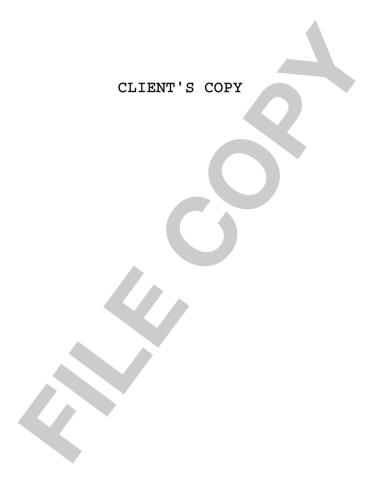
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MALESARDI, QUACKENBUSH, SWIFT & CO. LLC 155 NORTH DEAN STREET - SUITE 5 ENGLEWOOD, NEW JERSEY 07631 (201) 567-4100

APRIL 28, 2014

VOLUNTEER CENTER OF BERGEN COUNTY, INC. 64 PASSAIC STREET HACKENSACK, NJ 07601

VOLUNTEER CENTER OF BERGEN COUNTY, INC.:

ENCLOSED IS THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2014.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC 155 NORTH DEAN STREET - SUITE 5 ENGLEWOOD, NEW JERSEY 07631 (201) 567-4100

APRIL 28, 2014

VOLUNTEER CENTER OF BERGEN COUNTY, INC. 64 PASSAIC STREET HACKENSACK, NJ 07601

VOLUNTEER CENTER OF BERGEN COUNTY, INC.:

ENCLOSED IS THE ORGANIZATION'S 2013 NEW JERSEY FORM CRI-300R, RENEWAL REGISTRATION STATEMENT. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

NEW JERSEY FORM CRI-300R RETURN:

PLEASE SIGN AND MAIL FORM CRI-300R ON OR BEFORE JUNE 30, 2014.

MAIL TO - NEW JERSEY DIVISION OF CONSUMER AFFAIRS CHARITIES REGISTRATION & INVESTIGATION P.O. BOX 45021 NEWARK, NJ 07101

ENCLOSE A CHECK FOR \$250 MADE PAYABLE TO NEW JERSEY DIVISION OF CONSUMER AFFAIRS. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC 155 NORTH DEAN STREET - SUITE 5 ENGLEWOOD, NEW JERSEY 07631 (201) 567-4100

APRIL 28, 2014

VOLUNTEER CENTER OF BERGEN COUNTY, INC. 64 PASSAIC STREET HACKENSACK, NJ 07601

VOLUNTEER CENTER OF BERGEN COUNTY, INC.:

ENCLOSED IS THE ORGANIZATION'S 2013 NEW YORK FORM CHAR500, ANNUAL FILING REPORT. THE REPORT SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS RETURN:

PLEASE SIGN AND MAIL FORM CHAR500 ON OR BEFORE MAY 15, 2014.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$25 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MALESARDI, QUACKENBUSH, SWIFT & CO. LLC

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

013 and ending	20

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

For calendar year 2013, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Employer identification number

-*1282 VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Name and title of officer

JANET SHARMA

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b. 4b. or 5b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2749714
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize MALESARDI, (QUACKENBUSH, SWIFT &	CO LTC	to enter my PIN 00243
	ERO firm name		Enter five numbers, b do not enter all zeros
, ,	n's tax year 2013 electronically filed retures) regulating charities as part of the IRS Fosure consent screen.		. ,
indicated within this return that a c	will enter my PIN as my signature on the copy of the return is being filed with a state return's disclosure consent screen.	,	,
Officer's signature		Date ▶	
Part III Certification and Author	entication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22653800243 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990

Α	For the	e 2013 calendar year, or tax year beginning and e	ending		
В	Check if applicabl	C Name of organization		D Employer identif	ication number
Г	Addre chang	$\stackrel{ ext{\tiny gs}}{ }$ VOLUNTEER CENTER OF BERGEN COUNTY, INC	7.		
	Name chang			**_*	**1282
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Termir ated	04 PASSAIC SIREEI		201-	489-9454
Ļ	Ameno return Applic	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,774,260.
	tion pendir	ITACKENSACK, NO 0/001		H(a) Is this a group r	
		F Name and address of principal officer: JANET SHARMA	. 1	for subordinate	— —
_		64 PASSAIC STREET, HACKENSACK, NJ 0760		H(b) Are all subordinates	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	,	a list. (see instructions)
		organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	on number ► M State of legal domicile: NJ
	art I	Summary	L Year	oriorination. 1900	M State of legal doffliche. INO
		Briefly describe the organization's mission or most significant activities: THE \(\text{THE} \)	/OT.IINT	FER CENTER	OF BERGEN
Activities & Governance	'	COUNTY WILL BE THE RECOGNIZED LEADER	VOLICIAL	BER CENTER	OF BERGEN
nar		Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	esets
Ve	1	· · · · · · · · · · · · · · · · · · ·		3	28
ဇ္	1	Number of independent voting members of the governing body (Part VI, line 1b)			28
88		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			26
λţέ		Total number of volunteers (estimate if necessary)			715
Ćţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	1	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		820,145.	
enc		Program service revenue (Part VIII, line 2g)		209,364.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,435.	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		113,237.	
	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,147,181.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		764,522.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		764,522.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 81,55	<u></u> ⊢	0.	0.
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 81,55 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		349,409.	1,697,295.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,113,931.	
		Revenue less expenses. Subtract line 18 from line 12		33,250.	
or Ses	3	Torondo loso expenses: edistrast into 10 from into 12	Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		440,091.	816,871.
ASS	21	Total liabilities (Part X, line 26)		153,783.	558,904.
ERE L	22	Net assets or fund balances. Subtract line 21 from line 20		286,308.	257,967.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		 Date	
Sig		'		Date	
He	re	JANET SHARMA, EXECUTIVE DIRECTOR Type or print name and title			
_		Print/Type preparer's name Preparer's signature	11	Date Check	II PTIN
Pai	d	TOM GASPAR		if	******
	u parer	Firm's name MALESARDI, QUACKENBUSH, SWIFT &	CO. L	LC Firm's EIN ▶	**-** 4 206
	Only	Firm's address 155 NORTH DEAN STREET - SUITE 5			
	•	ENGLEWOOD, NJ 07631		Phone no. (2	01)567-4100
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

ŀd	Other program services (Describe in Schedule O.)		
	627 701	\ /5	88 580 \

Total program service expenses 2,634,908.

Form 990 (2013) VOLUNTEER CE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	9		Х
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	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) VOLUNTEER CENTER C Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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		Х
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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 I Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) VOLUNTEER CENTER OF BERGEN COUNTER V Statements Regarding Other IRS Filings and Tax Compliance

