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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 1, and ending MAR 31, 2013 APR 2012 C Name of organization Check if applicable D Employer identification number AMERICAN CIVIL LIBERTIES UNION OF Address change **NEW JERSEY** Name change Doing Business As 22-1758950 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-PO BOX 32159 (973)642-2086 Amended return City, town, or post office, state, and ZIP code G Gross receipts \$ 342,035. Applica-NEWARK, NJ 07102 H(a) Is this a group return pendina F Name and address of principal officer. UDI OFER]Yes IX No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No 501(c)(3) X 501(c) (I Tax-exempt status: 4947(a)(1) or [527 If "No," attach a list (see instructions)) (insert no.) J Website: ► WWW.ACLU-NJ.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1969 M State of legal domicile: NJ Part I | Summary Briefly describe the organization's mission or most significant activities TO PROMOTE AND DEFEND CIVIL Activities & Governance LIBERTIES PRINCIPLES. Check this box ▶ L f 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) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T-flige.34 0. 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 340,787 327,903. Revenue Program service revenue (Part VIII, line 2g) 0. 0 Investment income (Part VIII, column (A), lines 32 14.274 14,132. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII 355,061 342,035. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 104.249 98,844. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 21,879. 102,197. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 119,074. 217,918. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 206,446 Revenue less expenses Subtract line 18 from line 12 148,615. 124,117. **Beginning of Current Year** End of Year Total assets (Part X, line 16) 958,878. 1,122,443. 21 Total liabilities (Part X, line 26) 3,092 168. Net assets or fund balances Subtract line 21 from line 20 955,786. 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. MC 0 Signature of officer, Sign UDI OFER EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check X Print/Type preparer's name Preparet s sygnatur Paid JAMES M. WOOD 09/16/13 setf-employed P00310420 Preparer Firm's name **JAMES** M. WOOD, Firm's EIN 🛌 22-3604710 Z Use Only Firm's address ▶ 603B OMNI DRIVE HILLSBOROUGH, NJ 08844 Phone no. (908)431-1700May the IRS discuss this return with the preparer shown above? (see instructions) Yes LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

		-1/38930 Page Z
Par	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	TO PROMOTE AND DEFEND CIVIL LIBERTIES PRINCIPLES.	
	TO TROMOTE THE PETERS CIVIL DIDENTING INTRICTIONS	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
	·	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the described by the complishments for each of its three largest program services, as measured to the organization of the o	sured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	- · · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	e total expenses, and
	revenue, if any, for each program service reported	
4a	· · · · · · · · · · · · · · · · · · ·)
	1. EDUCATE OUR MEMBERS AND THE GENERAL PUBLIC ABOUT THEIR	CIVIL
	LIBERTIES AND CONSTITUTIONAL RIGHTS THROUGH PUBLICATIONS, S	PEAKING
	ENGAGEMENTS, WEBSITE, AND MEDIA.	
	2. CONDUCT OUTREACH TO COMMUNITIES NEEDING HELP AND GUIDAN	CE ON CIVII
	······································	CE ON CIVIL
	LIBERTIES ISSUES.	
	3. DEVELOP PUBLICATIONS AND STUDIES OF CURRENT CIVIL LIBER	TIES PROBLEMS
	AND ISSUES SUCH AS A REPORT ON HOW NJ POLICE HANDLE INTERN	AL AFFAIRS
	COMPLAINTS.	
	4. LEAD GRASSROOTS LOBBYING EFFORTS TO SUPPORT PRO-CIVIL L	TDEDMIEC
		IDEKTIES
	LEGISLATION AND GOVERNANCE.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		
4c	(Code) (Expenses \$) (Revenue \$))
		
4.4	Other program services (Describe in Schedule O)	-
4d		,
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ► 167,939.	
		Form 990 (2012)

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NEW JERSEY Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	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		X
đ	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		¥
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX. Commin (A), line 17 If "Yes," complete Schedule I, Parts and III 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 21 If "Yes," complete Schedule I, Parts and III 22 If "Yes," complete Schedule I, Parts and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule C, If "Yes," complete Schedule III 22 If Yes, If III 22 If Yes, If		•		Yes	No
22 bit 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 X X Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees" If "Yes," complete Schedule IX. If you go to line 25 X X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX. If "No." go to line 25 X X Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 1 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an excross benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II 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 I, Part II Section 10 or by a current or former officer, director, titustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part IV IV instruction or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, titustee, key employee, bighest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part IV IV instruction or employee thereof,	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Dd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I' I'v's, or to time 25 24 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 240 through 24d and complete Schedule I, I'v's, or time 25 25 b Dd the organization invest arry proceeds of tax-exempt bonds beyond a temporary period exception? 26 b Dd the organization mentan an escrow account other than a refunding escrow at any time during the year of the organization on maintain an escrow account other than a refunding escrow at any time during the year? 26 b Dd the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 b Is the organization aware that a dengaged an an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 27 b Is the organization aware that a dengaged an an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II 28 Was a loan to or by a current or former officer, director, trustee, key employee, unstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV 28 Yas the organization aparty to a business transaction with noe of the following parties (see Schedule I, Part IV 28 Yas the organization aparty to a business transaction with noe of the following parties (see Schedule I, Part IV 29 A A Camerto for dephicable fling thresholds, conditions, and exceptions). 30 Yas the organization released or officer, director, trustee, or k	•	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
23 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds outstanding at any time during the year of the organization and solicifyld organizations. Did the organization and the organization engage in an excess benefit transaction with a disqualified person during the year? If "Se," complete Schedule L, Part II and that the transaction has not or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person during the year. If "Se," complete Schedule L, Part II and the organization and the organizations prior forms 990 or 990-277 If "Yes," complete Schedule L, Part II and the organization prior forms 990 or 990-277 If "Yes," complete Schedule L, Part II and the organization of the organization stray year? If "Yes," complete Schedule L, Part II and the organization prior former officer, or organization prior former officer, or organization prior former officer, or year, and contributor or employee thereof, a grant or other assistance to an officer, director, trustee, or employee thereof, a grant selection committee member, or to a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV and the organization prior to former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization related to any tax-exempt of the organization related to any tax-exempt or tax-exempt or tax	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Dd 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 intes 24b through 24d and complete Schedule K. If "No", go to line 25 b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(k(3) and 501(k)4) organizations. Dd the organization engage 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-E2? If "yes," complete Schedule L, Part I Uses a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "yes," complete Schedule L, Part IV instructions for applicable fing thresholds, conditions, and exceptions). a A current of former officer, director, trustee, or key employee, substantial contributions of these persons? If "yes," complete Schedule L, Part IV instructions for applicable fing thresholds, conditions, and exceptions? A A family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV A natrity of which a current or former officer, director, trustee, or		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 25a Section 501(c)(3) and 501(c)(4) organizations. Dot the organization repage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L., Part IV see a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outling the year? If "Yes," complete Schedule L, Part II assistancing as of the end of the organization is xy year? If "Yes," complete Schedule L, Part II assistancing as of the end of the organization's trustee, key employee, highest compensated employee, or disqualified person outling to a complete schedule L, Part II assistancing as of the end of the organization is xy year? If "Yes," complete Schedule L, Part II assistancing as of the end of the organization is xy year? If "Yes," complete Schedule L, Part IV assistancing as of the end of the organization is an original part of the part of	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
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b) Oil the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25d 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? 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If Yes, "complete Schedule L, Part II 25b X 200 the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 5% controlled entity or family member of any of these persons? If Yes, "complete Schedule L, Part IV 28b A family member of a current or former officer, director, trustee, or key employee? If Yes, "complete Schedule L, Part IV 28c A entity of which a current or former officer, director, trustee, or key employee? If Yes, "complete Schedule L, Part IV 28c X 28					
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		·	_35a		
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Note. All Form 990 filers are required to complete Schedule O	38	·			
			38	x	
					(2012)

