CHILDASSAUL 08/10/2005 10:28 AM

Form	. 99	C Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revo	om I enue C	ncom	le Tax ept black lung	1	OMB No. 1545-0047 2004
Depa	rtment of	the Treasury benefit trust or private founda	tion)				Open to Public Inspection
_		7/01/04	/30/		g requiremento.		
		to deal deal deal deglining				D Emp	ployer Identification no.
▫		USE IRS CHILD ASSAULT PREVENTION OF				•	-2934773
Н					1		phone number
Н	Name c		a)	· · · · · ·	Room/suite		2-583-5320
Н	Initial re						ounting method: Cash
Н	Final re	Specific	·····	I		X Accr	
Н		city or town, state or country, and ZIP + 4 Instruc- ABERDEEN NJ 07747	,				
	Applicat	ion perion grupping.	T		applicable to sec	100 527 00	
		Section 601(c)(3) organizations and 4947(a)(1) nonexempt charitable			group return for a		Yes X No
. .		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	1		' enter number of		
		x ▶ N/A	1 .		affiliates included?		
	•	ation type $[x_1, x_2] \rightarrow [X] = 501(c) (3) \leq (insert no.) [4947(a)(1) or [527])$			att a list See ini		
			- 			•	
		ere X if the organization's gross receipts are normally not more than \$25,000			separate return f	•	ing? 🗌 Yes 🔀 No
	•	anization need not file a return with the IRS; but if the organization received a	<u></u>		ation covered by a		191 103 AN 140
		0 Package in the mail, it should file a return without financial data Some states			Exemption Nu		tion is not required
		a complete return.				-	
							0-EZ, or 990-PF)
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	IdiiCE	:5 (386	page 10 01		
	1	Contributions, gifts, grants, and similar amounts received:	a . 1		11,194		
	а	Direct public support	<u>1a</u>			빅	
	b	Indirect public support	<u>1b</u>		26 69		
	С	Government contributions (grants)	1c		36,684		17 070
	d	Total (add lines 1a through 1c) (cash \$ 47,878 noncash \$ _)	1d	47,878
	2	Program service revenue including government fees and contracts (from Part VII, line	93)			2	48,632
2	3	Membership dues and assessments				3	
201	4	Interest on savings and temporary cash investments				4	
2	5	Dividends and interest from securities				5	
2 7 2005	6a	Gross rentent	6a				
	b		6b				
SEP	с	het rental income or (loss) (subres) ine 6b from line 6a)				6c	
R	7	Invastingenienen mogentieren ich				7	
Ē.	8a	Grossamount from sales of assessment (A) Securities		(8) Other		
ÿ		ti an inwontere	8a				
	b	Less: co. Out the basis and sales or penses	8b				
R	с	Gain or (loss) (attach schedule)	8c				
SCANNE	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
S	9	Special events and activities (attach schedule) If any amount is from gaming, check	here				
	a	Gross revenue (not including \$ of					
		contributions reported on line 1a)	9a				
	ь	Less direct expenses other than fundraising expenses	9b				
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		······································		9c	
	10a		10a				
		Cross Bales of interiory, less retains and another set	10b			7 1	
	Ь	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from)a)		10c	
	C			-,		11	
	11	Other revenue (from Part VII, line 103)				12	96,510
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				13	71,187
E X	13	Program services (from line 44, column (B))				14	3,341
p e	14	Management and general (from line 44, column (C))				15	
n	15	Fundraising (from line 44, column (D))				16	
s e	16	Payments to affiliates (attach schedule)				10	74,528
<u>s</u>	17	Total expenses (add lines 16 and 44, column (A))					21,982
A	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	777
N s P e	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	
Ēt	20	Other changes in net assets or fund balances (attach explanation)				20	22,759
s	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		· · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	21	5 000 1000 m
ns A/	tructior	Act and Paperwork Reduction Act Notice, see the separate s.				(Form 990 (2004) (

