

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

..... June 30, 2010

Prepared for	Gift Planning Council of New Jersey c/o Maja Meighan 900 Lakewood Ave. Lakewood, NJ 08701
Prepared by	James M. Wood, CPA 603B Omni Drive Hillsborough, NJ 08844
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 15, 2010
Special Instructions	The return should be signed and dated.

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		GIFT PLANNING COUNCIL OF NEW JERSEY		22-3190324
		C/O MAJA MEIGHAN		E Telephone number
		900 LAKEWOOD AVE.		(732) 987-2105
Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	F Group Exemption Number	
City or town, state or country, and ZIP + 4			5159	
LAKEWOOD, NJ 08701				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual Other (specify) _____

I Website: WWW.GIFTPLANNING-NJ.ORG
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c) (3) (insert no.) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 38,810.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	33,175.	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A))
3	Membership dues and assessments	3	4,618.	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	117.	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance		
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe SEE STATEMENT 1)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a					
b	Less: direct expenses other than fundraising expenses	6b					
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c					
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe MISCELLANEOUS)	8	900.				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	38,810.				
10	Grants and similar amounts paid (attach schedule)	10					
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12					
13	Professional fees and other payments to independent contractors	13	2,839.				
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15	124.				
16	Other expenses (describe SEE STATEMENT 1)	16	45,231.				
17	Total expenses. Add lines 10 through 16	17	48,194.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<9,384.>				
19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	65,663.				
20	Other changes in net assets or fund balances (attach explanation)	20					
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	56,279.				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	65,663.	22	56,279.	
23	Land and buildings		23		
24	Other assets (describe _____)		24		
25	Total assets	65,663.	25	56,279.	
26	Total liabilities (describe _____)	0.	26	0.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,663.	27	56,279.	

GIFT PLANNING COUNCIL OF NEW JERSEY

Form 990-EZ (2009)

C/O MAJA MEIGHAN

22-3190324

Page 2

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 3		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
28	PROFESSIONAL ASSOCIATION FOR PEOPLE WHOSE WORK INCLUDES DEVELOPING, MARKETING, AND ADMINISTERING CHARITABLE PLANNED GIFTS.	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 48,194.
29	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) _____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) _____	32 48,194.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KENNETH COLE	PRESIDENT			
	5.00	0.	0.	0.
CYNTHIA W. O'DONNELL	SECRETARY			
	5.00	0.	0.	0.
MAJA MEIGHAN	TREASURER			
	5.00	0.	0.	0.
ERIC L. ABRAMSON	TRUSTEE			
	1.00	0.	0.	0.
GEOFFREY CLOSE	TRUSTEE			
	1.00	0.	0.	0.
JACQUELINE M. BARTLEY	TRUSTEE			
	1.00	0.	0.	0.
JOSEPH GUASCONI	TRUSTEE			
	1.00	0.	0.	0.
PAUL HANSEN	TRUSTEE			
	1.00	0.	0.	0.
ELIZABETH TRUSLOW	VICE PRESIDENT			
	1.00	0.	0.	0.
KEITH KAWECKI	TRUSTEE			
	1.00	0.	0.	0.
REGINA KETTING	TRUSTEE			
	1.00	0.	0.	0.
TED MILLS	TRUSTEE			
	1.00	0.	0.	0.
ROBERT WAHLERS	TRUSTEE			
	1.00	0.	0.	0.

