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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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including: A For the 2010 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization (NJAR - EDUCATIONAL FOUNDATION); D Employer identification number (23-7063186); E Telephone number ((732) 494-5616); F Group Exemption Number; G Accounting Method (Cash); H Check if the organization is not required to attach Schedule B; I Website (N/A); J Tax-exempt status (501(c)(3)); K Check if the organization is not a section 509(a)(3) supporting organization; L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts.

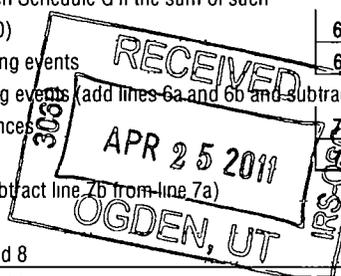
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 132,504.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 132,504 and total expenses is 89,209, resulting in a net asset change of 43,295.

SCANNED MAY 12 2011



LHA For Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2010)

19 P

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	181,141.	22 35,388.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	272,928.	24 461,976.
25 Total assets	454,069.	25 497,364.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	454,069.	27 497,364.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

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 PROMOTION OF KNOWLEDGE IN THE FIELD OF REAL ESTATE THROUGH EDUCATIONAL ASSISTANCE FOR WORTHY STUDENTS.

(Grants \$ 53,500.) If this amount includes foreign grants, check here

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

29 \_\_\_\_\_

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

30 \_\_\_\_\_

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

32 0.

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

Check if the organization used Schedule O to respond to any question in this 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
ELEANOR STERN, FRIEDBERG PROP 20 W CLINTON AVE, TENAFLY, NJ 07670	PRESIDENT	0.00	0.	0.
WILLIAM HANLEY, WEICHERT 640 MIDDLESEX AVE, METUCHEN, NJ 08840	VICE PRES.	0.00	0.	0.
MELANIE SELK, RE/MAX ESTATES REALTY 11 BROADWAY, SUITE 2, CLARK, NJ	TREASURER	0.00	0.	0.
CHRISTINE CAGGIANO, FIRST CHOICE 1659D ROUTE 88, BRICK, NJ 08724	TRUSTEE	0.00	0.	0.
ELLIOT CAPLAN, THE ROTHLEIN-407 GRAND CENTRAL AVE, LAVALLETTE, NJ	TRUSTEE	0.00	0.	0.
GENETTE FALK, PRUDENTIAL 395 STATE HWY 18 STE B, EAST BRUNSWICK, NJ	TRUSTEE	0.00	0.	0.
GERALDINE GRASSI YURACHEK, PRUDENTIAL 520 WASHINGTON BLVD, SEA	TRUSTEE	0.00	0.	0.
CAROL HYMAN, GREATER UNION 767 CENTRAL AVE, WESTFIELD, NJ 07090	TRUSTEE	0.00	0.	0.
JUDY LEWIS, RLS REALTORS REAL LIVING 30 MORRISTOWN RD,	ALT. TRUSTEE	0.00	0.	0.
NORMAN LUBECK, SR, WOODWARD PROP 92 SUMMIT AVE, SUMMIT, NJ 07901	TRUSTEE	0.00	0.	0.
MARY ELLEN O'BOYLE, BURGENDORFF/ERA 600 NORTH AVE, WESTFIELD, NJ 07090	TRUSTEE	0.00	0.	0.
MARY REILING, BURGENDORFF/ERA 264 NASSAU ST, PRINCETON, NJ 08542	TRUSTEE	0.00	0.	0.

