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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20	
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 NJ STATE CHAMBER OF COMMERCE FOUNDATION D Employer identification number 22-3490986 E Telephone number (609) 989-7888 G Gross receipts \$ 1,202,676
	F Name and address of principal officer Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/Suite 216 WEST STATE STREET City or town, state or country, and ZIP + 4 TRENTON NJ 08608-1002
	H(a) Is this a group return for affiliates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number
	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
	J Website: NJCHAMBER.COM/FOUNDATION.ASP
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 1997 M State of legal domicile NJ

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO BUILD A HIGHLY QUALIFIED WORKFORCE THROUGH INNOVATIVE COLLABORATIONS WITH K-12 EDUCATION AND THE WORKFORCE TRAINING AND PREPARATION SYSTEMS.			
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 15		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 15		
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		
6 Total number of volunteers (estimate if necessary)	6		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 89		
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0		
REVENUE 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year 271,930 1,139,843 3,673 6,377 1,421,823	Current Year 305,050 880,868 2,778 -5,820 1,182,876	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	704,301 676,944 1,381,245	599,445 579,481 1,178,926
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	40,578 40,578	3,950 3,950
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year 640,424 240,972 399,452	End of Year 1,244,452 841,050 403,402
	23 Revenue less expenses. Subtract line 18 from line 12		

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 THOMAS BRACKEN		Date 10/13/11
	Type or print name and title TREASURER		
Paid Preparer Use Only	Print/Type preparer's name CHARLES R WIEDMAN	Preparer's signature Charles R. Wiedman	Date 10/13/2011
	Firm's name CHARLES R WIEDMAN	Firm's EIN 22-2434452	Check <input checked="" type="checkbox"/> if self-employed
	Firm's address PO BOX 720 BORDENTOWN NJ 08505	Phone no. (609) 298-8229	PTIN P00136056
	May the IRS discuss this return with the preparer shown above? (see instructions)		

For Paperwork Reduction Act Notice, see the separate instructions.

JVA 10 99012 TWF 41338 Copyright Forms (Software Only) - 2010 TW Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☐**1** Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO BUILD A HIGHLY QUALIFIED WORKFORCE
THROUGH INNOVATIVE COLLABORATIONS WITH K-12 EDUCATION AND THE
WORKFORCE TRAINING AND PREPARATION SYSTEMS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ 41,581 including grants of \$ 41,581) (Revenue \$ _____)

SEE ATTACHMENT #1

4b (Code _____) (Expenses \$ 614,787 including grants of \$ 614,787) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 656,368

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI		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? If "Yes," complete Schedule D, Part VII.		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	N/A	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
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? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 26		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>N/A</i> Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O <i>N/A</i>			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <i>N/A</i>			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <i>N/A</i>			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? <i>N/A</i>			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			X
b Did the organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			X
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			X

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15	
b Enter the number of voting members included in line 1a, above, who are independent	1b 15	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A	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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SEE ATTACHMENT #2

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(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	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
DENNIS M BONE DIRECTOR			X						0	0	0
JEFFREY C SCHEININGER DIRECTOR			X						0	0	0
DR RALPH IZZO DIRECTOR			X						0	0	0
HOWARD COHEN, CPA DIRECTOR			X						0	0	0
PETER J COCOZIELLO DIRECTOR			X						0	0	0
ROBERT PODVEY DIRECTOR			X						0	0	0
GIL MEDINA DIRECTOR			X						0	0	0
LAWRENCE H KRAMPF DIRECTOR			X						0	0	0
HAZEL GLUCK DIRECTOR			X						0	0	0
DOUGLAS L KENNEDY CHAIRPERSON			X						0	0	0
RAFAEL E CUELLAR DIRECTOR			X						0	0	0
ROBERT H DOHERTY DIRECTOR			X						0	0	0
MARK B GRIER DIRECTOR			X						0	0	0
AMY B MANSUE DIRECTOR			X						0	0	0
DANA EGRECZKY SECRETARY						X			0	0	0
THOMAS BRACKEN TREASURER						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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(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 OR	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
DONNA M CUSTARD PROGRAMS VICE PRESIDENT	40.00				X				0	93,556	0
PATTY CULLINAME FUNDS ADMINISTRATOR	40.00					X			0	69,695	0
JOHN SINZER FINANCIAL VICE PRESIDENT	40.00				X				0	93,484	0
SUSAN C HERRING PROGRAMS ADMINISTRATOR	40.00					X			0	64,684	0
1b Sub-total									0	321,419	0
c Total from continuation sheets to Part VII, Section A									0	321,419	0
d Total (add lines 1b and 1c)									0	321,419	0

