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Department of the Treasury

# **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)

2010

OMB No 1545-0047

Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 A For the 2010 D Employer identification number B Check if applicable NEW JERSEY WORKING FAMILIES Address change ALLIANCE 30-0427821 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (973) 623-1828 30 CLINTON STREET 3RD FLOOR Terminated G Gross receipts \$ 425,752 City or town, state or country, and ZIP + 4 NEWARK, NJ 07102 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes BILL HOLLAND 30 CLINTON STREET **H(b)** Are all affiliates included? NEWARK, NJ 07102 If "No," attach a list (see instructions) **H(c)** Group exemption number ► 501(c)(3) **✓** 501(c) (4) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ► WWW NJWORKINGFAMILIES ORG K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► **M** State of legal domicile NJ **L** Year of formation 2007 Part I Summary 1 Briefly describe the organization's mission or most significant activities TO INCREASE CIVIC PARTICIPATION Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)  $\,$  .  $\,$  . 18 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 18 5 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 635,824 417,383 Rayenue Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 244 441 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,394 7,928 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 637,462 425,752 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 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 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 1,053$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 604,640 518,258 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 604,640 518,258 19 Revenue less expenses Subtract line 18 from line 12  $\,$  . 32,822 -92,506 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 238,017 127,106 21 Total liabilities (Part X, line 26) . 36,444 18,039 Net assets or fund balances Subtract line 21 from line 20 201,573 109,067 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. 2011-11-03 Signature of officer Sian Here BILL HOLLAND EXECUTIVE DIRECTOR Type or print name and title

Firm's name F GERMAN VREELAND & ASSOCIATES LLP

PARSIPPANY, NJ 07054

Fırm's address 🕨 7 CENTURY DRIVE SUITE 301

preparer's name

Paid

Preparer

**Use Only** 

VICTOR MAISANO CPA

May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer's signature

Date

VICTOR MAISANO CPA

Check if self

employed 🕨

PTIN

Firm's EIN

**▽** Yes

Phone no 🕨 (973) 605-

Г Nο

Form	1990 (2010)			Page <b>2</b>
Par	t III Statement of Program Check if Schedule O contains	Service Accomplishments a response to any question in this Part	III	୮
1	Briefly describe the organization's r	nission		
<u>TO I</u>	NCREASE CIVIC PARTICIPATION			
2		significant program services during the y		es 🔽 No
	If "Yes," describe these new service	s on Schedule O		
3		ng, or make significant changes in how it	conducts, any program	es 🔽 No
	If "Yes," describe these changes on	Schedule O		
4	Section 501(c)(3) and 501(c)(4) or	rements for each of the organization's thi ganizations and section 4947(a)(1) trust nses, and revenue, if any, for each progra	ts are required to report the amount o	
4a	(Code ) (Expenses	\$ 476,576 including grants of \$	) (Revenue \$	)
	THE ORGANIZATION OPERATES PRIMARILY	TO FURTHER THE COMMON GOOD AND GENERAL	WELFARE OF THE PEOPLE OF NEW JERSEY	
4b	(Code ) (Expenses	\$ including grants of \$	) (Revenue \$	)
4c	(Code ) (Expenses	\$ including grants of \$	) (Revenue \$	)
4d	Other program services (Describe	ın Schedule O )		_
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses▶\$	476,576		

Part IV	Checklist	of Rea	uired	Sched	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)			
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	21		Νo
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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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	25b		No
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	26		No
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	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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	33		Νο
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	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other	TRS Filings	and Tax	Compliance

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Pa	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			
	Check it 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 .		163	110
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u> </u>		
ь	<b>1b</b>			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
b	year?	3a 3b		No
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)?	4a		N o
Ь	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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes	
va	organization solicit any contributions that were not tax deductible?	Va	162	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
ь	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		
u	The s, indicate the number of forms 0202 med during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		
	Form 1098-C?	7h		
8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  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	13a		
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			
С	Enter the amount of reserves on hand			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	,		orm <b>99</b>	) (2010

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

_Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			''
	year by the following	_		
a	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
Ь	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Yes	
13	describe in Schedule O how this is done	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	1 62	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		Νο
	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		Νο
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?	16b		
Se	ection C. Disclosure	1		1
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 Form 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization NEW JERSEY WORKING FAMILIES ALLIANC
  30 CLINTON STREET

