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CLIENT'S COPY

FILE COPY

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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20____

2013

▶ **Do not send to the IRS. Keep for your records.**

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

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

**** - ***1282**

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 ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2749714</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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

I authorize **MALESARDI, QUACKENBUSH, SWIFT & CO LLC** to enter my PIN **00243**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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 ▶ _____ Date ▶ _____

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)

2013

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	VOLUNTEER CENTER OF BERGEN COUNTY, INC.		** - ***1282
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
64 PASSAIC STREET			201-489-9454
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,774,260.	
HACKENSACK, NJ 07601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: JANET SHARMA		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
64 PASSAIC STREET, HACKENSACK, NJ 07601		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ BERGENVOLUNTEERS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966 M State of legal domicile: NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE VOLUNTEER CENTER OF BERGEN COUNTY WILL BE THE RECOGNIZED LEADER</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	715
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	820,145.	2,471,631.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	209,364.	136,523.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,435.	3,820.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,237.	137,740.
		1,147,181.	2,749,714.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	764,522.	1,075,553.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 81,554.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	349,409.	1,697,295.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,113,931.	2,772,848.	
19 Revenue less expenses. Subtract line 18 from line 12	33,250.	-23,134.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	440,091.	816,871.
	22 Net assets or fund balances. Subtract line 21 from line 20	153,783.	558,904.
	286,308.	257,967.	

Part II Signature Block

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

Sign Here	Signature of officer		Date
	JANET SHARMA, EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	TOM GASPAR		
	Firm's name ▶ MALESARDI, QUACKENBUSH, SWIFT & CO. LLC	Firm's EIN ▶ ** - ***4206	Check if self-employed <input type="checkbox"/>
	Firm's address ▶ 155 NORTH DEAN STREET - SUITE 5 ENGLEWOOD, NJ 07631	Phone no. (201) 567-4100	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE VOLUNTEER CENTER OF BERGEN COUNTY STRENGTHENS THE COMMUNITY BY CONNECTING PEOPLE THROUGH SERVICE AND DEVELOPING CIVIC LEADERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,637,611. including grants of \$) (Revenue \$) VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER FACILITATES COMMUNICATION, COOPERATION, COORDINATION AND COLLABORATION AMONG THE NETWORK OF NONPROFIT, COMMUNITY AND FAITH-BASED ORGANIZATIONS. IN RESPONSE TO HURRICANE SANDY, THE VOAD FORMED A LONG TERM RECOVERY COMMITTEE OF 50+ PARTNER ORGANIZATIONS THAT HAVE BANDED TOGETHER TO HELP RESIDENT RECOVER. THE VOLUNTEER CENTER IS FISCAL AGENT FOR THE VOAD/LTRC. THE RECOVERY PROJECT HAS RECEIVED SUBSTANTIAL FUNDING TO ASSIST WITH RECOVERY EFFORTS; THE PROJECT WILL WIND DOWN IN 2015 AS FUNDS ARE DEPLETED.

4b (Code:) (Expenses \$ 201,937. including grants of \$) (Revenue \$ 58,750.) BERGEN LEADS A COMMUNITY LEADERSHIP PROGRAM FOR ADULTS WHO LIVE AND WORK IN BERGEN COUNTY. PARTICIPANTS ARE INTRODUCED TO ISSUES OF CRITICAL IMPORTANCE TO THE FUTURE OF BERGEN COUNTY AND TO TOOLS AND TECHNIQUES TO IMPROVE THEIR LEADERSHIP SKILLS.

4c (Code:) (Expenses \$ 167,659. including grants of \$) (Revenue \$ 425.) THE MENTORING YOUTH PROGRAM PROVIDES TRAINED MENTORS TO WORK WITH TROUBLED AND ABUSED CHILDREN.

4d Other program services (Describe in Schedule O.) (Expenses \$ 627,701. including grants of \$) (Revenue \$ 88,580.)

4e Total program service expenses 2,634,908.