GIFT PLANNING COUNCIL OF NEW JERSEY

Form 990-EZ (2009)

C/O MAJA MEIGHAN

22-3190324

Page 3

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 N/A		
b	Gross receipts, included on line 9, for public use of club facilities N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. NJ		
42a	The organization's books are in care of MAJA MEIGHAN Telephone no. 732/987-2105 Located at 900 LAKEWOOD AVE., LAKEWOOD, NJ ZIP + 4 08701		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

GIFT PLANNING COUNCIL OF NEW JERSEY

Form 990-EZ (2009)

C/O MAJA MEIGHAN

22-3190324

Page 4

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here
 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.
 Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only
 Preparer's signature _____ Date 09/21/10 Check if self-employed
 Preparer's identifying number (See instr.) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 JAMES M. WOOD, CPA
 603B OMNI DRIVE
 HILLSBOROUGH, NJ 08844
 EIN _____
 Phone no. (908) 431-1700

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **GIFT PLANNING COUNCIL OF NEW JERSEY**
C/O MAJA MEIGHAN Employer identification number **22-3190324**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

16a 33 1/3% support test - 2009. 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

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. 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

b 10% -facts-and-circumstances test - 2008. 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

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

GIFT PLANNING COUNCIL OF NEW JERSEY

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,560.	6,440.	8,053.	5,532.	4,818.	32,403.
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	40,213.	54,030.	58,366.	40,174.	34,075.	226,858.
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	47,773.	60,470.	66,419.	45,706.	38,893.	259,261.
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.)						259,261.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	47,773.	60,470.	66,419.	45,706.	38,893.	259,261.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	311.	1,644.	1,546.	526.	117.	4,144.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	311.	1,644.	1,546.	526.	117.	4,144.
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.)	48,084.	62,114.	67,965.	46,232.	39,010.	263,405.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	98.43 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.57 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.56 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADMINISTRATIVE SUPPORT		9,887.	
TELEPHONE		429.	
SUPPLIES		305.	
CREDIT MACHINE LEASE		309.	
CREDIT CARD FEES		1,306.	
BOARD EXPENSES		2,298.	
PROGRAM EXPENSES		30,181.	
BANK FEES		118.	
SEMINARS		398.	
TOTAL TO FORM 990-EZ, LINE 16		45,231.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

PROFESSIONAL ASSOCIATION FOR PEOPLE WHOSE WORK INCLUDES DEVELOPING,
MARKETING AND ADMINISTERING CHARITABLE PLANNED GIFTS.

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-200

FOR THE YEAR ENDING

..... June 30, 2010

Prepared for	Gift Planning Council of New Jersey c/o Maja Meighan 900 Lakewood Ave. Lakewood, NJ 08701
Prepared by	James M. Wood, CPA 603B Omni Drive Hillsborough, NJ 08844
Amount due or refund	Balance due of \$30
Make check payable to	New Jersey Division of Consumer Affairs
Mail tax return and check (if applicable) to	New Jersey Division of Consumer Affairs Charities Registration & Investigation P.O. Box 45021 Newark, NJ 07101
Return must be mailed on or before	December 31, 2010
Special Instructions	<p>The New Jersey return should be signed and dated by the required individual(s).</p> <p>Include the organization's New Jersey charitable organization number and "2009 Form CRI-200" on the remittance.</p>

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-200
Short-Form Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Charitable organizations, domiciled or doing business in the State of New Jersey, which receive gross contributions of \$25,000 or less per year, are required to submit an initial registration and to renew registration annually. In both circumstances this form may be used. In the event an organization receives gross contributions of less than \$10,000 per year and does not compensate anyone to solicit or perform fund-raising activities on its behalf, the organization is exempt from registration, but may still choose to register. The registration fee for charities with gross contributions between \$0 and \$25,000 is \$30, whether the fee is for an initial or renewal registration. Payment is to be made by check or money order, made payable to the "New Jersey Division of Consumer Affairs," and is due at the time of submission of the form.

1a. This statement is an Initial Renewal Registration (check one only.)

1b. This statement contains the facts and financial information for the fiscal year ending: 06/30/2010
month day year

2. Federal ID Number (EIN) 22-3190324 2a. N.J. Charities Registration Number: CH- 25876-00
(Leave blank ONLY if this is an initial registration.)

3. Full legal name of the registering organization: GIFT PLANNING COUNCIL OF NEW JERSEY C/O MAJA M
 In care of: (if necessary, otherwise leave this line blank) _____

4. Mailing Address: 900 LAKEWOOD AVE., LAKEWOOD, NJ 08701 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 _____
 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:
(732) 987-2105 732-987-2077
Telephone number (include area code) Fax number (include area code)
 _____ WWW.GIFTPLANNING-NJ.OR
E-mail address Web site

8. The organization is eligible to file a Short Form Registration because:
- a) It did not receive gross contributions in excess of \$25,000 in the preceding fiscal year, AND all of the organization's functions, including fund-raising, are conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions. Yes No
 - b) It is a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, AND solicitation of contributions is confined to the organization's membership and performed by members of the organization. Yes No
 - c) It solicits on behalf of a specified individual, and all contributions, without any deductions whatsoever, will be turned over to this beneficiary. Yes No
 - d) It is a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws. Yes No
 - e) It is a private foundation that raised less than \$25,000 in public contributions. Yes No

Note to question 8: If after reviewing the answers to questions 8a through 8e, none of the statements can be answered "Yes," the charity is not eligible to use the Short-Form CRI-200 and instead must use the Long-Form Initial Registration Statement CRI-150-I or the Long-Form Renewal Statement CRI-300R.

9. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting? Yes No

If "Yes," please provide the details on a separate sheet of paper, and provide copies of the documentary proof of a name change (example: amendment to incorporation) and/or a copy of the letter of determination from the I.R.S. regarding the tax-exempt-status changes.

- 9a. Is the organization a chapter or local unit of a parent organization? Yes No

If "Yes," write in the full name, address and phone number (include the area code) of the parent organization. Please do not use abbreviations.

10. Purpose for which the organization was created (write in or attach a statement to this registration): SEE ATTACHED FEDERAL FORM 990

- 10a. Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)? Yes No

If "Yes," explain the purpose for which solicited funds are being raised (write in or attach a statement to this registration):

SEE STATEMENT 1

- 10b. Does the organization solicit funds under any other name(s)? Yes No

If "Yes," please attach to this registration a list of all other names used: _____

11. Does the organization register or solicit in other states? Yes No

If "Yes," please indicate other states here or, if necessary, attach to this registration a list of those states. _____

- 11a. Has the organization ever been enjoined in any jurisdiction from soliciting contributions or has it been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets? Yes No

If "Yes," list the jurisdiction and attach copies of all the relevant documents. _____

- 11b. Has the organization's charity registration been denied, suspended or revoked by any jurisdiction or state? Yes No

- 11c. Has the organization voluntarily entered into an assurance of voluntary compliance agreement or any similar order or legal agreement with any jurisdiction, state or federal agency or officer? Yes No

12. If the answer to 11a, 11b or 11c is "Yes," please attach to this registration a statement that provides the details of the action, together with the reason(s) for that denial, suspension, revocation, injunction, compliance agreement etc., including the state or jurisdiction involved, the dates and full copies of all related documents.

Indicate the attachment of documents to this Registration/Verification Statement by checking this box:

13. Is the organization currently I.R.S. tax-exempt? Yes No

If "Yes," under which section of the code? 501 (C) (3)

14. Has the organization's tax-exempt status been revoked, changed, or refused by the I.R.S.? Yes No

If "Yes," please attach to this registration a statement providing an explanation, including all of the facts, dates, and all letters and notices received from the I.R.S.

15. Has the organization used an independent paid fund-raiser, fund-raising counsel or commercial co-venturer? Yes No

If "Yes," for what purpose(s) are funds being raised? _____

15a. If the answer to question 15 is "Yes," write in or provide a separate listing of the name(s) of all independent paid fund-raiser(s), fund-raising counsel and/or commercial co-venturer(s): _____

16. Provide on a separate sheet of paper the name, title, street address, telephone number and salary of each officer, director and trustee, and the five most-highly compensated employees in the organization.

Indicate the attachment of documents to this Registration/Verification Statement by checking this box:

SEE STATEMENT 2

16a. Has any person listed in the response to question 16 been adjudged liable in any administrative or civil action, or been convicted in a criminal action involving theft, fraud or deceptive business practices? Yes No

If the response is "Yes," please provide all of the details on a separate sheet and also attach to this registration a copy of the order, judgment or other document(s) indicating final disposition of the matter.

Please note: For the purpose of question 16a, a plea of guilty, non vult, nolo contendere or any similar disposition of the alleged activity shall be deemed a conviction. A judgment of liability in an administrative or civil action would include a finding or admission that the individual engaged in an unlawful practice relating to the solicitation of contributions or the administration of charitable assets.

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 _____ Title _____ Date _____

Signature _____ Name _____ Title _____ Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

CRI-200 Short-Form Registration Verification 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.

<i>Full legal name and street address of the organization</i>				
Full legal name: <u>GIFT PLANNING COUNCIL OF NEW JERSEY C/O MAJA MEIGHAN</u>				
Fiscal year-end being reported: <u>06/30/2010</u>		Federal ID Number (EIN) <u>22-3190324</u>		
month day year				
Mailing address: <u>900 LAKEWOOD AVE., LAKEWOOD, NJ 08701</u>				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP Code
Street address of the registering organization: _____				
Street Address	City	State	ZIP Code	
New Jersey Charities Registration number: CH <u>25876-00</u>		-00 Telephone number: <u>(732)987-2105</u>		
		<i>(include area code)</i>		

A. Revenue

Line A1.	Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:	
	A1a. Direct Public Support	_____
	A1b. Indirect Public Support (including donations from other charities)	_____
	A1c. Gross Contributions (add lines 1a and 1b)	_____
Line A2.	Government Grants	_____
Line A3.	Other Income	
	A3a. Membership dues and assessments	<u>4,618.</u>
	A3b. Interest and dividends	_____
	A3c. Program service revenue	<u>33,175.</u>
	A3d. Gain from sale of assets	_____
	A3e. Other income (please specify on a separate statement): STMT 3	<u>1,017.</u>
	A3f. Donations from founder(s) of private foundation	_____
	A3g. Total other income	<u>38,810.</u>
Line A4.	Total Gross Revenue (add lines A1c, A2 and A3g)	<u>38,810.</u>

B. Expenses

Line B1.	Program	<u>48,194.</u>
Line B2.	Management, office and general expenses	_____
Line B3.	Fund-raising expenses	_____
Line B4.	Payments to state/national affiliates (if applicable)	_____
Line B5.	Total Expenses (add lines B1, B2, B3 and B4)	<u>48,194.</u>

C. Excess or Deficit

Line C1.	Excess or deficit for the year-end noted above (subtract line B5 from A4):	<u><9,384.></u>
----------	--	-----------------------

Please Note: The amount of Gross Contributions (line A1c 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>

FORM CRI-200

PURPOSE OF SOLICITED FUNDS
PAGE 2, LINE 10A

STATEMENT 1

EXPLANATION

PROFESSIONAL ASSOCIATION FOR PEOPLE WHOSE INCLUDES DEVELOPING MARKETING AND ADMINISTERING CHARITABLE PLANNED GIFTS.

FORM CRI-200	LIST OF OFFICERS, DIRECTORS, TRUSTEES AND FIVE MOST HIGHLY PAID EMPLOYEES	STATEMENT 2
--------------	--	-------------

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
---------------------------	--------------	----------------------

SEE ATTACHED FEDERAL FORM 990

ADDRESS

SALARY

FORM CRI-200	OTHER SOURCES OF SUPPORT	STATEMENT 3
--------------	--------------------------	-------------

<u>OTHER SOURCE</u>	<u>AMOUNT</u>
MISCELLANEOUS	
INVESTMENT INCOME	117.
MISCELLANEOUS	900.
TOTAL INCLUDED ON FORM CRI-200, LINE A3E	1,017.