for Enter the number reported in Box 3 of Form 1006. Enter 0- If not applicable 1.1 Enter the number of Porms W 26 included on line 1a. Enter 0- If not applicable 1.1 Enter the number of Porms W 26 included on line 1a. Enter 0- If not applicable 1.1 Enter the number of employees reported on line 1a. Enter 0- If not applicable 2.2 Enter the number of employees reported on Form W 3. Transmittal of Wage and Tax Stataments. Intel 0- If the calending year ending with or within the year covered by this return. 2a. Enter the number of employees reported on Form W 3. Transmittal of Wage and Tax Stataments. Intel 0- If the calendrady year ending with or within the year covered by this return. 2b. If I also an early one of the organization in End 2 is greater than 505, you may be required to 6- Merce entruducions. 3a. Did the organization have unrelated businesses gross income of \$1,000 or more during the year. 3a. X. If I and the organization have unrelated businesses gross income of \$1,000 or more during the year. 3a. Y. If I and I are the an end of the organization have an interest in, or a signature or other authority over, a femancial account or control year. 3b. If I and I are the name of the foreign country. 4c. If I was, the organization and party to a prohibited tax shefor transaction at any time during the tax year? 5b. Was the organization a party to a prohibited tax shefor transaction at any time during the tax year? 5c. If I was, the organization have a report and that at was or is a party to a prohibited tax shefor transaction at any time during the tax year? 5c. If I was, the organization have a report and the tax was or is a party to a prohibited tax shefor transaction at any time during the tax year? 5c. If I was, the organization have a report and the tax was or is a party to a prohibited tax shefer transaction? 5c. If I was the organization shefer the organization file Form 8886.7 6c. If I was a shefer transaction organization file form 8866.7 6c. If I was a shef		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W26 included in line 1a. Enter of Pi not applicable 10 0 0 0 0 0 0 0 0						Yes	No
combining winnings to pitze winners? 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 3a 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 3b If the organization have unreaded business gross income of \$1,000 or more during the year? 3a If the organization have unreaded business gross income of \$1,000 or more during the year? 3a If W-9, **Institution of the organization the air explanation in the ending 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 accounts? 3b If **Ves*, **Institution for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization have the organization that it was to is a party to a prohibited tax sheller transaction? 5c If **Ves*, **In limit Bar of 5b, did the organization file Form 8886-17? 5c If **Ves*, **In limit Bar of 5b, did the organization file Form 8886-17? 5c If **Ves*, **In limit Bar of 5b, did the organization file Form 8886-17? 5d Opes the organization have an unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as chanitable contributions? 5d If **Ves*, **Indicate the number of the value of the goods or services provided? 6d Organization state may receive deductible contributions under section 170(c). 5d If **Ves*, **Indicate the number of Forms \$282 filed during the year for organization file Form 8889 as required to the Form 8889 as required? 6d To **Ves*, **Indicate the number of Forms \$282 filed during the year for organization benefit contribution for are possible to the organization. Burn file are possible to the or	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 28 1a Enter the number of voting members of the governing body at the end of the tax year 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. 28 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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 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 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 Х 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►NJ 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. **X** Upon request Other (explain in Schedule O) Own website Another's website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 201-489-9454

Form **990** (2013)

64 PASSAIC STREET, HACKENSACK, NJ

07601

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

Check if Schedule O contains a response or note to any line 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.

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

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

(A) Name and Title	(B) Average hours per week	box	not c unle	ss pe	itior more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PATRICIA BASILO SECRETARY	5.00	х		Х				0.	0.	0.
(2) KYUNG HEE CHOI	5.00	Λ		Λ				0.	0.	
MEMBER	3.00	x						0.	0.	0.
(3) WENDY BLACHER	5.00						7			
MEMBER		x						0.	0.	0.
(4) JAMES D. BROWN	5.00	7								
MEMBER		Х	6					0.	0.	0.
(5) SONJA CLARK	5.00									
MEMBER		X	Z					0.	0.	0.
(6) KAREN CORSO	5.00									•
MEMBER	F 00	Х						0.	0.	0.
(7) BILL DIANA	5.00	7.							0	0
MEMBER CONTRACTOR DIVIDIN	5.00	Х						0.	0.	0.
(8) DAVID DUBIN MEMBER	5.00	х						0.	0.	0.
(9) ROSEMARY F. ERVIN	5.00	Λ						0.	0.	<u></u>
TREASURER	3.00	Х		х				0.	0.	0.
(10) PATRICK FLETCHER	5.00	23						•		
MEMBER		x						0.	0.	0.
(11) RICHARD GARCIA	5.00									
MEMBER		х						0.	0.	0.
(12) KEVIN DELANEY	5.00									
MEMBER		Х						0.	0.	0.
(13) ROBERT JOHNSTON	5.00									
MEMBER		Х						0.	0.	0.
(14) RICHARD KENNEDY	5.00							_	_	_
MEMBER		Х						0.	0.	0.
(15) ANITA RIVERS	5.00								0	0
MEMBER (16) WATER TARE WERE TARE	5.00	Х						0.	0.	0.
(16) KATHERINE NORIAN	3.00	х						0.	0.	0.
MEMBER (17) ELAINE N. WALSH	5.00	^				\vdash		0.	0.	<u> </u>
MEMBER	3.00	х						0.	0.	0.
HENDER	l	Λ			<u> </u>			0.	0.	- 000

Part VII Section A. Officers, Directors, Trus						_	-	Compensated Employe	es (continued)			1 6	ige C
(A)	(B)	<u> </u>	,000		<u>2</u> C)	.9		(D)	(E)			(F)	
Name and title	Average	/		Pos	itior			Reportable	Reportable		Est	timate	d
	hours per	box	not c , unle	ss pe	rson	is bo	th an	compensation	compensation	۱	am	ount o	of
	week	offi	cer ar	nd a d	lirecto	or/trus	stee)	from	from related		(other	
	(list any	ector						the	organizations			pensa	
	hours for related	or directo	e e			ated		organization	(W-2/1099-MIS	C)		om the	
	organizations	trustee	trust		gy.	Suedi		(W-2/1099-MISC)			•	anizati I relate	
	below	dual tr	tional		ploye	st con						nizatio	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgu	mean	
(18) JENNIE SMITH WILSON	5.00	Ť	广	Ť	Ť	T	Ť						
MEMBER		x						0.		0.			0.
(19) SUSAN RUSS	5.00												
MEMBER		Х						0.		0.			0.
(20) DENNIS SACCO	5.00	ļ											•
MEMBER	F 00	Х	_				_	0.		0.			0.
(21) JOSEPH SHERMAN	5.00	ļ.,						0					٥
MEMBER (22) LYNN SINGER	5.00	Х	┝			-	-	0.		0.			0.
MEMBER	3.00	x						0.		0.			0.
(23) MICHAEL P. SMITH	5.00	<u> </u>	\vdash					0.		-			<u> </u>
MEMBER	3,00	\mathbf{x}						0.		0.			0.
(24) ROBERTA J. SONENFELD	5.00												
1ST VICE PRESIDENT		x		Х			ľ	0.		0.			0.
(25) MICHAEL D. STERN	5.00												
2ND VICE PRESIDENT		Х		X				0.		0.			0.
(26) JOSE VICENTE	5.00	ļ				1 4							_
MEMBER		Х						0.		0.			0.
1b Sub-total								0. 77,545.		0.			0.
c Total from continuation sheets to Part Vi								77,545.		0.			0.
d Total (add lines 1b and 1c)							ho r	· · · · · · · · · · · · · · · · · · ·	000 of roportable				<u> </u>
compensation from the organization	iot iiiriited to tr	1036	ilote	su ai	DOV	e) w	1101	eceived more than \$100	J,000 of reportable	-			0
												Yes	No
3 Did the organization list any former officer,			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				37
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su			-					•	the organization				х
and related organizations greater than \$15Did any person listed on line 1a receive or a									idual for convices		4		
rendered to the organization? If "Yes," com					-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors t	that received more than	\$100,000 of com	pens	ation fi	rom	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
(A) Name and business	addroos	NT/	∩ NTT					(B) Description of s	continue	_	(C omper		
Name and business	auuress	1/10	INC	<u> </u>				Description of s	services		omper	isatioi	