NEWARK, NJ 07102 (973) 623-1828

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

### 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours	Posi	((	<b>:)</b> (che	cka			( <b>D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) AMY GOLDSMITH CO-CHAIR	1 00	х		х				0	0	0
(2) LIZETTE DELGADO POLANCO DIRECTOR	1 00	Х						0	0	0
(3) BOB MASTER TREASURER	1 00	Х		х				0	0	0
(4) EV LIEBMAN CO-CHAIR	1 00	Х		х				0	0	0
(5) JEANNE OTERSEN DIRECTOR	1 00	Х						0	0	0
(6) GINGER GOLD-SCHNITZER DIRECTOR	1 00	х						0	0	0
(7) WILLIAM HOLLAND EXEC DIRECT	15 00			Х				49,808	0	0

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

	(A) Name and Title	(B) Average hours	Posi t	tion (	(che		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	1	<b>(F)</b> Estima amount of	ted fother
		per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	from the organization (W-2/1099-MISC)  MISC)			compens from t organizati relate organiza	he on and ed			
											_		
											+		
											+		
											+		
											+		
1b	Sub-Total				٠.			<b> </b>					
С	Total from continuation sheets						<b> -</b> -						
d	Total (add lines 1b and 1c) .						•	F	49,808				
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>fori</b> on line 1a? <i>If</i> "Yes," complete Sch							ee, o	r highest compensa	ated employee	3		No
4	For any individual listed on line is organization and related organization individual										4		No
5	Did any person listed on line 1a						-		_				
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edule	e J fo	or suct	per:	son		5		No

### **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>(B)</b> Description of services	<b>(C)</b> Compensation
KNICKERBOCKER MEDIA 1818 N STREET NW STE 450 WASHINGTON, DC 20036	MEDIA	233,000
COMMUNITY LABOR ADMINISTRATION SERV 2 NEVINS STREET BROOKLYN, NY 11217	PAYROLL/ADMIN	225,199

		Statement of Revenue	I	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
1		Federated campaigns 1a					
3	b	Membership dues 1b	123,933				
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) <b>1e</b>					
5	f	All other contributions, gifts, grants, and similar amounts not included above	293,450				j j
;	g	Noncash contributions included in lines 1a-1f \$					
3	9	· ·					
	h	Total. Add lines 1a-1f	. ▶	417,383			
			Business Code				
2	2a						
	b						
	С						
	d						
	e						
	f	All other program service revenue					
- 3	_	Total. Add lines 2a-2f					
		and other similar amounts)	rest ▶	441			441
4	ı	Income from investment of tax-exempt bond proceeds					
5		Royalties	. ▶				
		(ı) Real	(II) Personal				
6	ia	Gross Rents					
	b	Less rental expenses					
	c	Rental income					
	d	or (loss)  Net rental income or (loss)	▶				
$\vdash$		(i) Securities	(II) O ther				
7	'a	Gross amount	, ,				
		from sales of assets other					
	b	than inventory Less cost or					
	_	other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
8	Ba	Gross income from fundraising events (not including					
		\$ of contributions reported on line 1c)					
		See Part IV, line 18					
	L	a	7,928				
		Less direct expenses <b>b</b> Net income or (loss) from fundraising events	<b>-</b>	7,928			
		Gross income from gaming activities See		7,320			
	-	Part IV, line 19 . a					
	b	Less direct expenses					
	c	<b>b</b> Net income or (loss) from gaming activities	▶				
$\vdash$		Gross sales of inventory, less					
		returns and allowances .					
	L	a					
		Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory	▶				
$\vdash$	_	Miscellaneous Revenue	Business Code				
1	.1a		Dasinios Code				
-	ь	<del></del>					
	•						
	c d	All other revenue					

	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 no	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
а	Fees for services (non-employees) Management							
b	Legal	3,725		3,725				
c	Accounting	10,500		10,500				
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion							
13	Office expenses	1,101	991	110				
14	Information technology							
15	Royalties							
16	Occupancy	11,360	10,224	1,136	_			
17	Travel	5,352	4,817	535				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	15,316	13,784	1,532				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance	2,461	2,215	246				
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)							
а	COMMUNICATION EXPENSE	238,940	238,940					
b	LEASED EMPLOYEE EXPENSE	225,199	202,679	22,520	_			
c	TELEPHONE	2,334	2,101	233				
d	SUPPLIES	1,053			1,053			
е	MISCELLANEOUS	776	698	78				
f	All other expenses	141	127	14				
25	Total functional expenses. Add lines 1 through 24f	518,258	476,576	40,629	1,053			
26	Joint costs. Check here ► ☐ If following				<u> </u>			
	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							