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

Check if the organization used Schedule O to respond to any question in this Part V

X

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	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 Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	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 tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
40b	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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	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.
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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. <u>NJ</u>		
42a	The organization's books are in care of <u>THE FOUNDATION</u> Telephone no. <u>732-494-5616</u> Located at <u>295 PIERSON AVENUE, EDISON, NJ</u> ZIP + 4 <u>08818</u>		
42b	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)? 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	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____	42c	X
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 <u>221.</u>	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	Yes	No
45 Is any related organization a controlled entity of the organization 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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: *William J. Hanley*  
 Type or print name and title: **William J. Hanley, President**  
 Date: **3/30/11**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **SCOTT R. KRIEGER**  
 Preparer's signature: *[Signature]*  
 Date: **FEB 24 2011**  
 Check  if self-employed  
 Firm's name: **FRIEDMAN LLP**  
 Firm's EIN:   
 Firm's address: **100 EAGLE ROCK AVENUE SUITE 200 EAST HANOVER, NJ 07936**  
 Phone no.: **(973) 929-3500**

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	25,235.	81,025.	60,375.	50,598.	111,474.	328,707.
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 <b>Total.</b> Add lines 1 through 3	25,235.	81,025.	60,375.	50,598.	111,474.	328,707.
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 <b>Public support.</b> Subtract line 5 from line 4						328,707.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	25,235.	81,025.	60,375.	50,598.	111,474.	328,707.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,375.	17,741.	16,160.	14,949.	20,809.	89,034.
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 <b>Total support.</b> Add lines 7 through 10						417,741.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	78.69 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	74.03 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**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 ►

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

NJAR - EDUCATIONAL FOUNDATION

Employer identification number

23-7063186

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	15,202.
DIVIDEND INCOME	5,828.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	21,030.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: GRANTS

GRANTEE NAME: SEE ATTACHMENT

AMOUNT GIVEN: 53,500.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONFERENCES, CONVENTIONS AND MEETINGS	1,071.
SCRIPS ERXPENSE	21,733.
FILING FEE	85.
SUPPLIES	82.
TELEPHONE	19.
COMPUTER SUPPLIES	100.
TOTAL TO FORM 990-EZ, LINE 16	23,090.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES RECEIVABLE	223,886.	183,462.
PUTNAM US GOVT INC TR A	49,042.	55,605.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

NA-1

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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Department of the Treasury  
Internal Revenue Service

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.

Name of the organization NJAR - EDUCATIONAL FOUNDATION Employer identification number 23-7063186

Table with 3 columns: Description, Amount 1, Amount 2. Rows include REALTORS CREDIT UNION CD, UBS ACCOUNT, and TOTAL TO FORM 990-EZ, LINE 24.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOSTER EDUCATION, PROMOTE KNOWLEDGE OF, AND CONDUCT RESEARCH IN, AND ASSIST IN THE EDUCATION OF STUDENTS PURSUING A COLLEGE OR UNIVERSITY DEGREE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