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

(A) Name and title Average hours per week (list any hours for related organizations below line) (27) DAVID C. WARSHAW PRESIDENT (A) (B) Average hours per week (list any hours for related organizations below line) (A) (B) Average hours (check all that apply) Position (check all that apply) Presition (check all that apply) Pres	Form 990 VOLUNTEER	R CENTER	? ()F	BE	ER(GEL	1 (COUNTY, INC.	**_**	1282
Name and title Average Position Position Per	Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	yees (continued)	
Coheck all that apply) compensation compensation from related organizations compensation from related organizations compensation from the organizations compensation from the organizations compensation compen		(B)									
Per week (list any hours for related organizations below line) 271 DAVED C. WARSHAW 5.00 RESECUTIVE DIRECTOR 282 JUNES DESTR. 293 JANIET SHARMA 203 JANIET SHARMA 203 JANIET SHARMA 203 JANIET SHARMA 204 JUNES DIRECTOR 205 JANIET SHARMA 205 JUNES DIRECTOR 207 JUNES DIRECTOR	Name and title										
week (list arry hours for related organizations, related organizations, shellow line) (27) DAVID C. WARSHAM 5.00 XX X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1	(cl	neck	all t	that	app	ly)			
State Stat		wook					8				
Carry David C. Warshaw S.00 X X X X X X X X X		(list any	sctor				mploy		organization		
Carry David C. Warshaw S.00 X X X X X X X X X		hours for	ordire	9			ated e		(W-2/1099-MISC)		
Carry David C. Warshaw S.00 X X X X X X X X X		related	nstee.	l truste		æ	npens				
Carry David C. Warshaw S.00 X X X X X X X X X		below	dual t	utiona	Ji.	mploy	stcor	ы			organizations
C27) DAVID C. WARSHAW S.00 X		line)	Indiv	Instit	Office	Key e	High	Form			
(28) JANET SHARMA 40.00 X 77,545. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(27) DAVID C. WARSHAW	5.00									
MEMBER X 0. 0. 0. 0. (29) JANET SHARMA 40.00 X 77,545. 0. 0.	PRESIDENT		Х		Х				0.	0.	0.
(29) JANET SHARMA EXECUTIVE DIRECTOR X 77,545. 0. 0.	(28) JOANNE M. WESTPHAL	5.00							_		_
EXECUTIVE DIRECTOR X 77,545. 0. 0.	MEMBER	40.00	X						0.	0.	0.
		40.00							88 545		•
Total to Part VII, Section A, line 10 77, 545.	EXECUTIVE DIRECTOR				X				77,545.	0.	0.
Total to Part VII, Section A, line 1c 77, 545.			-								
Total to Part VII, Section A, line 1c 77, 545.											
Total to Part VII, Section A, line 1c 77, 545.											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c			1								
Total to Part VII, Section A, line 1c 77, 545.											
Total to Part VII, Section A, line 1c 77, 545.											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c 77,545.											
Total to Part VII, Section A, line 1c 77,545.											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c 77, 545.											
Total to Part VII, Section A, line 1c				7							
Total to Part VII, Section A, line 1c											
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Total to Part VII, Section A, line 1c 77,545.											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c 77,545.											
Total to Part VII, Section A, line 1c 77,545.											
Total to Part VII, Section A, line 1c 77,545.											
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Total to Part VII, Section A, line 1c 77,545.											
Total to Part VII, Section A, line 1c 77,545.											
Total to Part VII, Section A, line 1c 77,545.											
Total to Part VII, Section A, line 1c 77,545.	-										
Total to Part VII, Section A, line 1c 77,545.			1								
Total to Part VII, Section A, line 1c 77,545.	-										
Total to Part VII, Section A, line 1c 77,545.			1								
Total to Part VII, Section A, line 1c 77,545.		•	•	•			•				
	Total to Part VII, Section A, line 1c	<u></u>			<u>.</u>			<u></u>	77,545.		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) **(D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business sections 512 - 514 revenue revenue , Gifts, Grants illar Amounts 1a 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, (and Other Simil 339,935. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 11 2,131,696 g Noncash contributions included in lines 1a-1f: \$ \triangleright 2,471,631. h Total. Add lines 1a-1f ... Business Code 58,750. 58,750. Program Service Revenue 2 a BERGEN LEADS 900099 900099 58,453. 58,453. b BUSINESS VOLUNTEER COM 19,320. 19,320. c COMMUNITY VOLUNTEER SE 900099 f All other program service revenue 136,523. q Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,820. 3,820. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See a 151,054. Part IV, line 18 24,546. **b** Less: direct expenses 126,508. 126,508. **c** Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 10,357. 10,357 11 a MISCELLANEOUS INCOME b ANNUAL MEETING 900099 450. 450. 900099 425. c SERVICE FEES 425. d All other revenue 11,232. Total. Add lines 11a-11d 2,749,714. 147,755. 0. 130,328. Total revenue. See instructions.

	ion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	925,599.	854,006.	20,308.	51,285.
6	trustees, and key employees Compensation not included above, to disqualified	923,399.	034,000.	20,300.	31,203.
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	43,944.	41,944.	1,613.	387.
10	Payroll taxes	106,010.	99,007.	2,315.	4,688.
11	Fees for services (non-employees):				
а	Management				
b	Legal	10 602	16 011	F 4 D	1 005
С	Accounting	18,683.	16,911.	547.	1,225.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	73,418.	60,215.	6,439.	6,764.
14	Information technology	3,507.	1,822.	644.	1,041.
15	Royalties		-		
16	Occupancy	42,146.	37,073.	1,762.	3,311.
17	Travel	18,938.	17,512.	693.	733.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.005	5 868	4 255	
19	Conferences, conventions, and meetings	12,035.	5,767.	1,357.	4,911.
20	Interest				
21	Payments to affiliates	19,085.	3,103.	15,982.	
22	Depreciation, depletion, and amortization	24,726.	23,481.	438.	807.
23 24	Other expenses, Itemize expenses not covered	2 1 ,720•	23,401.	430.	007.
24	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 0.)				
а	CLIENT SERVICES	1,304,692.	1,304,692.		
b	PROGRAM ACTIVITIES	146,067.	140,979.	3,342.	1,746.
С	VOLUNTEER EXPENSES	22,474.	21,705.	436.	333.
d	MEMBERSHIP DUES	7,371.	2,614.	487.	4,270.
е	All other expenses	4,153.	4,077.	23.	53.
25	Total functional expenses. Add lines 1 through 24e	2,772,848.	2,634,908.	56,386.	81,554.
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 if following SOP 98-2 (ASC 958-720)				Form 990 (2012)

Form 990 (2013) Part X Balance Sheet

Pa	πχ	Balance Sneet				
		Check if Schedule O contains a response or note to any line	in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		206,161.	1	258,812.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		26,771.	3	368,980.
	4	Accounts receivable, net		9,850.	4	8,698.
	5	Loans and other receivables from current and former officer				
		trustees, key employees, and highest compensated employ	ees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons	(as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(l	3), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete F	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		21,156.	9	15,776.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	95,634.			
	b	Less: accumulated depreciation 10b	75,903.	37,546.	10c	19,731.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		108,157.	13	108,044.
	14	Intangible assets		30,450.	14	36,830.
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		440,091.	16	816,871.
	17	Accounts payable and accrued expenses		42,302.	17	2,756.
	18	Grants payable			18	
	19	Deferred revenue		93,226.	19	546,571.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sc	hedule D		21	
es	22	Loans and other payables to current and former officers, dir	ectors, trustees,			
Ě		key employees, highest compensated employees, and disqu	ualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third partie	es		24	
	25	Other liabilities (including federal income tax, payables to re	ated third			
		parties, and other liabilities not included on lines 17-24). Cor	nplete Part X of			
		Schedule D		18,255.	25	9,577.
	26	Total liabilities. Add lines 17 through 25		153,783.	26	558,904.
		Organizations that follow SFAS 117 (ASC 958), check he	re ▶ □X□ and			
es		complete lines 27 through 29, and lines 33 and 34.				
anc anc	27	Unrestricted net assets		78,941.	27	51,331.
3ak	28	Temporarily restricted net assets		71,144.	28	70,413.
힏	29	Permanently restricted net assets		136,223.	29	136,223.
Ξ		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here 🕨 📖 📗			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fur			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or oth	ner funds		32	
Z	33	Total net assets or fund balances		286,308.	33	257,967.
	34	Total liabilities and net assets/fund balances		440,091.	34	816,871.