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.	3	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? If "Yes," complete Schedule J for such individual.	4	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? If "Yes," complete Schedule J for such person.	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE ATTACHMENT #3		

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS SIMILAR GRANTS UNITS AND DONATIONS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 19,800				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, & similar amounts not included above	1f 285,250				
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f		305,050			
PROGRAM REVENUE	2a RWJF GRANT REVENUE	Business Code	614,787	614,787		
	b SUNDRY PROGRAM SERVICE		125,623	125,623		
	c MIG GRANT REVENUE		78,877	78,877		
	d NJNI-PIN REVENUE		41,581	41,581		
	e MATH IN 21ST CENTURY P		20,000	20,000		
	f All other program service revenue					
	g Total. Add lines 2a-2f		880,868			
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)		2,778			2,778
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a 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)					
	8a Gross income from fundraising events (not including \$ 19,800 of contributions reported on line 1c)					
	See Part IV, line 18	a				
	b Less: direct expenses	b 19,800				
	c Net income or (loss) from fundraising events		-19,800			
	9a Gross income from gaming activities	See Part IV, line 19	a			
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a 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				
11a PROGRAM KIT SALES		13,891	13,891			
b SUNDRY REVENUE		89		89		
c						
d All other revenue						
e Total. Add lines 11a-11d		13,980				
12 Total revenue. See instructions		1,182,876	894,759	89	2,778	

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) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	321,419	321,419		
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	182,218	117,018	40,200	25,000
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,370	10,769	987	614
9 Other employee benefits	40,643	40,643		
10 Payroll taxes	42,795	37,255	3,416	2,124
11 Fees for services (non-employees):				
a Management				
b Legal	3,045	2,000	1,045	
c Accounting	8,050	6,300	1,750	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	13,479	13,304	175	
13 Office expenses	12,821		12,821	
14 Information technology	10,000	10,000		
15 Royalties				
16 Occupancy	42,000	42,000		
17 Travel	37,339	37,339		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,785	67,785		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,523	27,498	25	
23 Insurance	4,127		4,127	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a NJNI CONSULTING FEES	220,795	220,795		
b IND SERVICE CONTRACT	22,080	22,080		
c PERFORMANCE EXCELLENCE GROUP	21,500	21,500		
d HONORIUMS	20,140	20,140		
e TELECOMMUNICATION COSTS	17,918	17,918		
f All other expenses #4	50,879	43,496	7,383	
25 Total functional expenses. Add lines 1 through 24f	1,178,926	1,079,259	71,929	27,738
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing	47,960	1	264,864
	2 Savings and temporary cash investments	411,445	2	59,940
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,175	4	70,826
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,951	9	18,820
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 151,804		
	b Less: accumulated depreciation	10b 130,164		
		39,199	10c	21,640
	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		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	123,694	15	808,362	
16 Total assets. Add lines 1 through 15 (must equal line 34)	640,424	16	1,244,452	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	105,331	17	59,608
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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. Complete Part X of Schedule D	135,641	25	781,442
	26 Total liabilities. Add lines 17 through 25	240,972	26	841,050
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	399,452	27	403,402
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	399,452	33	403,402
34 Total liabilities and net assets/fund balances	640,424	34	1,244,452	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,182,876
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,178,926
3	Revenue less expenses. Subtract line 2 from line 1	3	3,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	399,452
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	403,402

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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
b 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 . . . N/A		