**NJAR Educational Foundation**  
**EIN: 237063186**  
**Grants Paid**  
**FYE 12/31/2010**

Name	Street	City	State	Zip Code	Scholarship	Amount
Alexandra Waters	1 Abbington Lane	West Windsor	NJ	08550	Mercer County Scholarship	1,500.00
Andrew Bucossi	133 Grant Avenue	New Providence	NJ	07974	Hunterdon/Somerset Scholarship	1,500.00
Beth Anne Kieft	1 Fox Run Road	Lumberton	NJ	08048	NJAR Ed Foundation Scholarship	1,000.00
Brandon Caroprese O'Keefe	57 Hobart Avenue	Rutherford	NJ	07070	Nancy Reynolds Scholarship	2,000.00
Brenda R. Falk	Wetherhill Way	Dayton	NJ	08810	North Central Scholarship	2,500.00
Brittany O'Keefe	57 Hobart Avenue	Rutherford	NJ	07070	North Central Scholarship	2,500.00
Caitlin R. Davis	89 Dutch Lane Road	Colts Neck	NJ	07722	NJ MLS Scholarship	1,250.00
Calyn Untamo	849 Hill Street	Phillipsburg	NJ	08865	William J. Cariton Scholarship	1,250.00
Cara Del Duca	21 Londonderry Way	Summit	NJ	07901	NJAR Ed Foundation Scholarship	1,000.00
Carissa M. Bowen	37 Henry Street	Edison	NJ	08820	North Central Scholarship	2,500.00
Casey Burkhardt	877 Crest Ridge Drive	Toms River	NJ	08753	Monmouth County Scholarship	2,500.00
Colleen Hoffman	7 Stanford Drive	Hazlet	NJ	07730	NJAR Ed Foundation Scholarship	1,000.00
Darren D'Ottavi	6 Hickory Lane East	Pilesgrove	NJ	08098	Nancy Reynolds Scholarship	2,000.00
David Maisel	12 Old Farms Road	Woodcliff Lake	NJ	07677	NJAR Ed Foundation Scholarship	1,000.00
Elizabeth Broderick	14 Zazzetti Street	Waldwick	NJ	07458	NJAR Ed Foundation Scholarship	1,000.00
Emily Duffield	268 Woodtown Daretown Road	Pilesgrove	NJ	08098	Gloucester Salem Scholarship	1,250.00
Erin Sheehan	103 Monroe Street	Haskell	NJ	07420	United Scholarship	1,000.00
Francine Lieberman	43 Bowdion Street	Maplewood	NJ	07040	NJAR Ed Foundation Scholarship	1,000.00
John Chandler Chludzinski	140 Brooklyn Ave	Spotswood	NJ	08884	NJAR Ed Foundation Scholarship	1,000.00
John Neckonchuk	145 Whitman Avenue	Stratford	NJ	08084	Burlington Camden Scholarship	2,000.00
John V. Salierno	15 Woodward Avenue	Clifton	NJ	07012	West Essex Scholarship	1,000.00
Jonathan J. Weisbrod	990 Tinkettle Turn	Union	NJ	07083	Eastern Bergen Scholarship	1,500.00
Julie K. Burnell	13 Elizabeth Lane	Seaville	NJ	08230	Cape May County Scholarship	1,500.00
Julie Rachel Varughese	45 Diane Avenue	Old Bridge	NJ	08857	Ocean County Scholarship	1,500.00
Lauren Gesualdi	1140 Laurel Blvd	Lanoka Harbor	NJ	08734	NJ MLS Scholarship	1,250.00
Lindsey L. Brenner	6 Borrowby Circle	Princeton	NJ	08540	NJAR Ed Foundation Scholarship	1,000.00
Matthew Cortland	11 Olympia Drive	Marlton	NJ	08053	Hunterdon/Somerset Scholarship	1,500.00
Matthew Reagan	359 Highland Street	South Amboy	NJ	08879	NJAR Ed Foundation Scholarship	1,000.00
Megan Flannery	77 Virginia Avenue	Manasquan	NJ	08736	NJAR Ed Foundation Scholarship	1,000.00
Michael Armento	75 Liberty Street	Fords	NJ	08863	NJAR Staff Scholarship	1,000.00
Robert Stanley Miller IV	9 Linwood Avenue	Flanders	NJ	07836	Hunterdon/Somerset Scholarship	1,500.00
Ryan Thomas Stadulis	121 Valley Road	Glen Rock	NJ	07452	Stefanik Foundation Scholarship	1,500.00
Samuel J. Berse	267 Clark Street	Westfield	NJ	07090	Greater Union County Scholashi	2,500.00
Sarah Kooistra	841 Mantua Blvd	Sewell	NJ	08080	NJ CRS Scholarship	1,000.00
Tara Kelly	808 Wall Road	Spring Lake Hts	NJ	07762	Robert F Ferguson Jr Memorial A	1,000.00
Vanessa Wu Bishop	148 Grove Street	Montclair	NJ	07042	J P Okun Foundation Scholarship	1,500.00
Zachary Lisella	635 Franklin Turnpike	Allendale	NJ	07401	RealSource Scholarship	1,500.00
<b>Total</b>						<b>53,500.00</b>