Form **990** (2013)

	WOLLDWELLD GENERAL OF DEDGEN GOLDWAY THE		++ +1000		40
	1990 (2013) VOLUNTEER CENTER OF BERGEN COUNTY, INC.	^ ^ -	-***1282	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			2 74	0 7	1 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,77		
3	Revenue less expenses. Subtract line 2 from line 1	3			34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	08.
5	Net unrealized gains (losses) on investments	5	_	5,2	07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	25	7,9	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar				
	consolidated basis, or both:		,		
	X Separate basis Consolidated basis Both consolidated and separate basis				

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Form **990** (2013)

X

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2c

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SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Employer identification number **-***1282

Par	t I	Reason	for Public (Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See ins	tructions.					
The o	rgani	zation is not a	a private found	ation	because it is: (For lines 1	1 through	11, check	only one b	oox.)						
1					s, or association of chur).					
2		A school des	cribed in sect	on 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з [tal service organization		in section	170(b)(1)	(A)(iii).						
4			•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the	hospita	l's nam	ie,
		city, and state					•				•		•		
5		An organizati	on operated for	or the	benefit of a college or ur	niversity ov	wned or or	perated by	a govern	mental uni	t describ	ed	in		
		-	(b)(1)(A)(iv). (C			,	•	,							
6				•	ent or governmental unit	t describe	d in sectio	n 170(b)(1	1)(A)(v).						
7		•	,		eives a substantial part				~ ~ ~	or from the	general	nuh	olic desc	cribed i	n
•			b)(1)(A)(vi). (C			or its supp	ore morn a	govornin	ornear arms o)	goriorai	pur	0110 0000	JIIDOG I	
8					section 170(b)(1)(A)(vi).	(Complete	Part II \								
9	x				eives: (1) more than 33 1			rom contri	butions n	namharchi	n fees a	nd i	aross ro	cainte	from
9 L					nctions - subject to certa										
					axable income (less sect										
			509(a)(2). (Co			liononia	ix) iroin bu	311103303 8	acquired t	y the orga	iiiiZatioii	anc	er durie c	50, 157	J.
10			. ,, , ,	•	perated exclusively to te	et for nubl	ic eafety 9	See sectio	n 500(a)(1\					
11	_	-	-	-	perated exclusively for the	=					v out the	חח	rnococ (of one	or
		•	ŭ		ations described in section						•	•	•		Oi
					organization and comple				2). Oce se (, tion 509(aj(3). On	CCK	tile box	liiai	
		a Type I	· .			ype III - Fui	-			дут 🔲 І	e III - No	n fu	ınctional	lly into	aratad
e [• •		-	at the organization is not			-		• •					
E L					han one or more publicly										.11
£			•		ten determination from t		Ū				5(a)(1) 01	360	Julion 308	5(a)(Z).	
f															
_			rganization, ch												. Ш
g					organization accepted ar									Vaa	Na
					lirectly controls, either al								44~(;)	Yes	No
		•	• ,		upported organization?								11g(i)		
					n described in (i) above?								11g(ii)		
					person described in (i) o								11g(iii))	
h		Provide the to	ollowing inforn	nation	about the supported or	ganization	(S).								
			Γ			(:) la tha a		(+1) D:d ++0		(vi) lo	tho				
(i) N		of supported	(ii) EIN		(iii) Type of organization (described on lines 1-9	in col. (i) lis	rganization sted in your		ion in col.	(vi) Is organizațio	on in col.	(vii	i) Amoun		netary
	orga	nization			above or IRC section		document?		r support?	(i) organiz U.S	ed in the		Sup	port	
					(see instructions))	Yes	No	Yes	No	Yes	No				
						103	140	103	140	103	110				
												H			
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Fat-'															

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	,					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	,					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	,					
	the organization without charge	,					
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	,					
	securities loans, rents, royalties	,					
	and income from similar sources	,					
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2013 (li		•	* * * *		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th				-		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s

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

Sec	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	675,234.	783,985.	674,778.	820,145.	818,771.	3772913.
_		0/3,234.	703,903.	0/4,//0.	020,143.	010,771.	3112313.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	240 227	210 620	200 277	200 601		1 5 7 0 6 5 4
	organization's tax-exempt purpose	240,337.	310,630.	398,211.	322,601.	298,809.	1570654.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	915,571.	1094615.	1073055.	1142746.	1117580.	5343567.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						5343567.
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	915,571.	1094615.	(c) 2011 1073055.	1142746.	1117580.	(f) Total 5343567.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	7,620.	4,695.	4,798.	4,435.	3,820.	25,368.
h	Unrelated business taxable income		7,000			7,000	
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	7,620.	4,695.	4,798.	4,435.	3,820.	25,368.
	Net income from unrelated business	7,0201	1,055.	4,7500	1,155.	3,020.	23,300.
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)	923,191.	1099310.	1077853.	1147181.	1121400.	5368935.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•		•	•	. , . ,	ation,
804	check this box and stop here ction C. Computation of Publ						P
	-			- L (f)		l a e	99.53 %
	Public support percentage for 2013 (I					15	
	Public support percentage from 2012 etion D. Computation of Investigation					16	99.52 %
	•			- 10!······ (^\)		47	.47 %
	Investment income percentage for 20					17	<u>-</u>
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						. \square
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u></u>

Schedule A	(Form 990 or 990-E2	Z) 2013 VOLUNTEE	R CENTER	OF BERGEN	OUNTY,	INC.	**-***1282 Page
Part IV	Supplemental	Information. Provide	e the explanations	s required by Part	II, line 10; Part II,	line 17a or	17b; and Part III, line 12.
	Also complete this	part for any additional ir	nformation. (See ii	nstructions).			
				7			
-							

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2013

-*1282 VOLUNTEER CENTER OF BERGEN COUNTY, INC. Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

-*1282

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HURRICANE SANDY NEW JERSEY RELIEF FUND PO BOX 95 MENDHAM, NJ 07945	\$600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBIN HOOD RELIEF FUND 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AMERICAN RED CROSS- HURRICANE SANDY RECOVERY PROGRAM 1540 WEST PARK AVENUE OCEAN , NJ 07712	\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	POINTS OF LIGHT 600 MEANS STREET SUITE 210 ATLANTA, GA 30318	\$114,640 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL ROAD MORRISTOWN, NJ 07963	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HENRY & MARILYN TAUB FOUNDATION 300 FRANK W. BURR BOULEVARD 7TH FLOOR TEANECK, NJ 07666	\$ 74,840.	Person X Payroll

Name of organization

Employer identification number

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

-*1282

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JEWISH FEDERATION OF NORTHERN NEW JERSEY 50 EISENHOWER DRIVE PARAMUS, NJ 07652	\$ 70,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

-*1282

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization Employer identification number VOLUNTEER CENTER OF BERGEN COUNTY, INC. **-***1282 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Employer identification number **-**1282

Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 v	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	22, 2 , 22		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year ▶		3
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner 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 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under SFAS 1		
а		· · · · · · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990, Part X		