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	587,481	483,697	449,375	235,930	285,250	2,041,733
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			3,600	36,000	19,800	59,400
3 Gross receipts from activities that are not an unrelated trade or business under section 513	383,416	501,947	702,876	1,139,843	887,264	3,615,346
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	970,897	985,644	1,155,851	1,411,773	1,192,314	5,716,479
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	373,510	491,859	691,133	930,934	875,312	3,362,748
c Add lines 7a and 7b	373,510	491,859	691,133	930,934	875,312	3,362,748
8 Public support. (Subtract line 7c from line 6.)						2,353,731

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	970,897	985,644	1,155,851	1,411,773	1,192,314	5,716,479
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,919	13,096	8,476	3,673	2,778	44,942
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b	16,919	13,096	8,476	3,673	2,778	44,942
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				148	89	237
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)	987,816	998,740	1,164,327	1,415,594	1,195,181	5,761,658

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 2010 (line 8, column (f) divided by line 13, column (f)).	15	40.85 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	48.60 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	0.78 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.00 %

19a 33 1/3 % support tests -- 2010. 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 -- 2009. 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 ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART III LINE 12 - SUNDRY REVENUE - \$ 89

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010
**Open to Public
Inspection**
Name of the organization

NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC

Employer identification number

22-3490986

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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 XIV, 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 XIV, 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 XIV.

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 XIV and complete the following table.

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		142,042	120,402	21,640
e Other		9,762	9,762	
Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				21,640

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
DUE FROM RWJF GRANT	56,100
UNAMORTIZED COSTS:	
BLN JOB BOARD WEBSITE	9,583
DUE FROM NJNI - PIN	15,352
DUE FROM NJ CHAMBER OF COMMERCE	36,040
RESTRICTED CASH	691,287
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	808,362

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO NJ CHAMBER OF COMMERCE	72,869
RESTRICTED ROBERT WOOD JOHNSON	
FOUNDATION GRANT OBLIGATIONS	398,920
OTHER DEFERED REVENUE	234,903
UNEARNED REVENUE:	
TD BANK	9,750
KESSLER NEWS	40,000
BUSINESS SUM	25,000
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	781,442

2. FIN 48 (ASC 740) Footnote In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,182,876
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,178,926
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,950
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,950

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

1	Total revenue, gains, and other support per audited financial statements	1	1,202,676
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 XIV.)	2d	19,800
e	Add lines 2a through 2d	2e	19,800
3	Subtract line 2e from line 1	3	1,182,876
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,182,876

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

1	Total expenses and losses per audited financial statements	1	1,198,726
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 XIV.)	2d	19,800
e	Add lines 2a through 2d	2e	19,800
3	Subtract line 2e from line 1	3	1,178,926
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,178,926

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII - LINE 2D TECHNOLOGY SUPPORT

REIMBURSEMENTS \$ 19,800

PART XIII - TECHNOLOGY SUPPORT EXPENSES

\$ 19,800

990 BOOKS ARE IN CARE OF

ATTACHMENT 1: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning , and ending
Name of Organization NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC	Employer Identification Number 22-3490986
Part VI - Line 20	

Individual Name JOHN SINZER
or
Business Name:

Street Address 225 BALLYTORE CT

U.S. Address:

Zip code 19067 City YARDLEY State PA
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (609) 989-7888

Fax Number

990 BOOKS ARE IN CARE OF

Attachment 1: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC		Employer Identification Number 22-3490986

Part VI - Line 20

Individual Name JOHN SINZER

or

Business Name:

Street Address 225 BALLYTORE CT

U.S. Address:

Zip code 19067 City YARDLEY State PA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (609) 989-7888

Fax Number

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC

Employer identification number

22-3490986

PAGE 6-PART VI-SECTION B-POLICIES-LINE 11A

FORM 990 IS REVIEWED BY DIRECTOR/TREASURER, THOMAS BRACKEN, AND
DIRECTOR/SECRETARY, DANA EGRECKZY, BEFORE SIGNING OF RETURN.

PAGE 6-PART VI-SECTION B-POLICIES-LINE 15B

THERE IS AN ANNUAL REVIEW FOR ALL EMPLOYEES EACH DECEMBER.

THE DIRECTOR/SECRETARY, DANA EGRECKZY, TRANSMITS THE RECOMMENDED
SALARIES FOR THE NEXT YEAR TO THE BOARD OF DIRECTORS, WHO IS RESPONSIBLE
FOR THE FINAL SALARY DECISIONS.