Pa	rt X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		19,155	1	14,835
	2	Savings and temporary cash investments		184,630	2	102,271
	3	Pledges and grants receivable, net	•		3	
	4	Accounts receivable, net		34,232	4	10,000
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section section 4958(c)(3)(B), and contributing empsyonsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions)	loyers, and			
ets.		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b		10c	
	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		15		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		238,017	16	127,106
	17	Accounts payable and accrued expenses .		36,444	17	18,039
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedule I			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ï		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			25	
	26	Total liabilities. Add lines 17 through 25		36,444	26	18,039
ses_		Organizations that follow SFAS 117, check here ▶	te lines 27			
Balance	27	Unrestricted net assets		201,573	27	109,067
Ba	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► and olines 30 through 34.	complet e			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
As	32	Retained earnings, endowment, accumulated income, or other fund	S		32	
Net	33	Total net assets or fund balances		201,573	33	109,067
2	34	Total liabilities and net assets/fund balances		238.017	34	127.106

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				125.75
2	Total expenses (must equal Part IX, column (A), line 25)	2			125,75 518,25
3	Revenue less expenses Subtract line 2 from line 1			-92,50	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 20		201,57	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5		
6		6		1	109,06
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 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	e •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss	heus		103	
-	on a separate basis, consolidated basis, or both	, , , ,			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?		3a		Νο
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	quired	3b		

DLN: 93493313024511

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NEW JERSEY WORKING FAMILIES ALLIANCE 30-0427			er identification number 7821					
ar	rt I-A Complete if the organization is exempt under section 501(c) or is a section	1 527	7 org	anizatio	n.			
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV							
2	Political expenditures	<b>-</b>	\$		1,064			
3	Volunteer hours		_					
ar	rt I-B Complete if the organization is exempt under section 501(c)(3).							
1	Enter the amount of any excise tax incurred by the organization under section 4955	<b>-</b>	\$					
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b> -</b>	\$					
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	✓ No			
4a	Was a correction made?			☐ Yes	✓ No			
b	If "Yes," describe in Part IV							
ar	rt I-C Complete if the organization is exempt under section 501(c) except section	n 50	1(c)	(3).				
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	<b>-</b>	\$					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527							
	exempt funtion activities	•	\$					

Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

_	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 11	o)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount f			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -		
j 	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 4	720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

		· <del></del>	<b>3</b> -
Part II-B	Complete if the	organization is exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under	section 501(h)).	

	•	(a)	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νο	
c	Media advertisements?		Νο	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
h	Carryover from last year	2h	

- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
  - Taxable amount of lobbying and political expenditures (see instructions)

## Part IV Supplemental Information

c Total

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
	· · · · · · · · · · · · · · · · · ·	POLITICAL ACTIVITY INCLUDED IN-KIND STAFF CONTRIBUTION FOR VOLUNTEER COORDINATION AND VOTER MOBILIZATION AROUND CITY COUNCIL RACES

2c

3

4

5

DLN: 93493313024511

OMB No 1545-0047

Open to Public Inspection

# **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.

Name of the organization **Employer identification number** NEW JERSEY WORKING FAMILIES 30-0427821

Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9		_	or Accounts	. Comple	te if the
	organization answered Tes to Form 9	(a) Donor advised funds		( <b>b)</b> Funds and of	ther accou	nts
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 adv funds are the organization's property, subject to the		or advi	sed	☐ Yes	√ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for a	ny othe	r purpose	☐ Yes	√ No
Pai	<b>rt III Conservation Easements.</b> Complete	e if the organization answered "Yes" t	o Forn	n 990, Part IV	<u>, line 7.</u>	
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space					a
2	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	lified conservation contribution in the form	ofaco	onservation		
	. ,			Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	s	2b			
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transf	ferred, released, extinguished, or terminate	d by th	ne organization (	during	
4	Number of states where property subject to conserv	vation easement is located ▶				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, hand	—— dling of	violations, and	┌ Yes	√ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents d	uring the year 🕨		
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	s during	g the year ► \$ _		
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion		┌ Yes	√ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	•	•		
ar	Complete if the organization answered		or Ot	her Similar <i>I</i>	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researd	ch in fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line	1				
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
2	If the organization received or held works of art, his following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	or finan	cıal gaın, provid	le the	
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
b	Assets included in Form 990, Part X			<b>►</b> \$		