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

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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical inputs. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' for 2, 6, 8a, 8b, 9. Marked 'No' for 3, 4, 5, 7a, 7b, 10b.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' for 11a, 12a, 12c, 13, 15a, 16a. Marked 'No' for 10a, 14, 15b, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 201-489-9454 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA BASILO SECRETARY	5.00	X		X				0.	0.	0.
(2) KYUNG HEE CHOI MEMBER	5.00	X						0.	0.	0.
(3) WENDY BLACHER MEMBER	5.00	X						0.	0.	0.
(4) JAMES D. BROWN MEMBER	5.00	X						0.	0.	0.
(5) SONJA CLARK MEMBER	5.00	X						0.	0.	0.
(6) KAREN CORSO MEMBER	5.00	X						0.	0.	0.
(7) BILL DIANA MEMBER	5.00	X						0.	0.	0.
(8) DAVID DUBIN MEMBER	5.00	X						0.	0.	0.
(9) ROSEMARY F. ERVIN TREASURER	5.00	X		X				0.	0.	0.
(10) PATRICK FLETCHER MEMBER	5.00	X						0.	0.	0.
(11) RICHARD GARCIA MEMBER	5.00	X						0.	0.	0.
(12) KEVIN DELANEY MEMBER	5.00	X						0.	0.	0.
(13) ROBERT JOHNSTON MEMBER	5.00	X						0.	0.	0.
(14) RICHARD KENNEDY MEMBER	5.00	X						0.	0.	0.
(15) ANITA RIVERS MEMBER	5.00	X						0.	0.	0.
(16) KATHERINE NORIAN MEMBER	5.00	X						0.	0.	0.
(17) ELAINE N. WALSH MEMBER	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIE SMITH WILSON MEMBER	5.00	X						0.	0.	0.
(19) SUSAN RUSS MEMBER	5.00	X						0.	0.	0.
(20) DENNIS SACCO MEMBER	5.00	X						0.	0.	0.
(21) JOSEPH SHERMAN MEMBER	5.00	X						0.	0.	0.
(22) LYNN SINGER MEMBER	5.00	X						0.	0.	0.
(23) MICHAEL P. SMITH MEMBER	5.00	X						0.	0.	0.
(24) ROBERTA J. SONENFELD 1ST VICE PRESIDENT	5.00	X		X				0.	0.	0.
(25) MICHAEL D. STERN 2ND VICE PRESIDENT	5.00	X		X				0.	0.	0.
(26) JOSE VICENTE MEMBER	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								77,545.	0.	0.
d Total (add lines 1b and 1c)								77,545.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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, trustees, and key employees	925,599.	854,006.	20,308.	51,285.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other 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):				
a Management				
b Legal				
c Accounting	18,683.	16,911.	547.	1,225.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
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				
19 Conferences, conventions, and meetings	12,035.	5,767.	1,357.	4,911.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,085.	3,103.	15,982.	
23 Insurance	24,726.	23,481.	438.	807.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT SERVICES	1,304,692.	1,304,692.		
b PROGRAM ACTIVITIES	146,067.	140,979.	3,342.	1,746.
c VOLUNTEER EXPENSES	22,474.	21,705.	436.	333.
d MEMBERSHIP DUES	7,371.	2,614.	487.	4,270.
e 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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	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 officers, directors, trustees, key employees, and highest compensated employees. 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)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	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.		
Liabilities	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 Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,255.	25	9,577.	
	26 Total liabilities. Add lines 17 through 25	153,783.	26	558,904.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	78,941.	27	51,331.	
	28 Temporarily restricted net assets	71,144.	28	70,413.	
	29 Permanently restricted net assets	136,223.	29	136,223.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	286,308.	33	257,967.		
34 Total liabilities and net assets/fund balances	440,091.	34	816,871.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,749,714.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,772,848.
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,134.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	286,308.
5	Net unrealized gains (losses) on investments	5	-5,207.
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	257,967.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar 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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	675,234.	783,985.	674,778.	820,145.	818,771.	3772913.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	240,337.	310,630.	398,277.	322,601.	298,809.	1570654.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	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.
8 Public support (Subtract line 7c from line 6.)						5343567.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	915,571.	1094615.	1073055.	1142746.	1117580.	5343567.
10a 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.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,620.	4,695.	4,798.	4,435.	3,820.	25,368.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	923,191.	1099310.	1077853.	1147181.	1121400.	5368935.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.53 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.47 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.48 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

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

2013

Name of the organization

Employer identification number

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

** - ***1282

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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 ▶ \$ _____

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).