CHILDASSAUL 08/10/2005 10 28 AM Form 990 (2004) CHILD ASSAULT PREVEN	TION	OF	22-293477	3	Page 2		
Part II " Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations							
Functional Expenses and section 4947							
Do not include amounts reported on line			(B) Program	(C) Management			
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising		
22 Grants and allocations (attach schedule)		· _ · · · · · · · · · · · · · · · · · ·					
(cash \$ cash \$)	22						
23 Specific assistance to individuals	23			-			
				-			
24 Benefits paid to or for members	24	17,692	17,69				
25 Compensation of officers, directors, etc.	25						
26 Other salaries and wages	26	49,987	49,98	<u>/</u>			
27 Pension plan contributions	27				 		
28 Other employee benefits	28						
29 Payroll taxes	29						
30 Professional fundraising fees	30						
31 Accounting fees	31	1,325		1,325			
32 Legal fees	32						
33 Supplies	33	1,206	80	4 402			
34 Telephone	34	1,732	86	6 866			
35 Postage and shipping	35	182	9	1 91			
36 Occupancy	36						
37 Equipment rental and maintenance	37						
38 Printing and publications	38	125	8	3 42			
39 Travel	39	45	<u>_</u>	45	·		
40 Conferences, conventions, and meetings	40						
41 Interest	41			· · · · · · · · · · · · · · · · · · ·			
42 Depreciation, depletion, etc. (attach schedule)	42				· · · · · · · · · · · · · · · · · · ·		
43 Other expenses not covered above (itemize): a	43a	0.024	1 66				
b SEE STATEMENT 1	43b	2,234	1,66	4 570			
c	43c						
dd	43d						
e	43e						
44 Total functional expenses (add lines 22 - 43). Organizations				_			
completing columns (B)-(D), carry these totals to lines 13-15_	44	74,528	71,18	7 3,341	0		
Joint Costs. Check 🕨 🛄 if you are following SOP 98-2.							
Are any joint costs from a combined educational campaign and f	undrais	ing solicitation reported	in (B) Program service	es?	▶ _ Yes X No		
If "Yes," enter (i) the aggregate amount of these joint costs \$, (II) the amou	int allocated to Program	services \$	'		
(iii) the amount allocated to Management and general \$			unt allocated to Fundrais				
Part III Statement of Program Service Acc	ompli	shments (See page	ge 25 of the inst	ructions.)			
What is the organization's primary exempt purpose? ► SEE ATTACHED STATEMENT All organizations must describe their exempt purpose achievement of clients served, publications issued, etc. Discuss achievements organizations and 4947(a)(1) nonexempt charitable trusts must a a SCHEDULE ATTACHED GRANTS -	s that a also ent	re not measurable (Sec er the amount of grants	tion 501(c)(3) and (4	1	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others)		
	,	(Grants and all	locations \$,	71,187		
b			- *	<u>_</u>			
		(Grants and all	ocations \$)			
c							
		(Grants and al	ocations \$)			
d							
		(Grants and all	locations \$	١			
e Other program services (attach schedule)		(Grants and al		<u>/</u> /	_		
f Total of Program Service Expenses (should equal line 44,	colum			/	71,187		
DAA	courn	TUD, TOGIAIL Services	l		Form 990 (2004)		

For	n 990 ()	2004) CHILD ASSAULT PREVENTI	<u>ON OF 22-</u>	2934773		Page 3
P	art IV	Balance Sheets (See page 25 of the in	structions.)			
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	·	(A) Beginning of year		(B) End of year
_	45	Cash-non-interest-bearing		1,677	45	23,709
	46	Savings and temporary cash investments			46	
	470	Accounts receivable	47a			
	ь	Less. allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	480			
	ь	Less: allowance for doubtful accounts	485		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key e	mployees			
A		(attach schedule)			50	<u></u>
8	51a	Other notes and loans receivable (attach				
8	ļ	schedule)	<u>51a</u>			
е	b	Less. allowance for doubtful accounts	51b		51c	
t	52	Inventories for sale or use			52	
S	53	Prepaid expenses and deferred charges			53	
	54	Investments-securities	. ► Cost FMV		54	
	55a	Investments-land, buildings, and	les l			
	Ι.	equipment: basis	<u>55a</u>			
	Ь		ach l			
	-	schedule)	55b		55c 56	
	56	Investments-other (attach schedule)	57a		36	
	57a b	Land, buildings, and equipment: basis	5/8			
		a a ba adula V	576		57c	
	58	Other assets (describe)		58	
			,			
	59	Total assets (add lines 45 through 58) (must equal line	74) .	1,677	59	23,709
	60	Accounts payable and accrued expenses		900	60	950
L i	61	Grants payable			61	
a	62	Deferred revenue			62	
b	63	Loans from officers, directors, trustees, and key employ	ees (attach			
i		schedule)			63	
l	64a	Tax-exempt bond liabilitles (attach schedule)			64a	
t i	b	Mortgages and other notes payable (attach schedule)			64b	
е	65	Other liabilities (describe)		65	
8	66	Total liabilities (add lines 60 through 65)		900	66	950
	Orga	anizations that follow SFAS 117, check here \blacktriangleright X a	and complete lines			
		67 through 69 and lines 73 and 74.				
NF	67			777	67	22,759
e u t n		Temporarily restricted			68	
• 11	69	Permanently restricted			69	