	dule D (Form 990) 2013 VOLUNTE: t III Organizations Maintaining C	ER CENTER (Collections of Ar					*1282 Pag ts (continued)	_{je} 2
3	Using the organization's acquisition, accessi							_
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	U Other					
C	Preservation for future generations							
4	Provide a description of the organization's co						t XIII.	
5	During the year, did the organization solicit o] v	NI.
Pai	to be sold to raise funds rather than to be material Escrow and Custodial Arran							No
ı aı	reported an amount on Form 990, Par		ete ii trie organizatio	n answered res	s to Form	1990, Part IV, I	irie 9, or	
	Is the organization an agent, trustee, custodi		liary for contribution	s or other assets	not inclu	ıded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance					1c		
	Additions during the year				<u>L</u>	1d		
е	Distributions during the year					1e		
f	Ending balance				L	1f		
	Did the organization include an amount on Fe						」Yes ☐	No
	If "Yes," explain the arrangement in Part XIII.						<u></u>	
Pai	T V Endowment Funds. Complete i					huan wanun hank	() Farm reams be	
4.	Danisaria a of consultations	(a) Current year 136,223.	(b) Prior year 136,223.	(c) Two years ba		136,223.	` '	
	Beginning of year balance	130,223.	130,223.	130,2	23.	130,223.	182,0	07.
	Contributions	-1,391.	4,437.	6,5	59	4,445.		—
	Net investment earnings, gains, and losses Grants or scholarships	2,052.	1,107.	0,0	-	-,		—
	Other expenditures for facilities							—
·	and programs		4,437.	6,5	59.	4,445.	45,8	44.
f	Administrative expenses	_		,		•	,	_
g	End of year balance	134,832.	136,223.	136,2	23.	136,223.	136,2	23.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as:	•			
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	for the org	ganization		
	by:							<u>No</u>
	(i) unrelated organizations						(-/	<u>X</u>
	(ii) related organizations	,					33.()	X
	If "Yes" to 3a(ii), are the related organizations						3b	
Bar	Describe in Part XIII the intended uses of the t VI Land. Buildings, and Equipm		wment funds.					—
Fai	t VI Land, Buildings, and Equipm Complete if the organization answered		Dort IV line 11e S	00 Form 000 Bo	rt V lino 1	0		
	· • • • • • • • • • • • • • • • • • • •		i i				(d) Dook value	—
	Description of property	(a) Cost or of basis (investre			(c) Accum deprecia		(d) Book value	
19	Land	`	, 54013	(- 2.15.)				—
	LandBuildings			2,150.	1	,359.	79	1.
	Leasehold improvements		1	, =		,		<u> </u>
	Equipment		9	1,754.	72	,897.	18,85	7.
	Other			1,730.		,647.		3.
	. Add lines 1a through 1e. (Column (d) must e						19,73	<u>1.</u>

Schedule D (Form 990) 2013

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO PROJECTS	9,577.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,577.

Liability for uncertain tax positions. 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

Schedule D (Form 990) 2013

Schedule [D (Form 990) 2013	VOLUNTEER	CENTER	OF	BERGEN	COUNTY,	INC.	**-***1282	Page 5
Part XIII	O (Form 990) 2013 Supplemental Inf	ormation (continued))						
						<u> </u>			
				_					
			_						
				-					

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990

Employer identification number

VOLUNTE	ER CENTER OF BEI	RGE	N C	OUN	TY, INC.	**-**1	282			
Part I Fundraising Activities required to complete this par	 Complete if the organization a t. 	ınswe	red "Y	es" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity			Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
	<i>\rightarrow</i> .									
		>								
otal				•						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										

Schedule G (Form 990 or 990-EZ) 2013 VOLUNTEER CENTER OF BERGEN COUNTY, INC. **-***1282 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990. Part IV. line 18, or reported more than \$15,000

Fundraising Events. Complete if the organization answered "Yes" to Form 990. Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through DERBY DAY col. (c)) (event type) (total number) (event type) Revenue 55,026. 92,426. 147,452. 1 Gross receipts 2 Less: Contributions 55,026. 92,426. 147,452. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 11,050. 11,050. Rent/facility costs Food and beverages 400. 400. 8 Entertainment 734. 10.734. Other direct expenses 22,184. 10 Direct expense summary. Add lines 4 through 9 in column (d) 125,268. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: __

Sch	edule G (Form 990 or 990-EZ) 2013 VOLUNTEER CENTER OF BERGEN COUNTY, INC. **-*	**1	282	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$			
_	If "Yes," enter name and address of the third party:			
·	in 163, Critici hame and address of the tillid party.			
	Name ►			
	Address >			
16	Gaming manager information:			
10	Garning manager information.			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of continue associated by			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	nes 9.	9b. 10	Db. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	,	,	, ,

Schedule G	G (Form 990 or 990-EZ)	VOLUNTEER	CENTER	OF	BERGEN	COUNTY,	INC.	**-***1282	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued))						

SCHEDULE O (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number

Name of the organization

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

-*1282

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN PROMOTING CIVIC ENGAGEMENT THAT POSITIVELY AFFECTS OUR COMMUNITY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE COMMUNITY VOLUNTEER SERVICES DEPARTMENT, MENTORING MOMS, CHORE, THE

RETIRED SENIOR VOLUNTEER PROGRAM, BUSINESS VOLUNTEER SERVICES, THE

BUSINESS VOLUNTEER COUNCIL, AND TRAINING.

EXPENSES \$ 627,701. INCLUDING GRANTS OF \$ 0. REVENUE \$ 88,580.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: DONNA LEIBE'S AND HER DAUGHTER MELISSA - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE ORGANIZATION HAS MEMBERS WHO PAY ANNUAL DUES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS AVAILABLE FOR THE ORGANIZATION TO REVIEW AND

SIGN BEFORE IT IS FILED AND PRESENTED ON THE WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION IS MONITORING IF ANY REIMBURSEMENT ACTIVITIES

32

ARE PERFORMED BY THE MEMBERS OF THE BOARD OF DIRECTORS OR STAFF MEMBERS.

ACCORDING TO THE CONFLICT OF INTEREST POLICY A MEMBER OF THE BOARD OF

DIRECTORS OR A STAFF MEMBER MAY NOT RECEIVE PAYMENT FROM THE VOLUNTEER

CENTER FOR ANY SUBCONTRACTS, GOODS OR SERVICES, SUCH AS CONSULTING,

MAINTENANCE, ETC.

Name of the organization VOLUNTEER CENTER OF BERGEN COUNTY, INC.	Employer identification number **-**1282
,,,,,,,	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: COMPENSATION FOR THE EXECUTIVE DIRECTOR IS A	APPROVED BY THE
EXECUTIVE COMMITTEE BASED ON THE EXECUTIVE DIRECTOR'S PER	RFORMANCE AND THE
ORGANIZATIONS BUDGET.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FORM 990, ANNUAL REPORT, CODE OF ETHICS	AND THE BOARD OF
DIRECTORS LIST ARE ALL AVAILABLE ON THE ORGANIZATION'S WE	EBSITE FOR PUBLIC
INSPECTION.	
	_

FORM 990 PAGE 10

Asset No.	Description	Date Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS												
		1228	0 4	SL	15.00	17	2,150.			2,150.	1,216.		143.
	* 990 PAGE 10 TOTAL BUILDINGS FURNITURE &						2,150.		0.	2,150.	1,216.	0.	143.
	FIXTURES												
41	FURNITURE	0401	05	SL	5.00	17	600.			600.	600.		0.
42		0108	07	SL	7.00	17	1,130.			1,130.	886.		161.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR						1,730.		0.	1,730.	1,486.	0.	161.
	MACHINERY & EQUIPMENT												
40	PRINTER	1231	0 5	SL	5.00	17	600.			600.	600.		0.
43	COMPUTER SYSTEM	0 2 0 8	07	SL	5.00	17	550.			550.	550.		0.
44	TELEPHONE SYSTEM	0709	07	SL	7.00	17	9,500.			9,500.	7,464.		1,357.
45	COMPUTER	1230	08	SL	5.00	16	645.			645.	516.		129.
46	AIR CONDITIONER	0616	08	SL	5.00	16	676.			676.	608.		68.
51		0309	10	SL	5.00	16	1,322.			1,322.	748.		264.
52	COMPUTER - JANET SHARMA	1220	10	SL	5.00	16	608.			608.	244.		122.
54		0901	13		180M	42	38,100.			38,100.			847.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT						52,001.		0.	52,001.	10,730.	0.	2,787.