PAGE 6-PART VI-SECTION C-DISCLOSURE-LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE THROUGH WRITTEN REQUEST TO
DIRECTOR/SECRETARY-DANA EGRECKZY.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC

Employer identification number

22-3490986

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
NEW JERSEY STATE CHAMBER OF COMMERCE, INC. 216 WEST STATE STREET TRENTON, NJ 08618-1002 22-1153980	BUSINESS LOBBYING	NEW JERSEY	501 (C) (4)	N/A		Yes No
						X

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sales of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
NEW JERSEY CHAMBER OF COMMERCE, INC.	J	42,000	
NEW JERSEY CHAMBER OF COMMERCE, INC.	N	599,445	
NEW JERSEY CHAMBER OF COMMERCE, INC.	O	48,384	

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning , and ending
------------------------------	--

Name of Organization NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC	Employer Identification Number 22-3490986
--	--

Part III - Statement of Program Service Accomplishments

Code	Expenses	41,581	including Grants of:	41,581	Revenue:
Exempt Purpose Achievements					

SUPPORTING THE NURSING ACADEMIC RESOURCE CENTER OF NEW JERSEY

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning , and ending
Name of Organization NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC	Employer Identification Number 22-3490986

Part III - Statement of Program Service Accomplishments

Code	Expenses:	614,787	including Grants of:	614,787	Revenue
Exempt Purpose Achievements					

DEVELOPING A "NURSING INITIATIVE" PROGRAM RELATED TO THE SHORTAGE OF NURSES IN NEW JERSEY

990 BOOKS ARE IN CARE OF

ATTACHMENT 2: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning , and ending
Name of Organization NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC	Employer Identification Number 22-3490986
Part VI - Line 20	

Individual Name THOMAS BRACKEN
or
Business Name:

Street Address 216 WEST STATE STREET

U.S. Address:

Zip code 08608-1002 City TRENTON State NJ

or
Foreign Address

City

Province or State

Country

Postal code

Phone Number (609) 989-7888

Fax Number

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning , and ending .	
Name of Organization NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC		Employer Identification Number 22-3490986

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ASG CONSULTING CONTRACT	15,000	15,000		
MAINTENANCE EXPENSES	11,015	11,015		
PRINTING AND COPIYING	9,843	9,843		
SERVER CHANGES	4,500	4,500		
SMALL EQUIPMENT PURCHASES	2,969		2,969	
MEALS	2,900	2,900		
POSTAGE, SHIPPING & DELIVER	1,829		1,829	
MERCHANT SERVICE FEES	1,190		1,190	
REGISTRATIONS	625		625	
MEMBERSHIP DUES	395		395	
CHARITABLE REGISTRATION FEE	250		250	
MISCELLANEOUS	238	238		
COMMISSIONS	100		100	
NEW JERSEY ANNUAL REPORT	25		25	
Total:	50,879	43,496	7,383	

ATTACHMENT 3: FORM 990 PAGE 8, PART VII

	For calendar year 2010 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC	22-3490986	

Part VII Five Highest Compensated Independent Contractors

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
ANGELETTI GROUP CONSULTING THE BARN BUILDING PO BOX 188 17 VILLAGE ROAD NEW VERNON, NJ 07976	NJNI CONSULTANT	137,200

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2010

Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

NJ STATE CHAMBER OF COMMERCE FOR FORM 990

22-3490986

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)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12. ▶	13	

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.) (See instructions.)

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

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 2010	17	17,558
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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (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 2010 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	21	
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 instructions	22	17,558
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

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 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) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction
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 (see instructions)							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.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
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?	Yes	No	Yes	No	Yes	No
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 (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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? (See instructions.)		