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)

Name of organization VOLUNTEER CENTER OF BERGEN COUNTY, INC.	Employer identification number ** - ***1282
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBIN HOOD RELIEF FUND 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AMERICAN RED CROSS- HURRICANE SANDY RECOVERY PROGRAM 1540 WEST PARK AVENUE OCEAN, NJ 07712	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	POINTS OF LIGHT 600 MEANS STREET SUITE 210 ATLANTA, GA 30318	\$ 114,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL ROAD MORRISTOWN, NJ 07963	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HENRY & MARILYN TAUB FOUNDATION 300 FRANK W. BURR BOULEVARD 7TH FLOOR TEANECK, NJ 07666	\$ 74,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER CENTER OF BERGEN COUNTY, INC.	Employer identification number ** - ***1282
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEER CENTER OF BERGEN COUNTY, INC.	Employer identification number ** - ***1282
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization VOLUNTEER CENTER OF BERGEN COUNTY, INC.	Employer identification number ** - *** 1282
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Part III 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 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	(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 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 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 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	

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**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Employer identification number

**** - ***1282**

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	136,223.	136,223.	136,223.	136,223.	182,067.
b Contributions					
c Net investment earnings, gains, and losses	-1,391.	4,437.	6,559.	4,445.	
d Grants or scholarships					
e Other expenditures for facilities and programs		4,437.	6,559.	4,445.	45,844.
f Administrative expenses					
g End of year balance	134,832.	136,223.	136,223.	136,223.	136,223.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,150.	1,359.	791.
c Leasehold improvements				
d Equipment		91,754.	72,897.	18,857.
e Other		1,730.	1,647.	83.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,731.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) T. ROWE PRICE	102,909.	END-OF-YEAR MARKET VALUE
(2) PNC INVESTMENTS	5,135.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 108,044.		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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.	

2. 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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,774,260.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	24,546.
e	Add lines 2a through 2d	2e	24,546.
3	Subtract line 2e from line 1	3	2,749,714.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,749,714.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,797,394.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	24,546.
e	Add lines 2a through 2d	2e	24,546.
3	Subtract line 2e from line 1	3	2,772,848.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,772,848.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: CONTRIBUTED PRINCIPLE IS INVESTED IN PERPETUITY. INVESTMENT INCOME IS EXPENDABLE TO SUPPORT OPERATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 24,546.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 24,546.

Part XIII Supplemental Information *(continued)*

FILE COPY

Part II 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
		DERBY DAY		2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	55,026.		92,426.	147,452.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	55,026.		92,426.	147,452.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	11,050.			11,050.
	7 Food and beverages				
	8 Entertainment	400.			400.
	9 Other direct expenses	10,734.			10,734.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,184.
	11 Net income summary. Subtract line 10 from line 3, column (d)				125,268.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Employer identification number