328102 05-01-13

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	Dat Acqui	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
47	2 VANS	0515	509	SL	5.00	16	46,610.			46,610.	33,792.		9,322.
48	VAN MODIFICATIONS	0331	L 0 9	SL	5.00	16	3,500.			3,500.	2,625.		700.
49	VAN GRAPHICS	0430	0 9	SL	5.00	16	750.			750.	550.		150.
50	VAN SHELVING	0414	109	SL	5.00	16	2,725.			2,725.	2,026.		545.
		1026	11	SL	5.00	16	24,268.			24,268.	5,663.		4,854.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU * GRAND TOTAL 990						77,853.		0.	77,853.	44,656.	0.	15,571.
	PAGE 10 DEPR & AMOR						133,734.		0.	133,734.	58,088.	0.	18,662.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return. Business or activity to which this form relates

990

OMB No. 1545-0172

Attachment Sequence No. **179**

Identifying number

	OLUNTEER CENTER OF BE							**-***1282
Pa	art Election To Expense Certain Propert	y Under Section 1	79 Note: If you	have any lis	ted property, co	omplete Part	V before yo	
1	Maximum amount (see instructions)						1	500,000.
2	Total cost of section 179 property place	d in service (see	instructions)					
	Threshold cost of section 179 property I							2,000,000.
4	Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, enter	· -0-				
5	Dollar limitation for tax year. Subtract line 4 from line		-0 If married filin					
6	(a) Description of prop	perty		(b) Cost (busin	ess use only)	(c) Elected	cost	
						A		
_					14			
	Listed property. Enter the amount from I						\neg	
	Total elected cost of section 179 proper							
	Tentative deduction. Enter the smaller of							
	Carryover of disallowed deduction from Business income limitation. Enter the sm							
	Section 179 expense deduction. Add lin							
	Carryover of disallowed deduction to 20						12	
Not	te: Do not use Part II or Part III below for	listed property. I	nstead, use P	art V.	1 10 1			
	art II Special Depreciation Allowan				de listed proper	tv.)		
14	Special depreciation allowance for quality					• •		
•	the tax year					-	14	
15	Property subject to section 168(f)(1) elec						··· 	
	Other depreciation (including ACRS)						16	16,154.
Pa	art III MACRS Depreciation (Do not						.0	
			Sec	tion A				
17	MACRS deductions for assets placed in	service in tax ye			3		17	1,661.
	MACRS deductions for assets placed in If you are electing to group any assets placed in serving the serving to group any assets placed in serving the serving to group any assets placed in serving the serving th		ears beginning	before 2013			17	1,661.
		ce during the tax year	ears beginning	before 2010	ounts, check here .	▶ ∟]	•
	If you are electing to group any assets placed in serving	ce during the tax year	ears beginning	p before 2013 eneral asset according to the control of the control	ounts, check here .	▶ ∟	tion Syste	•
	If you are electing to group any assets placed in service Section B - Assets I (a) Classification of property	Placed in Servic (b) Month and year placed	ears beginning into one or more g te During 201 (c) Basis for (business/inv	p before 2013 eneral asset according to the control of the control	Jsing the Gene	eral Deprecia	tion Syste	em
18	Section B - Assets F (a) Classification of property a 3-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more g te During 201 (c) Basis for (business/inv	p before 2013 eneral asset according to the control of the control	Jsing the Gene	eral Deprecia	tion Syste	em
18 19a	Section B - Assets F (a) Classification of property a 3-year property 5-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more g te During 201 (c) Basis for (business/inv	p before 2013 eneral asset according to the control of the control	Jsing the Gene	eral Deprecia	tion Syste	em
18 19a	Section B - Assets I (a) Classification of property a 3-year property 5-year property 7-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more g te During 201 (c) Basis for (business/inv	p before 2013 eneral asset according to the control of the control	Jsing the Gene	eral Deprecia	tion Syste	em
19a	Section B - Assets I (a) Classification of property a 3-year property 5-year property 7-year property 10-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more g te During 201 (c) Basis for (business/inv	p before 2013 eneral asset according to the control of the control	Jsing the Gene	eral Deprecia	tion Syste	em
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19a	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 15-year property 20-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more g te During 201 (c) Basis for (business/inv	p before 2013 eneral asset according to the control of the control	Jsing the Gene	eral Deprecia	tion Syste	em
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19a b c c d e f g	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 15-year property 20-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more g te During 201 (c) Basis for (business/inv	p before 2013 eneral asset according to the control of the control	Jsing the Gene (d) Recovery period	eral Deprecia (e) Convention	ttion Syste (f) Method	em
19a b c c c c f g	Section B - Assets I (a) Classification of property a 3-year property 5-year property 10-year property 15-year property 20-year property 20-year property Residential rental property	Placed in Servic (b) Month and year placed	ears beginning into one or more g te During 201 (c) Basis for (business/inv	p before 2013 eneral asset according to the control of the control	Jsing the Gene (d) Recovery period 25 yrs. 27.5 yrs.	eral Deprecia (e) Convention	s/L S/L	em
19a b c c d e f g	Section B - Assets I (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property c 20-year property f Residential rental property Nonresidential real property	ce during the tax year Placed in Service (b) Month and year placed in service / / / / /	ears beginning into one or more gree During 201 (c) Basis for (b) usiness/inv only - see in	p before 2013 eneral asset acci 3 Tax Year I depreciation estment use enstructions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention MM MM MM MM	s/L S/L S/L S/L S/L	(g) Depreciation deduction
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Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns Part V

Type of property (list vehicles first) Type of property (list vehicles first) Date placed in Service Business/ investment other basis Placed in Service Business/ investment other basis Placed in Service during the tax year and use only) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use:	Yes (i) Elected section 179 cost
Complete this section for vehicles used by a sole proprietor, page 1 29	(i) Elected section 179
Type of property (list vehicles first) placed in service with the service of the service with the service wi	Elected section 179
used more than 50% in a qualified business use: Property used more than 50% in a qualified business use:	
26 Property used more than 50% in a qualified business use:	
Fig. 1	
27 Property used 50% or less in a qualified business use:	
27 Property used 50% or less in a qualified business use:	
27 Property used 50% or less in a qualified business use:	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided v to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year (a) total commuting miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven (do not include commuting) miles driven during the year (do not include commuting) miles driven (do not	
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28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided v to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided v to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) Vehicle	
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33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	
Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	
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than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	
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37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	re than 5%
employees?	
	Yes No
20 Do you maintain a written nalicy atatament that examinite necessal use of vahiales, succest assessment burners	
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
39 Do you treat all use of vehicles by employees as personal use?	
40 Do you provide more than five vehicles to your employees, obtain information from your employees about	
the use of the vehicles, and retain the information received?	
41 Do you meet the requirements concerning qualified automobile demonstration use?	
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.	
Part VI Amortization	(f)
Description of costs Date amortization Amortizable Code Amortization Amor	rtization his year
begins amount section period or percentage for the section period or percentage for t	no you
COMPUTER SOFTWARE 090113 38,100. 180M	
COMPOTENCE OF STATE O	847
43 Amortization of costs that began before your 2013 tax year 43	847
44 Total. Add amounts in column (f). See the instructions for where to report 44	847

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Asset No.	Description	Date Acquir		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
38	* 990 PAGE 10 TOTAL BUILDINGS FURNITURE &	1228	04	SL	15.00	17	2,150. 2,150.		0.	2,150. 2,150.	1,216. 1,216.	0.	143. 143.
	FIXTURES FURNITURE	0401	05	SL	5.00	17	600.			600.	600.		0.
		0108	07	SL	7.00	17	1,130.			1,130.	886.		161.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT						1,730.	1	0.	1,730.	1,486.	0.	161.
40	PRINTER	1231	05	SL	5.00	17	600.			600.	600.		0.
43	COMPUTER SYSTEM	0208	07	SL	5.00	17	550.			550.	550.		0.
44	TELEPHONE SYSTEM	0709	07	SL	7.00	17	9,500.			9,500.	7,464.		1,357.
45	COMPUTER	1230	08	SL	5.00	16	645.			645.	516.		129.
46	AIR CONDITIONER	0616	08	SL	5.00	16	676.			676.	608.		68.
		0309	10	SL	5.00	16	1,322.			1,322.	748.		264.
	COMPUTER - JANET SHARMA	1220	10	SL	5.00	16	608.			608.	244.		122.
54		0901	13		180M	42	38,100.			38,100.			847.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT						52,001.		0.	52,001.	10,730.	0.	2,787.