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 2010 tax year (see instructions).					
43 Amortization of costs that began before your 2010 tax year					43 9,965
44 Total. Add amounts in column (f). See the instructions for where to report					44 9,965

2010 Federal Depreciation Schedule

NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC
22-3490986

09-30-2011

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
OFFICE EQUIPMENT										
2006 IBM EQUIPMENT	06-26-06	S/LHY	5	34,241	0	0	0	34,241	23,968	6,848
COMPUTER	10-23-02	S/LMM	5	20,000	0	0	0	20,000	20,000	0
DELL COMPUTER	12-31-03	S/LMM	5	1,975	0	0	0	1,975	1,975	0
DELL COMPUTER ACCESS	01-14-04	S/LMM	5	196	0	0	0	196	196	0
IBM COMPUTER DFO3E64	09-17-03	S/LMM	5	6,625	0	0	0	6,625	6,459	0
IBM DONATED EQUIP	10-18-07	S/LMM	5	23,897	0	0	0	23,897	10,753	4,779
IBM DONATED EQUIPMNT	07-19-08	S/LMM	5	19,704	0	0	0	19,704	6,217	3,941
IBM THINKPADS	01-06-05	S/LHY	5	8,403	0	0	0	8,403	8,403	0
PC, PRINTER, SERVER	06-02-05	S/LHY	5	23,576	0	0	0	23,576	21,611	1,965
PROJECTOR	08-13-01	S/LMM	5	2,470	0	0	0	2,470	2,470	0
PROJECTOR	07-08-04	S/LMM	5	954	0	0	0	954	954	0
11 Assets			Totals	142,041	0	0	0	142,041	103,006	17,533
FURNITURE AND FIXTURES										
2 FILE CABINETS	06-05-98	S/LMM	7	1,191	0	0	0	1,191	1,191	0
EXECUTIVE DESK	09-28-98	S/LMM	7	2,080	0	0	0	2,080	2,080	0
MOBILE WALL PARTIT	02-25-03	S/LMM	7	1,091	0	0	0	1,091	1,066	25
OFFICE FURNITURE	03-19-02	S/LMM	7	2,700	0	0	0	2,700	2,653	0
OFFICE FURNITURE	02-18-02	S/LMM	7	2,700	0	0	0	2,700	2,698	0
5 Assets			Totals	9,762	0	0	0	9,762	9,688	25
AMORTIZATION										
BLN PHASE I	06-11-07	AMORT	5	10,000	0	0	0	10,000	4,167	2,000
BLN PHASE II	10-22-07	AMORTM	5	15,000	0	0	0	15,000	6,250	3,000
PROPRIETARY SOFTWARE	11-01-00	AMORTM	5	30,000	0	0	0	30,000	30,000	0
PROPRIETARY SOFTWARE	08-08-01	AMORT	5	38,400	0	0	0	38,400	38,400	0
PROPRIETARY SOFTWARE	03-07-02	AMORT	5	8,000	0	0	0	8,000	8,000	0
PROPRIETARY SOFTWARE	10-10-02	AMORT	5	4,800	0	0	0	4,800	4,800	0
WEB CONTRACT SITE	06-01-05	AMORT	5	8,234	0	0	0	8,234	6,724	1,509
WEB CONTRACT SITE	01-01-05	AMORT	5	8,000	0	0	0	8,000	8,000	0
WEB CONTRACT SITE	06-01-05	AMORT	5	3,160	0	0	0	3,160	2,768	392
WEB CONTRACT SITE	12-01-05	AMORT	5	8,483	0	0	0	8,483	6,928	1,555
WEB CONTRACT SITE	06-01-05	AMORT	5	8,234	0	0	0	8,234	6,724	1,509
WEB CONTRACT SITE	01-01-05	AMORT	5	10,000	0	0	0	10,000	10,000	0
WEB CONTRACT SITE	01-01-05	AMORT	5	2,351	0	0	0	2,351	2,351	0
13 Assets			Totals	154,662	0	0	0	154,662	135,112	9,965
29 Assets			Grand Totals	306,465	0	0	0	306,465	247,806	27,523

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2010 AMT Depreciation Schedule

NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC
22-3490986

09-30-2011

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
OFFICE EQUIPMENT								
2006 IBM EQUIPMENT	06-26-06	S/LHY	5	34,241	23,968	6,848	6,848	0
COMPUTER	10-23-02	S/LMM	5	20,000	15,500	0	0	0
DELL COMPUTER	12-31-03	S/LMM	5	1,975	1,926	0	0	0
DELL COMPUTER ACCESS	01-14-04	S/LMM	5	196	181	0	0	0
IBM COMPUTER DFO3E64	09-17-03	S/LMM	5	6,625	6,128	0	0	0
IBM DONATED EQUIP	10-18-07	S/LMM	5	23,897	10,155	4,779	4,779	0
IBM DONATED EQUIPMNT	07-19-08	S/LMM	5	19,704	5,419	3,941	3,941	0
IBM THINKPADS	01-06-05	S/LHY	5	8,403	7,984	419	0	-419
PC, PRINTER, SERVER	06-02-05	S/LHY	5	23,576	22,396	1,180	1,965	785
PROJECTOR	08-13-01	S/LMM	5	2,470	1,297	0	0	0
PROJECTOR	07-08-04	S/LMM	5	954	954	0	0	0
11 Assets		Totals		142,041	95,908	17,167	17,533	366
FURNITURE AND FIXTURES								
2 FILE CABINETS	06-05-98	S/LMM	7	1,191	234	0	0	0
EXECUTIVE DESK	09-28-98	S/LMM	7	2,080	483	0	0	0
MOBILE WALL PARTIT	02-25-03	S/LMM	7	1,091	936	20	25	5
OFFICE FURNITURE	03-19-02	S/LMM	7	2,700	1,978	0	0	0
OFFICE FURNITURE	02-18-02	S/LMM	7	2,700	1,978	0	0	0
5 Assets		Totals		9,762	5,609	20	25	5
AMORTIZATION								
BLN PHASE I	06-11-07	AMORT	5	10,000	5,167	2,000	2,000	0
BLN PHASE II	10-22-07	AMORTM	5	15,000	6,750	3,000	3,000	0
PROPRIETARY SOFTWARE	11-01-00	AMORTM	5	30,000	12,000	0	0	0
PROPRIETARY SOFTWARE	08-08-01	AMORT	5	38,400	23,040	0	0	0
PROPRIETARY SOFTWARE	03-07-02	AMORT	5	8,000	6,400	0	0	0
PROPRIETARY SOFTWARE	10-10-02	AMORT	5	4,800	3,840	0	0	0
WEB CONTRACT SITE	06-01-05	AMORT	5	8,234	7,549	685	1,509	824
WEB CONTRACT SITE	01-01-05	AMORT	5	8,000	7,333	667	0	-667
WEB CONTRACT SITE	06-01-05	AMORT	5	3,160	2,897	263	392	129
WEB CONTRACT SITE	12-01-05	AMORT	5	8,483	6,929	1,554	1,555	1
WEB CONTRACT SITE	06-01-05	AMORT	5	8,234	7,549	685	1,509	824
WEB CONTRACT SITE	01-01-05	AMORT	5	10,000	9,167	833	0	-833
WEB CONTRACT SITE	01-01-05	AMORT	5	2,351	2,154	197	0	-197
13 Assets		Totals		154,662	100,775	9,884	9,965	81
29 Assets		Grand Totals		306,465	202,292	27,071	27,523	452

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

Mailed 5/11/11 [Signature]

Form **8868**

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC	Employer identification number 22-3490986
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 216 WEST STATE STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. TRENTON NJ 08608-1002	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► See attachment #1

Telephone No ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box. ☐ If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 20 10 or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions.	Name of exempt organization	Employer identification number
	NJ STATE CHAMBER OF COMMERCE FOUNDATION, INC	22-3490986
	Number, street, and room or suite no. If a P O box, see instructions	
	216 WEST STATE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see inst	
	TRENTON NJ 08608-1002	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **SEE ATTACHMENT #1**

Telephone No ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box. ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **2010-990 DRAFT NEEDS TO BE REVIEWED BY MANAGEMENT FOR POSSIBLE GOVERNANCE CHANGES. THIS ACTIVITY IS NOT EXPECTED TO BE COMPLETED UNTIL AFTER AUGUST 15, 2011**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Charles R. W. W. W. W. W. Title ► CPA Date ► 9/8/2011

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