** - ***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
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.

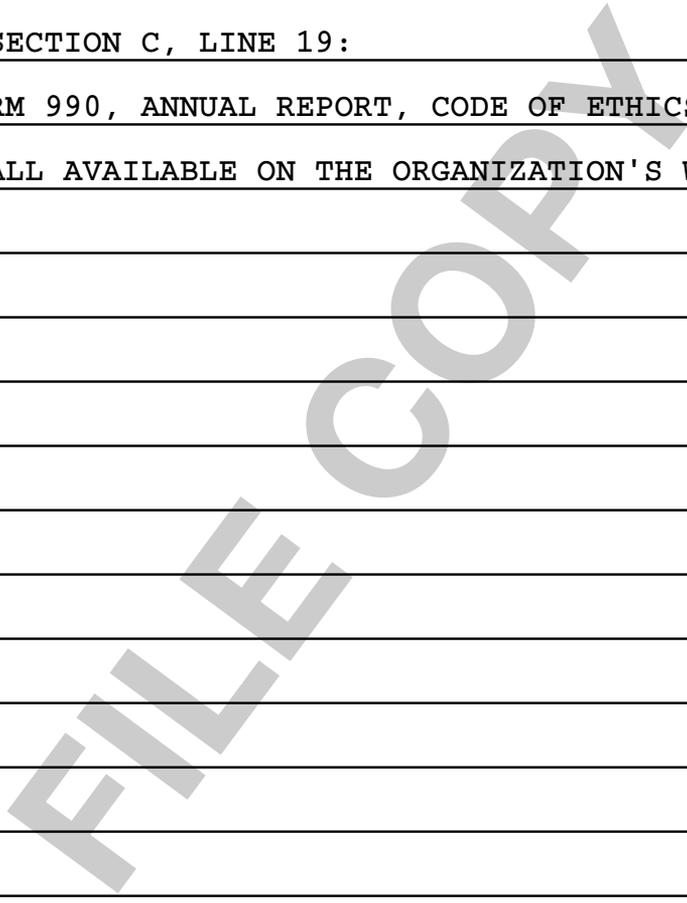
Employer identification number
-*1282

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: COMPENSATION FOR THE EXECUTIVE DIRECTOR IS APPROVED BY THE EXECUTIVE COMMITTEE BASED ON THE EXECUTIVE DIRECTOR'S PERFORMANCE 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 WEBSITE FOR PUBLIC INSPECTION.



Asset No.	Description	Date Acquired	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	BUILDINGS BUILDING IMPROVEMENT	122804	SL	15.00	17	2,150.			2,150.	1,216.		143.
	* 990 PAGE 10 TOTAL					2,150.		0.	2,150.	1,216.	0.	143.
41	BUILDINGS FURNITURE & FIXTURES	040105	SL	5.00	17	600.			600.	600.		0.
42	FURNITURE	010807	SL	7.00	17	1,130.			1,130.	886.		161.
	* 990 PAGE 10 TOTAL					1,730.		0.	1,730.	1,486.	0.	161.
40	FURNITURE & FIXTURES MACHINERY & EQUIPMENT	123105	SL	5.00	17	600.			600.	600.		0.
43	PRINTER	020807	SL	5.00	17	550.			550.	550.		0.
44	COMPUTER SYSTEM	070907	SL	7.00	17	9,500.			9,500.	7,464.		1,357.
45	TELEPHONE SYSTEM	123008	SL	5.00	16	645.			645.	516.		129.
46	COMPUTER	061608	SL	5.00	16	676.			676.	608.		68.
51	AIR CONDITIONER	030910	SL	5.00	16	1,322.			1,322.	748.		264.
52	DELL COMPUTER COMPUTER - JANET SHARMA	122010	SL	5.00	16	608.			608.	244.		122.
54	COMPUTER SOFTWARE	090113		180M	42	38,100.			38,100.			847.
	* 990 PAGE 10 TOTAL					52,001.		0.	52,001.	10,730.	0.	2,787.
	MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT											

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
472	VANS	051509	SL	5.00	16	46,610.			46,610.	33,792.		9,322.
48	VAN MODIFICATIONS	033109	SL	5.00	16	3,500.			3,500.	2,625.		700.
49	VAN GRAPHICS	043009	SL	5.00	16	750.			750.	550.		150.
50	VAN SHELVING	041409	SL	5.00	16	2,725.			2,725.	2,026.		545.
53	VAN FORD	102611	SL	5.00	16	24,268.			24,268.	5,663.		4,854.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					77,853.		0.	77,853.	44,656.	0.	15,571.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					133,734.		0.	133,734.	58,088.	0.	18,662.

Depreciation and Amortization 990
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

VOLUNTEER CENTER OF BERGEN COUNTY, INC. FORM 990 PAGE 10

**** - ***1282**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	500,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	16,154.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	1,661.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	17,815.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

Part V 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 (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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..... 25								
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, 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 vehicles 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) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
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 than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year:					
COMPUTER SOFTWARE	090113	38,100.		180M	847.
	:	:			
43 Amortization of costs that began before your 2013 tax year					43
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 Acquired	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	BUILDINGS BUILDING IMPROVEMENT * 990 PAGE 10 TOTAL	122804	SL	15.00	17	2,150.			2,150.	1,216.		143.
	BUILDINGS FURNITURE & FIXTURES					2,150.		0.	2,150.	1,216.	0.	143.
41	FURNITURE	040105	SL	5.00	17	600.			600.	600.		0.
42	FURNITURE * 990 PAGE 10 TOTAL FURNITURE & FIXTUR	010807	SL	7.00	17	1,130.			1,130.	886.		161.
	MACHINERY & EQUIPMENT					1,730.		0.	1,730.	1,486.	0.	161.
40	PRINTER	123105	SL	5.00	17	600.			600.	600.		0.
43	COMPUTER SYSTEM	020807	SL	5.00	17	550.			550.	550.		0.
44	TELEPHONE SYSTEM	070907	SL	7.00	17	9,500.			9,500.	7,464.		1,357.
45	COMPUTER	123008	SL	5.00	16	645.			645.	516.		129.
46	AIR CONDITIONER	061608	SL	5.00	16	676.			676.	608.		68.
51	DELL COMPUTER	030910	SL	5.00	16	1,322.			1,322.	748.		264.
52	COMPUTER - JANET SHARMA	122010	SL	5.00	16	608.			608.	244.		122.
54	COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPM	090113		180M	42	38,100.			38,100.			847.
	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	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
472	VANS	051509	SL	5.00	16	46,610.			46,610.	33,792.		9,322.
48	VAN MODIFICATIONS	033109	SL	5.00	16	3,500.			3,500.	2,625.		700.
49	VAN GRAPHICS	043009	SL	5.00	16	750.			750.	550.		150.
50	VAN SHELVING	041409	SL	5.00	16	2,725.			2,725.	2,026.		545.
53	VAN FORD	102611	SL	5.00	16	24,268.			24,268.	5,663.		4,854.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					77,853.		0.	77,853.	44,656.	0.	15,571.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					133,734.		0.	133,734.	58,088.	0.	18,662.

2014 DEPRECIATION AND AMORTIZATION REPORT

- 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								
38	BUILDING IMPROVEMENT	122804	SL	15.00	2,150.		2,150.	1,359.	143.
	* 990 PAGE 10 TOTAL BUILDINGS				2,150.		2,150.	1,359.	143.
	FURNITURE & FIXTURES								
41	FURNITURE	040105	SL	5.00	600.		600.	600.	0.
42	FURNITURE	010807	SL	7.00	1,130.		1,130.	1,047.	83.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				1,730.		1,730.	1,647.	83.
	MACHINERY & EQUIPMENT								
40	PRINTER	123105	SL	5.00	600.		600.	600.	0.
43	COMPUTER SYSTEM	020807	SL	5.00	550.		550.	550.	0.
44	TELEPHONE SYSTEM	070907	SL	7.00	9,500.		9,500.	8,821.	679.
45	COMPUTER	123008	SL	5.00	645.		645.	645.	0.
46	AIR CONDITIONER	061608	SL	5.00	676.		676.	676.	0.
51	DELL COMPUTER	030910	SL	5.00	1,322.		1,322.	1,012.	264.
52	COMPUTER - JANET SHARMA	122010	SL	5.00	608.		608.	366.	122.
54	COMPUTER SOFTWARE	090113		180M	38,100.		38,100.	847.	2,540.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				52,001.		52,001.	13,517.	3,605.
	TRANSPORTATION EQUIPMENT								
47	2 VANS	051509	SL	5.00	46,610.		46,610.	43,114.	3,496.
48	VAN MODIFICATIONS	033109	SL	5.00	3,500.		3,500.	3,325.	175.
49	VAN GRAPHICS	043009	SL	5.00	750.		750.	700.	50.
50	VAN SHELVING	041409	SL	5.00	2,725.		2,725.	2,571.	154.
53	VAN FORD	102611	SL	5.00	24,268.		24,268.	10,517.	4,854.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				77,853.		77,853.	60,227.	8,729.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				133,734.		133,734.	76,750.	12,560.

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
month day year

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
Street Address City State ZIP Code

NOTE: 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
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes 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 E-mail address Web site

8. Type of organization (check one):
 Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

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 No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
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 No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

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? Yes No
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 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 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)? Yes No
a. 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. Yes No
b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
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 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 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? Yes No
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. Yes No

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)	Title	Salary
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: VOLUNTEER CENTER OF BERGEN COUNTY, INC.