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Asset No.	Description	Dat Acqui	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
47	2 VANS	0515	509	SL	5.00	16	46,610.			46,610.	33,792.		9,322.
48	VAN MODIFICATIONS	0331	L 0 9	SL	5.00	16	3,500.			3,500.	2,625.		700.
49	VAN GRAPHICS	0430	0 9	SL	5.00	16	750.			750.	550.		150.
50	VAN SHELVING	0414	109	SL	5.00	16	2,725.			2,725.	2,026.		545.
		1026	11	SL	5.00	16	24,268.			24,268.	5,663.		4,854.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU * GRAND TOTAL 990						77,853.		0.	77,853.	44,656.	0.	15,571.
	PAGE 10 DEPR & AMOR						133,734.		0.	133,734.	58,088.	0.	18,662.
			-										

- NEXT YEAR FEDERAL -

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
	BUILDING IMPROVEMENT	12280	4SL	15.00			2,150.		
	* 990 PAGE 10 TOTAL BUILDINGS	$\sqcup \sqcup \sqcup$			2,150.		2,150.	1,359.	143.
	FURNITURE & FIXTURES			- 00	600	~	600	600	
	FURNITURE	04010		5.00	600.		600.	600.	0.
		01080	7SL	7.00	1,130.		1,130.	1,047.	83.
	* 990 PAGE 10 TOTAL FURNITURE &				1 720		1 720	1 (47	0.2
	FIXTURES				1,730.		1,730.	1,647.	83.
	MACHINERY & EQUIPMENT	1 2 2 1 0	Гат	F 00	600		600	600	_
	PRINTER	12310		5.00	600.		600.	600.	0.
		02080		5.00	550.		550.	550.	
	TELEPHONE SYSTEM	07090		7.00	9,500.		9,500.	8,821.	679.
	COMPUTER	12300		5.00	645.		645.	645.	0.
	AIR CONDITIONER	06160		5.00	676.		676.	676.	0.
		03091		5.00	1,322.		1,322.	1,012.	
	COMPUTER - JANET SHARMA	12201		5.00	608.		608.	366.	
		09011	3	180M	38,100.		38,100.	847.	2,540.
	* 990 PAGE 10 TOTAL MACHINERY &				F2 001		F2 001	12 517	2 605
	EQUIPMENT				52,001.		52,001.	13,517.	3,605.
	TRANSPORTATION EQUIPMENT	0 E 1 E 0	OGT	5.00	16 610		16 610	12 111	2 406
		05150 03310			46,610.		46,610.	43,114.	
	VAN MODIFICATIONS VAN GRAPHICS	04300		5.00	3,500. 750.		3,500. 750.	3,325. 700.	50.
	VAN GRAPHICS VAN SHELVING	04140		5.00	2,725.				
	VAN FORD	10261		5.00			2,725.		
) 33	VAN FORD * 990 PAGE 10 TOTAL TRANSPORTATION		тог	5.00	24,268.		24,268.	10,517.	4,854.
					77,853.		77,853.	60,227.	0 720
	EQUIPMENT * GRAND TOTAL 990 PAGE 10 DEPR &				11,000.		11,000.	00,227.	8,729.
	AMORT				133,734.		133,734.	76,750.	12,560.
	AMOKI				133,/34.		133,/34.	70,750.	12,500.

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1.	This statement contains the facts and financial information for the fiscal year ending: 12/31/2013
2.	Federal ID Number (EIN) **-**1282 2a. N.J. Charities Registration Number: CH- 197601152
3.	Full legal name of the registering organization: VOLUNTEER CENTER OF BERGEN COUNTY, INC. In care of: (if necessary, otherwise leave this line blank)
4.	Mailing Address: 64 PASSAIC STREET, HACKENSACK, NJ 07601 Change of Address
NO	TE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.
5.	The principal street address of the registering organization 64 PASSAIC STREET, HACKENSACK, NJ 07601 Street Address City State ZIP Code
6.	Does the organization have any offices in New Jersey in addition to the one listed above? Yes X No If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.
6a.	If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
	Contact person Street address City State ZIP Code
	Telephone number (include area code) Fax number (include area code)
7.	Organization's contact information: 201-489-9454 Telephone number (include area code) Fax number (include area code)
	BERGENVOLUNTEERS • ORG Web site
8.	Type of organization (check one):

9.	Where and when was the organization legally established? Date: 01/01/1966 State: NJ
	As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes Yes No
11.	Does the organization intend to solicit contributions from the general public?
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper. NY
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes Yes Yes
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration. THE VOLUNTEER CENTER OF BERGEN COUNTY STRENGTHENS THE COMMUNITY BY
	CONNECTING PEOPLE THROUGH SERVICE AND DEVELOPING CIVIC LEADERS.
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration. —SEE ATTACHED FORM 990
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes X No
	If "Yes," please describe the situation.
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year- end being reported? Yes X No If "Yes," please explain:
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? If "No," has an application been filed which is still pending? If so, please attach a copy of the
	I.R.S. 1023 form filed. b. Has a tax exemption been granted under another I.R.S. code? If "Yes," advise which one:
	c. Has an I.R.S. tax exemption been refused, changed or revoked?
	If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18.	Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes X No If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19.	Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes X No If "Yes," please attach to this registration the relevant document.
20.	Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21.	Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.
22.	Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes No If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.
23.	Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:
	Name Business address Telephone number (include area code) SEE STATEMENT 1

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and	street address	of the organization							
Full legal name: V	OLUNTEER	CENTER C	F BERGEN	COUNTY	, INC.				
Fiscal year-end bei	ng reported: 1	12/31/2013 onth day year	Federal	ID Number (EIN)	**-***1	282			
Mailing address: 64 PASSAI	C STREET	r, HACKENS	SACK, NJ	07601	C	îty		tate	ZIP Code
Street address of the						•			ZIP Code
New Jersey Chariti							one number:_	201-48	
copy if the organiz \$500,000. Note: It president or other	zation's annual f f the organizatio authorized offic	st recent Internal R financial report incl on received gross r cer of the organizat RI-300R Financial S	uded an audited evenue of less th tion's board.	d financial state han \$500,000, t	ment, or if the on the financial repo	rganization orts must b	received gro e certified by	ss revenue the organi	e in excess of ization's
indicated a			statoment page	5, utus/105 p.05				and modal	your one
Line A1a.	Direct Public Su	upport received fro	m the following	sources:					
		Direct mail							
		elephone solicitation							
		Commercial co-vent							
		Gross receipts from							
		Canisters, counter of							
		Corporations and of							
		Foundations and tru Donated land, build							
	` '	and materials	• • • •						
		egacies and beque							
		Membership dues s							
	, ,	olicitations	,						
		Other support (spec							
Line A1b.	Total Direct Pub	blic Support (add li	nes A1a(1) throu	ugh A1a(11))					
l ine Δ1c	Indirect Public	Support received f	rom the followin	a sources.					
Line Are.		ederated fund-rais		•					
		From an affiliated or							
		From another fund-r							<u> </u>
Line A1d.	Total Indirect P	ublic Support (add	lines A1c(1) thr	u A1c(3))					
Line A1e.	Total Gross Co	ontributions (add I	ines A1b and A1	ld)					