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759

709

777

677

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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

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٢s

Permanently restricted

70 through 72,

complete lines 70 through 74.

Capital stock, trust principal, or current funds

Organizations that do not follow SFAS 117, check here 🕨 🗌 and

Paid-in or capital surplus, or land, building, and equipment fund

column (A) must equal line 19, column (B) must equal line 21)

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances (add lines 67 through 69 or lines

Total liabilities and net assets / fund balances (add lines 66 and 73)

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_	990 (2004)	CHILD ASSAULT						2934773					age 4
Pa	rt IV-A	Reconciliation of Rev		•	F	2ai		Reconciliation of			•		
	/ •	Financial Statements		•		. ,		inancial Statem	ents	wit	h Exp	enses per	
<u>N/</u>		Return (See page 27		<u>ne instructions.)</u>		٧/		Return	_	· · · · ·			
а		e, gains, and other support			a		Total expenses						
	•	nancial statements	a				audited financial	I statements		a			
b	Amounts incl	luded on line a but not on			ь		Amounts include	ed on line a but not					
	line 12, Form	990:					on line 17, Form	990:					
(1)	Net unrealize	d gains on				1)	Donated service	s and use		11			
	investments	\$					of facilities §						
(2)	Donated serv	lices and use			6	2)	Prior year adjust	Iments		1			
	of facilities	\$					reported on line	20,					
(3)	Recoveries o	f prior					Form 990 \$						
	year grants	s			6	3)	Losses reported	on line 20,		1			
(4)	Other (specif	(v) [.]	1				Form 990 \$	·					
• •						4)	Other (specify):			1			
		\$				1							
	Add amounts	on lines (1) through (4)	ь				\$						
			Ē	······································			≚ no struome bhA	lines (1) through (4)		Ь	·		
с	Line a minus	line b	c		c		Line a minus line	• • •		c			
d		luded on line 12	Ľ	· · · · · · · · · · · · · · · · · · ·			Amounts include	•	•				
u		t not on line a:			ľ								
							Form 990 but no						
(1)	Investment ex	•			- C	•	Investment expe						
	not included						not included on I						
	6b, Form 990	·					6b, Form 990 <u>\$</u>			-			
(2)	Other (specif	y):			(2	2)	Other (specify):						
		- -	1										
		\$					<u>\$</u>						
		s on lines (1) and (2) 🕨	d				Add amounts on	lines (1) and (2)		d			_
е	Total revenue	e per line 12, Form 990			e		Total expenses	per line 17, Form 990					
	(line c plus lir		е				(line c plus line d			е			
Pa	rt V Li	st of Officers, Director	s, T	rustees, and Key	Empl	loy	ees (List each	one even if not compe	ensate	d, se	e page :	27 of	
	the	instructions.)		·	r <u> </u>				(8)		-14- 4-	·	
		(A) Name and address			(B) hours	Tit per	le and average week devoted to	(C) Compensation (If not paid, enter	empl	oyee i	rib to benefit eferred sation	(E) Expense account and of	
					-		position	-0)	CO	mpen	sation	allowances	
	•	MONTONE				:A	SURER	1			~		~
_36	5 WILLO	W AVE ABERDEEN	NJ	07747				17,692			0		0
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	<u> </u>			· · · · · · · · · · · · · · · · · · ·	1							<u> </u>	
<u> </u>					<u> </u>		_					1	
75	Did any office	er, director, trustee, or key emp	over	receive anaronate con	npensati		of more than \$1						
		er, anderer, reaster, or rey emp	~,~~	a coerre aggregate con			er more man en	ee,eee nom jour				_	

organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule-see page 28 of the instructions ► 🗌 Yes 🗶 No