Fiscal year-end being reported: 12/31/2013 Federal ID Number (EIN) ** - ***1282
month day year

Mailing address:
64 PASSAIC STREET, HACKENSACK, NJ 07601
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: 64 PASSAIC STREET, HACKENSACK, NJ 07601
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 197601152 -00 Telephone number: 201-489-9454
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- (1) Direct mail
- (2) Telephone solicitation
- (3) Commercial co-venture
- (4) Gross receipts from fund-raising events
- (5) Canisters, counter cards, door to door etc
- (6) Corporations and other businesses
- (7) Foundations and trusts
- (8) Donated land, buildings, property, equipment and materials
- (9) Legacies and bequests
- (10) Membership dues solely resulting from solicitations
- (11) Other support (specify)

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11))

Line A1c. Indirect Public Support received from the following sources:

- (1) Federated fund-raising organization
- (2) From an affiliated organization
- (3) From another fund-raising organization

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))

Line A1e. Total Gross Contributions (add lines A1b and A1d)

Line A2. Government grants including purchase of service contracts (specify agency)

a. _____

b. _____

c. _____

d. _____

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. Expenses

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. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) _____

D. Fund Balance

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? Yes No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
- 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? Yes No
- 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 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.

Signature _____ Name JANET SHARMA Title EXECUTIVE DIRECTOR Date _____

Signature _____ Name _____ Title _____ Date _____

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

LIST OF OFFICERS, DIRECTORS, TRUSTEES
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 1

NAME OF INDIVIDUALTITLETELEPHONE NO.

JANET SHARMA

EXECUTIVE DIRECTOR

ADDRESS64 PASSAIC STREET
HACKENSACK, NJ 07601SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

PATRICIA BASILO

SECRETARY

ADDRESS64 PASSAIC STREET
HACKENSACK, NJ 07601SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

KYUNG HEE CHOI

MEMBER

ADDRESS64 PASSAIC STREET
HACKENSACK, NJ 07601SALARY

0.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
WENDY BLACHER	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JAMES D. BROWN	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
SONJA CLARK	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
KAREN CORSO	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
BILL DIANA	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
DAVID DUBIN	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
ROSEMARY F. ERVIN	TREASURER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
PATRICK FLETCHER	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
RICHARD GARCIA	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
KEVIN DELANEY	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
ROBERT JOHNSTON	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
RICHARD KENNEDY	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
ANITA RIVERS	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
KATHERINE NORIAN	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
ELAINE N. WALSH	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JENNIE SMITH WILSON	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
SUSAN RUSS	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
DENNIS SACCO	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JOSEPH SHERMAN	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
LYNN SINGER	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
MICHAEL P. SMITH	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
ROBERTA J. SONENFELD	1ST VICE PRESIDENT	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
MICHAEL D. STERN	2ND VICE PRESIDENT	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JOSE VICENTE	MEMBER	
<u>ADDRESS</u>		
64 PASSAIC STREET HACKENSACK, NJ 07601		
<u>SALARY</u>		
0.		

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DAVID C. WARSHAW

PRESIDENT

ADDRESS

64 PASSAIC STREET
HACKENSACK, NJ 07601

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOANNE M. WESTPHAL

MEMBER

ADDRESS

64 PASSAIC STREET
HACKENSACK, NJ 07601

SALARY

0.

FILE COPY

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2013
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2013 and ending (mm/dd/yyyy) 12/31/2013			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization VOLUNTEER CENTER OF BERGEN COUNTY, INC. Number and street (or P.O. box if mail not delivered to street address) Room/suite 64 PASSAIC STREET City or town, state or country and ZIP + 4 HACKENSACK, NJ 07601	d. Fed. employer ID no. (EIN) ** - ***1282	
		e. NY State registration no. 42-11-30	
		f. Telephone number 201 489-9454	
		g. Email INFO@BERGENVOLUNTEE	

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	JANET SHARMA	EXECUTIVE DIRECTOR	
Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treas.	Signature	Printed Name	Title
Signature	Printed Name	Title	Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> 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.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 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. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

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? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * 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 \$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee \$ _____	
c. Total fee \$ <u>25.</u>	

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