	Line A2.	Government grants including purchase of service contracts (specify agency)	
		a	
		b	
		cd.	
	Line A2e.	Total Government Grants (add lines 2a thru 2d)	
	Line A3.	Other Support	
		a. Bona fide membership	
		b. Program service revenue	
		c. Professional services rendered by volunteers	
		d. Miscellaneous income (specify)	
	Line A3e.	Total Other Support (add the total of lines A3a thru A3d)	_
	Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)	
B. E	xpenses		
	Line B1.	Program expenses	
	Line B2.	Management and general expenses	
	Line B3.	Fund-raising expenses	
	Line B4.	Payments to state/national affiliates (if applicable)	
	Line B5.	Total Expenses (add the totals of line B1 thru B4)	
C. E	xcess or	Deficit	
Fo	or the fiscal	year-end (subtract line B5 from line A4)	
D. F	und Bala	ince	
	Line D1.	Net assets or fund balances at beginning of year	
	Line D2.	Other changes in net assets or fund balances (attach explanation)	
	Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our

Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

Organization's Name: VOLUNTEER CENTER OF BERGEN COUNTY, INC.
N.J. Charities Registration Number: CH- 197601152 -00 Federal ID Number (EIN) **-***1282
Fiscal Year-End being reported: 12/31/2013 month day year
24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
 a. each other? b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? C. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships. 25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes X No If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.
We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.
We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.
SignatureName JANET SHARMA Title DIRECTOR DateDate
SignatureNameTitleDate
This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R		IRECTORS, TRUSTEES LY PAID EMPLOYEES	STATEMENT	
NAME OF INDIVIDUAL		TITLE	TELEPHONE NO	•
JANET SHARMA		EXECUTIVE DIRECTOR		
ADDRESS				
64 PASSAIC STREET HACKENSACK, NJ 076	501			
SALARY				
0.				
NAME OF INDIVIDUAL		 TITLE	TELEPHONE NO	•
PATRICIA BASILO		SECRETARY		
ADDRESS				
64 PASSAIC STREET HACKENSACK, NJ 076	501			
SALARY				
0.				
NAME OF INDIVIDUAL		TITLE	TELEPHONE NO	•
KYUNG HEE CHOI		MEMBER		
ADDRESS				
64 PASSAIC STREET HACKENSACK, NJ 076	501			
SALARY				
0.				

VOLUNTEER CENTER OF BERGEN COUNTY, IN	NC.	**-***1282
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
WENDY BLACHER	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JAMES D. BROWN	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SONJA CLARK	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KAREN CORSO	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		

VOLUNTEER CENTER OF BERGEN COUNTY,	INC	**-***1282
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BILL DIANA	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DAVID DUBIN	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROSEMARY F. ERVIN	TREASURER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PATRICK FLETCHER	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		

VOLUNTEER CENTER OF BERGEN COU	NTY, INC.	**-***128
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RICHARD GARCIA	MEMBER	
ADDRESS		
 64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KEVIN DELANEY	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
JAME OF THE THE PARTY.	manus.	EDI DDIONE NO
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERT JOHNSTON	MEMBER	
ADDRESS		
54 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RICHARD KENNEDY	MEMBER	
ADDRESS		
54 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		

VOLUNTEER CENTER OF	BERGEN COUNTY, INC	2.	**-***1282
NAME OF INDIVIDUAL		TITLE	TELEPHONE NO.
ANITA RIVERS		MEMBER	
ADDRESS			
64 PASSAIC STREET HACKENSACK, NJ 07601			
SALARY			
0.			
NAME OF INDIVIDUAL		TITLE	TELEPHONE NO.
KATHERINE NORIAN		MEMBER	
ADDRESS			
64 PASSAIC STREET HACKENSACK, NJ 07601			
SALARY			
0.			
NAME OF INDIVIDUAL		TITLE	TELEPHONE NO.
ELAINE N. WALSH		MEMBER	
ADDRESS			
64 PASSAIC STREET HACKENSACK, NJ 07601			
SALARY			
0.			
NAME OF INDIVIDUAL		TITLE	TELEPHONE NO.
JENNIE SMITH WILSON		MEMBER	
ADDRESS			
64 PASSAIC STREET HACKENSACK, NJ 07601			
SALARY			
0.			

VOLUNTEER CENTER OF BERGEN CO	UNTY, INC.	**-***1282
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SUSAN RUSS	MEMBER	
ADDRESS		
 64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DENNIS SACCO	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
JAME OF TARTATANA		THE PRIORE NO
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOSEPH SHERMAN	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LYNN SINGER	MEMBER	
ADDRESS		
 64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		

VOLUNTEER CENTER OF BERGEN COUNTY, IN	C.	**-***1282
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MICHAEL P. SMITH	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERTA J. SONENFELD	1ST VICE PRESIDENT	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MICHAEL D. STERN	2ND VICE PRESIDENT	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOSE VICENTE	MEMBER	
ADDRESS		
64 PASSAIC STREET HACKENSACK, NJ 07601		
SALARY		
0.		

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DAVID C. WARSHAW

PRESIDENT

ADDRESS

64 PASSAIC STREET HACKENSACK, NJ 07601

SALARY

0.

TITLE

MEMBER

TELEPHONE NO.

NAME OF INDIVIDUAL

JOANNE M. WESTPHAL

ADDRESS

64 PASSAIC STREET HACKENSACK, NJ 07601

SALARY

0.

14

Form CHAR500

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section

2013

Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		New York, NY 1 http://www.charities	0271			Open to Public Inspection	
1. General Information							
a. For the fiscal year beginni	ng (mm/dd/	yyyy) 01/01/2013 and ending	(mm/dd/yyyy)	12/31/20)13		
b. Check if applicable for NYS: Address change					d. Fed. employer ID no. (EIN) **-***1282		
Name change Initial filing	VOLUN	TEER CENTER OF BERGE	N COUNTY	, INC.	e. NY State registration no. $42-11-30$		
Final filing Amended filing		and street (or P.O. box if mail not delivered to SSAIC STREET	street address)	Room/suite	f. Telephone number 201 489-9454		
NY registration pending		town, state or country and ZIP + 4 NSACK , NJ 07601				g. Email INFO@BERGENVOLUNTEE	
2. Certification - Two Sign							
		at we reviewed this report, including all a ce with the laws of the State of New Yorl	applicable to the		EXE	CUTIVE	
a. President or Authorized Office	cer		SHARMA inted Name		DIR	ECTOR Date	
b. Chief Financial Officer or Tre	128						
B. Officer intariolar officer of the		Signature P	inted Name		Title	Date	
3. Annual Report Exemption	on Informa	tion					
Check if total of \$25,00 contrib NOTE: federat \$25,00	a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.						
		TL registrants and dual registrants) id not exceed \$25,000 <u>and</u> assets (mark	et value) did not	exceed \$25,00	00 at any	time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <u>Do not</u> submit a fee, do not complete the following schedules and do not submit any attachments to this form.							
4. Article 7-A Schedules							
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year: a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? * If "Yes", complete Schedule 4a.							
b. Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.							
5. Fee Submitted: See last page for summary of fee requirements.							
Indicate the filing fee(s) you are submitting along with this form: a. Article 7-A filing fee b. EPTL filing fee c. Total fee \$ 25. Submit only one check or money order for the total fee, payable to "NYS Department of Lace" \$ 25.							

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments



VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
SOCIAL SERVICES BLOCK GRANT	\$ 178,120.
BERGEN COUNTY SENIOR SERVICES	\$ 67,393.
DEPARTMENT OF HUMAN SERVICES	\$ 89,585.
COMMUNITY DEVELOPMENT	\$ 4,851.
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Total Government Contributions (Grants)	

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

0	rganization's Registration Type	Fee Instructions		
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.		
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.		
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.		

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

oncer the boxes for the documents you are attaching.	
For All Filers	
Filing Fee X Single check or money order payable to "NYS Department of Law"	
Copies of Internal Revenue Service Forms IRS Form 990 IRS Form 990-EZ	IRS Form 990-PF
All required schedules (including	All required schedules (including
Schedule B) IRS Form 990-T Schedule B) IRS Form 990-T	Schedule B) IRS Form 990-T

Additional Article 7-A Document Attachment Requirement	
Independent Accountant's Report	
Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000)	