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Form	990 (2004) CHILD ASSAULT PREVENTION OF 22-2934773		F	age 5
Ρε	rt VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of			
	each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes'," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a			
	statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
ь	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt			
81a	Enter direct and indirect political expenditures. See line 81 Instructions 81a			
ь	Did the organization file Form 1120-POL for this year?	81b		<u>X</u>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a_		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as			
	revenue in Part I or as an expense in Part II. (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
ь	Did the organization comply with the disclosure requirements relating to guid pro guo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
ъ	If "Yes," did the organization include with every solicitation an express statement that such contributions		_	
	or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	$\lambda T / \lambda$	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
с	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d	1		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
ĥ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year? N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
ь		1		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	7		
b		1		
	sources against amounts due or received from them.) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	7		
	partnership, or an entity disregarded as separate from the organization under Regulations sections		l	
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89a				
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
ь	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			1
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
с	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed NJ			
ь	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b			1
91	The books are in care of MARGARET MONTONE Telephone no 732	-583	-53	20
	Located at ► 36 WILLOW AVE ABERDEEN NJ ZIP+4 ► 07747			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year 92			

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22-2934773

Pa	ġ	e	6

Part VII	Analysis of Income-Pro	ducing Activities	s (See pag	e 33 of the instruc	tions.)		
Note: Enter	gross amounts unless otherwise		Unrelate	d business income	Exclude	by sec 512, 513, or 514	(E)
indicated.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	Related or exempt function
•	n service revenue:		Business code		code	Amount	income
	IOOL REVENUES						48,632
ь <u> </u>							
c							
d							
°							
	e/Medicald payments						
	d contracts from government agenci				ļ		
	ship dues and assessments						
	on savings and temporary cash inve	stments					
	is and interest from securities	· -		· · · · · · · · · · · · · · · · · · ·			
	al income or (loss) from real estate	ŀ					
	anced property	F					
	-financed property	. · · F					
	al income or (loss) from personal pro	pperty					
	vestment income	- luventer -					
	(loss) from sales of assets other tha						· · · · · · · · · · · · · · · · · · ·
	me or (loss) from special events	<u>-</u>					· · · · · · · · · · · · · · · · · · ·
	rofit or (loss) from sales of inventory				···		
	venue: a	ŀ					
ь							
د							
d	e fr -		· ·				
		}		0		0	48,632
	dd line 104, columns (B), (D), and (D), and (D)	L			I	>	48,632
	plus line 1d, Part I, should equal th				• • • •		10/002
Part VIII	Relationship of Activiti			of Exempt Purpo	ses (S	ee page 34 of the	instructions)
Line No.	Explain how each activity for whic						
₹	of the organization's exempt purp	•				· · · · · · · · · · · · · · · · · · ·	
N/A		· · · · · · · · · · · · · · · · · · ·					
Part IX	Information Regarding T	axable Subsidiar	ries and Di		es (See	e page 34 of the in	
Name, add	(A) dress, and EIN of corporation,	(B) Percentage of	N	(C) lature of activities		(D) Total income	(E) End-of-year
partner	ship, or disregarded entity	ownership interest					assets
<u> </u>	<u> </u>		%				
. <u></u>			_%				
	······		%	.			
			_%			<u> </u>	
Part X	Information Regarding T						
	the organization, during the year, red	•	•	to pay premiums on a	personal	benefit contract?	Yes X No
	the organization, during the year, pa	•••••••					
Note: If "Y	<u>′es" to (b), file Form 8870 and Form</u> I						
	Under penalties of perjury, I declare the						
Please	and belief, it is true, correct, and comp		er (otner tha				
Sign	- <u>Vnaigan</u>	to maria	<u>~</u>				
Here	Signature of officer						
	harcaret M	ondone T	reas				
	Type or print name and title						
		11					
Paid	Preparer's	Helm					
Preparer's	signature						
Use Only	Firm's name (or yours		, PUB				
-		13 US HIGHWA					
	address, and ZIP + 4 F'RE	EHOLD, NJ	0772				

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CHILDASSAUL 08/10/2005 10:28 AM	
SCHEDULE A	

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2004

	Supplementary Information-(See separate instructions.)
▶	MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

Ī

(Form 990 or 990-EZ)

CHILD ASSAULT PREVENTION OF

22-2934773

Employer Identification number

MONMOUTH	COUNTY INC.	22-2934773
Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Direc	ctors, and Trustees
	(See page 1 of the instructions. List each one. If there are none, enter "None.")	

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. bon plans & deferred comp.	(c) Exponse account and other allowances
NONE				
· · ·				
Total number of other employees paid over \$50,000			•	L
Part II Compensation of the Five Highest Paid II (See page 2 of the instructions. List each o				r "None.")

	(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	······		
	······		
	··· · · · ·		
	·		
Total number	of others receiving over \$50,000 for		

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

Schedule A (Form 990 or 990-EZ) 2004

Schedule A (Form 890 or 890-EZ) 2004 CHILD ASSAULT PREVENTION OF 22-2934773 Page 2 Part III Statements About Activities (See page 2 of the instructions.) Yes No 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities 🕨 💲 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Х 1 Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 2 substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) Х Sale, exchange, or leasing of property? а 2a Lending of money or other extension of credit? 2b ь Furnishing of goods, services, or facilities? 2c С Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d d Transfer of any part of its income or assets? 2e е 3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) 3a b Do you have a section 403(b) annuity plan for your employees? 3Ь 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? 4a Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b ь Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) The organization is not a private foundation because it is: (Please check only ONE applicable box.) 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i) 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, 9

and state 🕨	_	and	state	
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10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)
		(Also complete the Support Schedule in Part IV-A.)
11a	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section
		170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b		A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
12		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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations
		described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See
		section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)	<u></u>			
	(b) Line number			
(a) Name(s) of supported organization(s)				
	· · · · · · · · · · · · · · · · · · ·			

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An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2003 (b) 2002 (c) 2001 (d) 2000 (e) Total 15 Gifts, grants, and contributions received. (Do 36,720 155,985 35,228 37,733 46,304 not include unusual grants. See line 28.) 16 Membership fees received ... 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 0 organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 0 by the organization after June 30, 1975 19 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge . . 22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets 36,720 155. 985 35,228 733 46,304 23 Total of lines 15 through 22 36,720 35,228 733 46,304 37 155,985 24 Line 23 minus line 17 367 352 377 463 25 Enter 1% of line 23 120 3 a Enter 2% of amount in column (e), line 24 26a 26 Organizations described on lines 10 or 11: ► b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 152,865 Þ 26b 155,985 c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c d Add: Amounts from column (e) for lines: 18 19 26b 152,865 152,865 26d 22 e Public support (line 26c minus line 26d total) 3,120 26e 2.0002% Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: 27 a For amounts included in lines 15, 16, and 17 that were received from a "disgualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " N/A Do not file this list with your return. Enter the sum of such amounts for each year (2003) (2002)(2001)(2000)b For any amount included in line 17 that was received from each person (other than "disgualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year (2003)(2000)(2002)(2001)Add Amounts from column (e) for lines 15 16 С 21 20 27c 17 d Add: Line 27a total and line 27b total 27d 27e Public support (line 27c total minus line 27d total) е ▶ 27f Total support for section 509(a)(2) test Enter amount from line 23, column (e) f Þ g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27q % 27h % h_Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

propare a net for joar recorde to	non, for each year, the name	of the contraction, the date and anteant of the grant	., .
description of the nature of the g	ant Do not file this list with	your return. Do not include these grants in line 15	