<b>2011</b>	<b>411</b> Organizations Maintaining Co	ollections of Art,	His	tori	<u>cal Tr</u>	<u>easur</u>	es, or C	<u>ther</u>	· Simila	<u>ir Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e fol	lowing t	hat are	a sıgnıfıc	ant us	e of its o	ollectio	n	
а	Public exhibition		d	Γ	Loan	rexcha	ange prog	rams				
ь	Scholarly research e Other											
с	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and explair	n hov	v the	y furthe	r the or	ganızatıor	ı's ex	empt pur	pose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								llar	Г	Yes	√ No
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an ar						answere	d "Ye	es" to Fo	orm 99	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	diary	for c	ontribut	tions or	other ass	ets n	ot	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the fo	ollow	ing t	able		Г			A mo	unt	
С	Beginning balance						Ī	1c				
d	Additions during the year						ŀ	1d				
e	Distributions during the year						ŀ	1e				
f	Ending balance						ŀ	1f				
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?				L	I		Г	Yes	✓ No
ь	If "Yes," explain the arrangement in Part XI\									,		,
	rt V Endowment Funds. Complete		ans	wer	ed "Yes	s" to Fo	orm 990	Part	IV, line	10.		
	·	(a)Current Year		Prior			Years Back		hree Years		<b>e)</b> Four Y	ears Back
1a	Beginning of year balance											
b	Contributions							+				
c	Investment earnings or 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	r end balance held as	5									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
3а	Are there endowment funds not in the posse	ssion of the organizat	tıon t	that	are held	and ad	mınıstere	d for t	:he			
	organization by (i) unrelated organizations			_						3a(i)	Yes	No No
	(ii) related organizations		•	•	•	•		•		3a(ii)	_	No
Ь	If "Yes" to 3a(II), are the related organization							٠. ٠		3b	<del> </del>	No
4	Describe in Part XIV the intended uses of th	ie organization's endo	owme	ent fu	ınds						•	
Par	t VI Investments—Land, Building	s, and Equipmen	ıt. S	ee F	orm 99	90, Par	t X, line	10.				
	Description of investment				a) Cost o asıs (ınve:		(b)Cost or basis (ot			umulated eciation	(d) B	ook value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
е	Other	<u> </u>										
Гotа	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	n (B)	, line	10(c).)				▶			

Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)2001111111	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
T-1-1 (C-1 (h) -h C COO D+ V (C) h (2)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Metho	d of valuation
(a) Description of investment type	(b) Book value		f-year market value
	1		
	1		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin			
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	, , , , , <b>\</b>	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value

•		
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	425,752
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	518,258
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-92,506
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 - 8	9	
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-92,506
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
Total revenue, gains, and other support per audited financial statements	1	425,752
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	. 2e	
3 Subtract line <b>2e</b> from line <b>1</b>	3	425,752
A mounts 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 <b>4a</b> and <b>4b</b>	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		425,752
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expens	ses per Retu	
1 Total expenses and losses per audited financial statements	1	518,258
2 A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV) 2d	$\neg$	
e Add lines 2a through 2d		
3 Subtract line <b>2e</b> from line <b>1</b>	3	518,258
A mounts 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	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	518,258
Part XIV Supplemental Information		

Part V, line 4, Part X, 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 Ident if ier Return Reference | Explanation

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## 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 to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization NEW JERSEY WORKING FAMILIES ALLIANCE Employer identification number

30-0427821

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MEMBERSHIP IS OPEN TO COMMUNITY ORGANIZATIONS, UNIONS AND OTHER GROUPS WHICH, BY OFFICIAL ACT, UNDERTAKE TO ACCEPT AND ABIDE BY THE CONSTITUTION AND PRINCIPLES OF THE ORGANIZATION

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE STATE COMMITTEE WHICH IS THE GOVERNING BODY OF THE ORGANIZATION IS COMPRISED OF 1 PERSON FROM EACH AFFILIATED ORGANIZATION WITH 100 MEMBERS THE STATE COMMITTEE ELECTS THE EXECUTIVE COMMITTEE

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW	FORM 990, PAGE 6, PART VI, LINE	BOARD OF TRUSTEES REVIEWS 990 PRIOR TO
FORM 990	11B	FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD OF TRUSTEES AND EMPLOYEES

ldentifier	Return Reference	Explanation		
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION DETERMINED BY EXECUTIVE COMMITTEE		

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST