENUES AND EXPENSES IN THE AUDITED FINANCIAL STATEMENTS. EXPENSES OF \$168,124 RELATED TO SALES OF INVENTORY ARE NETTED AGAINST THE GROSS SALES IN THE FORM 990, BUT ARE SHOWN AS EXPENSES IN THE AUDITED FINANCIAL STATEMENTS. A LOSS ON DISPOSAL OF ASSETS OF \$13,860 IS INCLUDED IN THE FUNCTIONAL EXPENSES IN THE AUDITED FINANCIAL STATEMENT, BUT SHOWN AS A LOSS ON SALE OF OTHER ASSETS IN THE FORM 990. TOTAL ADJUSTMENTS ARE \$168,047.

FIN 48 DISCLOSURE**FORM 990, SCHEDULE D, PART XIV**

THE AGENCY 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 AND CHANGES IN NET ASSETS. THE AGENCY HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2013 AND 2012 AND HAS NO OPEN YEARS SUBJECT TO EXAMINATION PRIOR TO JUNE 30, 2010. TAXES PAID DURING JUNE 30, 2013 RELATED TO THE OPERATION OF THE COMPANY STORES AS THEY ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX. IN ADDITION, THE AGENCY HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.

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

2012
Open to Public
Inspection

OMB No 1545-0047

Employer identification number
22-2462247

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. Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

▲ -----
▼ -----
▲ -----
▼ -----
Schedule I (Form 990) (2012)

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

Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
1 CLOTHING			8,500.			
2 RECREATION			5,730.			
3 CLIENT ASSISTANCE: TRAINING MATERIALS, DESKS, CHAIRS			3,343.			
4 STIPENDS - SELF DIRECTED RESPITE			75,573.			
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I

PART 1 QUESTION 2

THE ORGANIZATION MAINTAINS RECEIPTS OF EXPENSES TO SUBSTANTIATE THE USE OF GRANT FUNDS. ALL GRANTS AND OTHER ASSISTANCE ARE PROVIDED TO ELIGIBLE CLIENTS OF THE AGENCY AND THEIR FAMILIES.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW
JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.

Employer identification number
22-2462247

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
VICKY CALABRO	132,292.0	0	0	6,113.0	20,955.0	159,360.0	0
1 PRESIDENT	0	0	0	0	0	0	0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization	EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.	Employer identification number
		22-2462247

PUBLIC ACCESS TO DOCUMENTS

PART VI SECTION C LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 REVIEW

PART VI SECTION B LINE 11A

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE WHICH THEN MAKES A
FINAL RECOMMENDATION TO THE BOARD OF TRUSTEES FOR APPROVAL PRIOR TO THE
SUBMISSION OF THE FORM.

CONFLICT OF INTEREST

PART VI SECTION B LINE 12 C

ORGANIZATION REVIEWS THE CONFLICT OF INTEREST DISCLOSURES ANNUALLY FROM
BOARD MEMBERS.

COMPENSATION POLICY

PART VI SECTION B LINE 15 B

THE BOARD OF TRUSTEES APPROVES THE EXECUTIVE COMPENSATION BASED ON THE
COMPETITIVE MARKET. THE RATIONALE FOR POSITIONING WITHIN THAT MARKET IS
DRIVEN BASED PRIMARILY ON COMPENSATION PRACTICES IN NON-PROFIT
ORGANIZATIONS OF A SIMILAR SIZE AND COMPLEXITY.

STATE OF NJ OMB

Name of the organization	EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.	Employer identification number
		22-2462247

PART XII LINE 3A

THE AUDIT OF EVERAS WAS PERFORMED IN ACCORDANCE WITH THE STATE OF NJ, DEPARTMENT OF THE TREASURY OMB CIRCULAR 04-04-OMB. THE AUDIT IS REQUIRED TO BE PERFORMED IN ACCORDANCE WITH THOSE STANDARDS BECAUSE THE ORGANIZATION RECEIVES STATE FINANCIAL ASSISTANCE GREATER THAN \$500,000.

ORGANIZATION'S NAME CHANGE

PAGE 6, PART VI, QUESTION 4 - CHANGES TO GOVERNING DOCUMENTS
ON JULY 1, 2013, NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC. CHANGED ITS NAME TO EVERAS COMMUNITY SERVICES, INC.

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

THE MISSION OF THE AGENCY IS TO PROVIDE INNOVATIVE SERVICES THAT SUPPORT INDEPENDENCE AND COMMUNITY INCLUSION FOR PEOPLE ACROSS A BROAD SPECTRUM OF ABILITY AND SPECIALIZED NEEDS. THE AGENCY PROVIDES A COMPREHENSIVE ARRAY OF SERVICES THAT EMPOWER PEOPLE TO LIVE LIVES OF POSSIBILITY AND PURPOSE INCLUDING COMMUNITY BASED DIRECT SERVICES, INFORMATION AND REFERRAL, AND EDUCATION AND AWARENESS. THROUGH ITS WORK TO HELP PEOPLE THRIVE AND BE EMPOWERED TO CONTRIBUTE TO THEIR GREATEST CAPACITY THE AGENCY IS MAKING A POSITIVE DIFFERENCE IN THE LIVES OF ITS CLIENTS, EMPLOYEES, AND THE GREATER COMMUNITY.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RESIDENTIAL SERVICES:

EVERAS OPERATES EIGHT HOMES THAT PROVIDED INDIVIDUALIZED SUPPORT

Name of the organization	EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.
--------------------------	--

Employer identification number

22-2462247

ATTACHMENT 2 (CONT'D)

SERVICES FOR ADULTS WHO HAVE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, SENSORY IMPAIRMENTS, COMMUNICATION IMPAIRMENTS, AUTISM, BEHAVIORAL HEALTH NEEDS, COMPLEX MEDICAL NEEDS, CEREBRAL PALSY, ETC. THESE PROGRAM PROVIDE THE DIRECT SERVICES PEOPLE REQUIRE TO MAXIMIZE INDEPENDENT LIVING AND INCLUSION IN THE COMMUNITY. SERVICES INCLUDE BUT ARE NOT LIMITED TO: PERSONAL CARE, COORDINATION OF MEDICAL CARE, FINANCIAL COORDINATION, COORDINATION OF ENTITLEMENTS, HEALTH SAFETY AND WELL-BEING, SOCIAL RECREATION ACTIVITIES, AND SKILLS BUILDING IN THE ACTIVITIES OF DAILY LIVING. RESIDENTIAL SERVICES ARE COMMITTED TO LIFETIME COMPREHENSIVE SUPPORTS THAT IMPROVE THE QUALITY OF LIFE OF THE PEOPLE IN OUR PROGRAMS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EMPLOYMENT SERVICES:

EVERAS EMPLOYMENT SERVICES PROVIDES THE DIRECT SERVICES ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, SENSORY IMPAIRMENTS, COMMUNICATION IMPAIRMENTS, AUTISM, BEHAVIORAL HEALTH NEEDS, COMPLEX MEDICAL NEEDS, CEREBRAL PALSY, ETC REQUIRE TO DEVELOP SKILLS ASSOCIATED WITH EMPLOYMENT GOALS. SERVICES INCLUDE PREVOCATIONAL TRAINING, SUPPORTED EMPLOYMENT AND SECURING COMPETITIVE EMPLOYMENT IN THE COMMUNITY. STAFF WORK SIDE BY SIDE WITH PEOPLE WHO HAVE DISABILITIES TO SUPPORT INDIVIDUALS TO ACHIEVE EMPLOYMENT GOALS, THROUGH CENTER BASED TRAINING, COMMUNITY

Name of the organization	EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.	Employer identification number	22-2462247
--------------------------	--	--------------------------------	------------

ATTACHMENT 3 (CONT'D)

VOLUNTEERISM AND JOB SAMPLING, AS WELL AS JOB DEVELOPMENT IN THE COMMUNITY. CURRENTLY THE AGENCY OPERATES TWO PROGRAMS LOCATED IN JERSEY CITY AND SOMERSET.

EVERAS EMPLOYMENT SERVICES ALSO MANAGES THE SWITCHBOARD OPERATIONS FOR A VA HOSPITAL AS WELL AS THE MAILROOM SERVICES FOR AN IRS FACILITY. BOTH PROGRAMS HIRE PEOPLE WHO ARE BLIND AND VISUALLY IMPAIRED AS TELECOMMUNICATION SPECIALISTS AND MAILROOM ASSOCIATES, RESPECTIVELY.

EVERAS ALSO OPERATES TWO RETAIL STORES THAT SERVE THE MERCK EMPLOYEES AT LOCATIONS IN WHITEHOUSE STATION AND RAHWAY. THE STORES PROVIDE A CONVENIENCE TO MERCK EMPLOYEES, OFFERING DRY CLEANING SERVICES, GIFTS, CARDS AND SUNDRIES, WHILE SIMULTANEOUSLY PROVIDING COMPETITIVE EMPLOYMENT OPPORTUNITIES TO PEOPLE WHO HAVE DISABILITIES. CAFÉ SERVICES ARE ALSO OPERATED BY EVERAS AT THE SOMERSET COUNTY COURTHOUSE. THE CAFÉ OFFERS A BREAKFAST AND LUNCH SERVICE TO THE EMPLOYEES AND GUESTS OF THE COURTHOUSE WHILE PROVIDING EMPLOYMENT TO PEOPLE NEEDING ASSISTANCE REENTERING THE WORKFORCE AS WELL AS TO PEOPLE WITH DISABILITIES. EVERAS COMPANY STORES AND CAFÉ PROJECTS ARE PART OF THE AGENCY'S SOCIAL ENTERPRISE PROJECTS, WHEREBY BUSINESS PARTNERSHIPS IN THE

Name of the organization	EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.
--------------------------	--

Employer identification number
22-2462247

ATTACHMENT 3 (CONT'D)

COMMUNITY ARE DESIGNED TO ADVANCE EVERAS COMMUNITY SERVICES' NONPROFIT MISSION.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COMMUNITY SUPPORT PROGRAMS:

EVERAS COMMUNITY SUPPORT PROGRAMS PROVIDE ASSISTANCE TO INDIVIDUALS AND THEIR FAMILIES WITH DEVELOPMENTAL DISABILITIES, SENSORY IMPAIRMENTS, AND COMMUNICATION IMPAIRMENTS WITHIN COMMUNITIES THROUGHOUT NJ. SERVICES PROVIDED BY A PROFESSIONAL SOCIAL WORKER INCLUDE BUT ARE NOT LIMITED TO: CASE MANAGEMENT SERVICES, COORDINATION OF BENEFITS (INCLUDING SELF-DIRECTED RESPITE), DIRECT SERVICES TO SUPPORT CLIENT ACCESS TO THE COMMUNITY, INFORMATION AND REFERRAL FOR SUPPORT SERVICES, AND RESOURCE SHARING OF COMMUNITY EVENTS AND ACTIVITES. EVERAS MAINTAINS A LOAN LIBRARY OF ADAPTIVE EQUIPMENT SPECIALIZING IN ACCESSIBILITY NEEDS OF PEOPLE WHO ARE DEAF AND/OR BLIND AS WELL AS AN EXTENSIVE RESOURCE LIBRARY OF COMMUNITY SERVICES IN EACH COUNTY OF NJ.

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.

Employer identification number

22-2462247

ATTACHMENT 5 (CONT'D)FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	39,586.			39,586.
TOTALS	<u>39,586.</u>			<u>39,586.</u>

ATTACHMENT 6FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SPECIAL EVENTS AND CLIENT	9,774.	11,762.	-1,988.
TOTALS	<u>9,774.</u>	<u>11,762.</u>	<u>-1,988.</u>

ATTACHMENT 7FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	517,440.
INVENTORY AT BEGINNING OF YEAR	72,971.
PURCHASES	272,782.
SALARIES AND WAGES	
OTHER COSTS	168,124.
SUBTOTAL	<u>513,877.</u>
MINUS ENDING INVENTORY	79,603.
COST OF GOODS SOLD	<u>434,274.</u>

Name of the organization EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.

Employer identification number
22-2462247

ATTACHMENT 8

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	59,683.	36,925.
TOTALS	<u>59,683.</u>	<u>36,925.</u>

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MUTUAL FUNDS	1,147,500.	1,253,799.	FMV
TOTALS	<u>1,147,500.</u>	<u>1,253,799.</u>	

ATTACHMENT 10

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	19,120.	74,133.
TOTALS	<u>19,120.</u>	<u>74,133.</u>

ATTACHMENT 11

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: HILLTOP COMMUNITY BANK

ORIGINAL AMOUNT: 175,000.

INTEREST RATE: 6.750000

DATE OF NOTE: 09/14/2006

MATURITY DATE: 08/01/2026

REPAYMENT TERMS: MONTHLY INSTALLMENTS INCLUDING INTEREST OF \$1,341

SECURITY PROVIDED: RESIDENTIAL FACILITY

BEGINNING BALANCE DUE	145,610.
ENDING BALANCE DUE	139,328.

JSA

2E1228 1 000

53735P M998 4/22/2014 4:26:04 PM V 12-7.12

Name of the organization	EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.
--------------------------	--

Employer Identification number

22-2462247

<u>ATTACHMENT 11 (CONT'D)</u>

LENDER: HILLTOP COMMUNITY BANK
 ORIGINAL AMOUNT: 187,500.
 INTEREST RATE: 4.625000
 DATE OF NOTE: 07/27/2012
 MATURITY DATE: 07/27/1937
 REPAYMENT TERMS: MONTHLY INSTALLMENTS INCLUDING INTEREST OF \$1,063
 SECURITY PROVIDED: RESIDENTIAL FACILITY

BEGINNING BALANCE DUE
 ENDING BALANCE DUE 183,808.

LENDER: HILLTOP COMMUNITY BANK
 ORIGINAL AMOUNT: 178,500.
 INTEREST RATE: 4.625000
 DATE OF NOTE: 12/03/2012
 MATURITY DATE: 12/03/1937
 REPAYMENT TERMS: MONTHLY INSTALLMENTS INCLUDING INTEREST OF \$1,012
 SECURITY PROVIDED: RESIDENTIAL FACILITY

BEGINNING BALANCE DUE
 ENDING BALANCE DUE 176,217.

Name of the organization EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.

Employer identification number
22-2462247

ATTACHMENT 11 (CONT'D)

LENDER: HILLTOP COMMUNITY BANK
 ORIGINAL AMOUNT: 211,875.
 INTEREST RATE: 4.625000
 DATE OF NOTE: 12/18/2012
 MATURITY DATE: 12/18/1937
 REPAYMENT TERMS: MONTHLY INSTALLMENTS INCLUDING INTEREST OF \$1,193
 SECURITY PROVIDED: RESIDENTIAL FACILITY

BEGINNING BALANCE DUE 209,599.
 ENDING BALANCE DUE 209,599.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 145,610.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 708,952.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue ServiceName of the organization
EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ▶ See separate instructions.

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012Open to Public
Inspection

Name "EVERAS COMMUNITY SERVICES, INC. "FORMERLY NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC."

Employer identification number
22-2462247
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) NJ ASSOC OF THE DEAF BLIND HOUSING CORP 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	INACTIVE	NJ	501 (C) (30)	7	EVERAS	Yes
(2) FOUNDATION FOR THE DEAF BLIND, INC. 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	PF - INACTIVE	NJ			EVERAS	No
(3) _____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____

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

JSA

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate increases?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(19) controlled entity?
Yes	No	Yes	No	Yes	No	Yes	No	Yes
(1) _____								
(2) _____								
(3) _____								
(4) _____								
(5) _____								
(6) _____								
(7) _____								

Schedule R (Form 990) 2012

JSA

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
(1) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(8) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(9) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(10) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(11) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(12) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(13) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(14) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(15) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(16) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Part-VII Supplemental Information

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

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A	B	C	D	E	F
A 2013 Estimated Tax					
B Enter 100 % of Line A					
C Enter 100 % of tax on 2012 FORM 990-T		16,186.			
D Required Annual Payment (Smaller of lines B or C)			16,186.		
E Income tax withheld (if applicable)					
F Balance (As rounded to the nearest multiple of)					16,186.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2012 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	10/15/2013	4,047.		4,047.
2	12/15/2013	4,047.		4,047.
3	03/15/2014	4,047.		4,047.
4	06/15/2014	4,047.		4,047.
Total		16,188.		16,188.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.