Schedule A (Form 990 or 990-EZ) 2004 CHILD ASSAULT PREVENTION OF

<u>22-293477</u>3

Page 3

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Schee	dule A (Folm 990 or 990-EZ) 2004 CHILD ASSAULT PREVENTION OF 22-2934773		F	Page 4
Pa	ert V Private School Questionnaire (See page 7 of the instructions.)			
	(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		<u></u>	<u> </u>
29		<u> </u>	Yes	No
30	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	29		<u> </u>
30	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31	L	
	If "Yes," please describe; If "No," please explain. (If you need more space, attach a separate statement.)			
	and the second	ļ		
	and the second secon			
32	Does the organization maintain the following	[
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		<u> </u>
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	┝	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
			ł	
	· · · · · · · · · · · · · · · · · · ·			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	<u> </u>	
L		33Ъ	ļ	ļ
Ъ	Admissions policies?	330		
с	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d	L	ļ
			ļ	l
е	Educational policies?	<u>33e</u>	┣—	<u> </u>
	Use of facilities?	33f		
·				<u> </u>
g	Athletic programs?	33g		
Ū				
h	Other extracurricular activities?	33h		ļ
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		1	
			1	
			ļ	ļ
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b	–	┨───
	If you answered "Yes" to either 34a or b, please explain using an attached statement	-		.
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			1
	of Rev_Proc_75-50, 1975-2 C B_587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2004

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Schedul	ie A	(Foh	m 9	90	or 990-EZ) 2004	CHILD	ASSAULT	PREVEN	NTION	1_C)F		2	2-293	4773		Page 5
Part	t V	1-A			Lobbying E	xpenditur	es by Electi	ng Public	Chariti	ies	(Se	e p	page 9 of the	e instruct	ions.)		
			_		(To be com	pleted ONI	LY by an elig	ible organ	ization	tha	at fil	ed	Form 5768)) N	/A		
Check	•	'a	Т	Т	if the organizati	on belongs to	an affiliated grou	ID.	Check		b		if you checked	"a" and "lir	nited control	" provisions	apply

	. Limits on L	obbying Expenditures			(a) Affiliated group totals	(b) To be completed for ALL electing
	(The term "expenditure	s" means amounts paid or incurred.)			<u></u>	organizations
36	Total lobbying expenditures to influence put	olic opinion (grassroots lobbying)	. L	36		
37	Total lobbying expenditures to influence a le		[37		
38	Total lobbying expenditures (add lines 36 ar	nd 37)		38		
39	Other exempt purpose expenditures			39		
40		as 38 and 39)	`. [40		
41	Lobbying nontaxable amount. Enter the amo					
	If the amount on line 40 is-	The lobbying nontaxable amount is-	_			
	Not over \$500,000	20% of the amount on line 40				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	►L	41		
	Over \$1,500,000 but not over \$17,000,000 .	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000				
42	Grassroots nontaxable amount (enter 25% of	of line 41)	- L	42		
43	Subtract line 42 from line 36. Enter -0- if line	e 42 is more than line 36	E	43		
44	Subtract line 41 from line 38. Enter -0- if line	e 41 is more than line 38	- E	44		
			ſ			

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expe	enditures During 4-Ye	ar Averagir	ng Peri	od		
Calendar year (or	(a)	(b)	(c)		(d)		(e)	
fiscal year beginning in) 🕨	2004	2003	2002	2	001		Total	
45 Lobbying nontaxable amount								
46 Lobbying ceiling amount (150% of line 45(e))				-				
47 Total lobbying expenditures								
48 Grassroots nontaxable amount								
49 Grassroots ceiling amount (150% of								
line 48(e))								<u> </u>
50 Grassroots lobbying expenditures					_			
Part VI-B Lobbying Activity (For reporting onl	y by Nonelecting y by organizations		olete Part VI-A) (S	See page	11 o	f the	instructions.)	N/A
During the year, did the organization attempt					Yes	No	Amount	
attempt to influence public opinion on a legis	lative matter or reference	lum, through the use o	f		res		Amount	
a Volunteers								
b Paid staff or management (Include co	mpensation in expenses	s reported on lines c th	rough h.)					
c Media advertisements								<u> </u>
d Mailings to members, legislators, or th	e public				L			
e Publications, or published or broadcas	st statements						· · · · · · · · · · · · · · · · · · ·	
f Grants to other organizations for lobby	/ing purposes							
g Direct contact with legislators, their st	affs, government official	ls, or a legislative body						
h Rallies, demonstrations, seminars, co	nventions, speeches, le	ctures, or any other me	eans					
 Total lobbying expenditures (Add lines) 	s c through h.)							
If "Yes" to any of the above, also attac	h a statement giving a c	letailed description of t	he lobbying activities					

Schedule A (Form 990 or 990-EZ) 2004

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Schee	dule A (Folm_99	90 or 990-EZ) 2004 CH	ILD A	SAULT_PREVENTION	OF 22-2934773		F	Page 6
Pa	art VII				ns and Relationships With Noncharital	ole Exe		
				11 of the instructions.)				
51			-		h any other organization described in section			
-) organizations) or in section 527, re oncharitable exempt organization of				
a	(i) Cash					51a(i)	Yes	No X
					•••••••••••••••	a(il)		$\frac{x}{x}$
ь	Other transa	actions:						
-			s with a nonc	haritable exempt organization		b(i)		x
		nases of assets from a r			· · · · · · · · · · · · · · · · · · ·	b(li)		X
		al of facilities, equipment			•••••••••••••••••••••••••••••••••••••••	b(iii)		X
		bursement arrangement			······································	b(iv)		X
		s or loan guarantees				b(v)		X
	(vi) Perfo	rmance of services or m	nembership (or fundraising solicitations		b(vl)		X
С				ner assets, or paid employees		c		<u>x</u>
d					(b) should always show the fair market value of the			
	-				on received less than fair market value in any			
		T	show in col	umn (d) the value of the goods, othe				
	(a) Line no	(b) Amount involved	Name o	(c) f noncharitable exempt organization	(d) Description of transfers, transactions, and sharing	arrangem	ents	
N	/A				<u>+</u>			
	/		·	· · · <u> · · · · · · · · · · · · · · · ·</u>				
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			ļ					
	la tha arean							
52a			•	with, or related to, one or more tax-e nan section 501(c)(3)) or in section 5		• 🗌 Ye		
ь		nplete the following sch	-	an section Sor(C)(S)) of in section (527 f		:5 I	
		(a)		(b)	(c)			
	4	Name of organization		Type of organization	Description of relationship			
1	N/A							
	·							
					· · · · · · · · · · · · · · · · · · ·			
	<u> </u>		·		· · · · · · · · · · · · · · · · · · ·			
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Form 990, Page 2, Part 111. 22-2934773

CHILD ASSAULT PREVENTION OF MONMOUTH COUNTY, INC. NOTES TO FINANCIAL STATEMENTS AS OF JUNE 30, 2005

General Notes:

Child Assault Prevention (CAP) is a state wide community based program designed to teach pre-school through 6th grade children the skills necessary to prevent verbal, physical and sexual assault. It also teaches parents and teachers skills and strategies for effectively responding to children in crisis.

CAP was originated by members of an Ohio based Women Against Rape group. It has been successfully used in communities in 26 states as well as in England and Canada.

Cap focuses on teaching children self assertiveness, the use of peer support, and the importance of communicating with trusted adults.

Through teacher in service, parents workshops, and individual classroom workshops, CAP trainers generate belief in the issue of children's rights and provide information on the subject. Adult workshops include how to identify an abused child and abusive parents, activities for school and home to reinforce CAP strategies, and ways to talk to children about personal assault issues.

Financial Statement Preparation:

The financial statements have been prepared using the accrual method of accounting.

Form 990 Part V, Page 4 22-2934773

List of Officers, Directors and Trustees

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Name and Address	Title	Compensation
Patricia Otersen 45 Wellington Place Aberdeen, NJ 07747	President	- 0 -
Louis Rainone 500 Frank W. Burr Blvd Teaneck, NJ 07666	Vice President	- 0 -
Margaret Montone 36 Willow Ave Aberdeen, NJ 07747	Treasurer/Direc	tor \$17,692
Joanne Cahill 183 Bamm Hollow Road Middletown, NJ ⁻ 07748	Secretary	- 0 -
Jenna Zemachson 401 E. 74Th Street New York, NY 10021	Trustee	- 0 -
Joel Glastein Matawan - Aberdeen Board of Ed One Crestway Aberdeen, NJ 07747	Trustee	- 0 -
Denise Silverstein 195 Deerfield Lane Aberdeen, NJ 07747	Trustee	- 0 -

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Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses Total Program Mgt & Fund Description Expenses Service General Raising

	\$	2		>	Ş
EXPENSES					i i
INSURANCE	1	,664	1,664		
NJ ANNUAL FILING FEE		25	•	25	
MIDDLE MANAGEMENT FEES		545		545	
TOTAL	\$2	,234 \$	1,664	\$ 570	\$C