Form 990 (2012) NEW JERSEY
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2								
ь	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ĭ							
	filed for the calendar year ending with or within the year covered by this return 2a 0]							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
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		_X_					
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a	X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL	v						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	<u> </u>						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b									
G	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed 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 Form 1098-C?	7h_							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b_							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
·· a	Gross income from members or shareholders								
ь	Gross income from other sources (Do not net amounts due or paid to other sources against								
_	amounts due or received from them)	Ì							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand			<u> </u>					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2012)					

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Page 6

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

	Check if Schedule O contains a response to any question in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	20					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	2	20					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u> </u>			
6	Did the organization have members or stockholders?			_6_		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
	more members of the governing body?			7a	ļ	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	lders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	t the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	<u>Revenue</u>	Code.)		L				
				_	Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters	, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	ļ				
_	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befor	e filing the form?	11a	_X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Ì					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	es," de	scribe						
	ın Schedule O how this was done			12c		X			
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14_	X				
15	Did the process for determining compensation of the following persons include a review and approve	-	dependent						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				.,			
	The organization's CEO, Executive Director, or top management official			15a	_	X			
D	Other officers or key employees of the organization			15b		X			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont :	rth o						
···a	taxable entity during the year?	ment w	iu i d	40-		v			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	 .to.to.n	articipation	16a		<u> </u>			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati								
				16b					
Sec	exempt status with respect to such arrangements? tion C. Disclosure			. 1 100					
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T /Secti	on 501(c)/3\s only	A availat					
	for public inspection. Indicate how you made these available Check all that apply.	. 100011	on oo nogoja oni	, availat	,,,,				
	Own website Another's website X Upon request Other (explain	ın Sch	edule ())						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		•	and finar	ncial				
	statements available to the public during the tax year	J. MIGE	, interest policy,	unu iiildi	iciai				
20	State the name, physical address, and telephone number of the person who possesses the books a	ind reco	ords of the organi	zation:	•				
	THE ORGANIZATION - (973)642-2086		or the organi						
	PO BOX 32159, NEWARK, NJ 07102		<u>-</u>						
232000 12-10-				Forn	990	(2012)			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	anıza	tion	cor	npe	nsat	ed any current officer, of	director, or trustee	
(A)	(B)				()			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos beck			one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rson	ıs bot	h an	compensation from	compensation from related	amount of other
	(list any	cto				İ		the	organizations	compensation
	hours for	Ę				E E		organization	(W-2/1099-MISC)	from the
	related	ste	ruste			bensa		(W·2/1099-MISC)		organization
	organizations	ual tru	onal		етріоуее	E s				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key em	Highest compensated employee	Former			organizations
(1) FRANK CORRADO	2.00	=	=	0	_	r.	Œ			<u>-</u>
PRESIDENT		х		х	ŀ			0.	0.	0.
(2) DEBRA E. GUSTON	2.00							* .		
VICE PRESIDENT		х		X	ŀ			0.	0.	0.
(3) JOSEPH B. PARSONS	2.00									
TREASURER		Х		X				0.	0.	0.
(4) RYAN J. COOPER	2.00								"	-
SECRETARY		X		X				0.	0.	0.
(5) EL-RHONDA WILLIAMS ALSTON	1.00									
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(6) MARC BEEBE	1.00									
BOARD MEMBER		X	<u> </u>					0.	0.	0.
(7) PEGGY BROOKS	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) RONALD K. CHEN	1.00							_	_	
BOARD MEMBER		X			-			0.	0.	0.
(9) JAY D. GARTMAN	1.00								_	_
BOARD MEMBER	1 00	X				_		0.	0.	0.
(10) GARY NISSENBAUM	1.00									
BOARD MEMBER	1 00	X			<u> </u>			0.	0.	0.
(11) JOEY NOVICK	1.00	7,						_		•
BOARD MEMBER	1 00	X				-		0.	0.	0.
(12) JOHN O'CONNOR	1.00	x						0.	•	0
BOARD MEMBER	1.00	^		_		-		U.	0.	0.
(13) BRUCE ROSEN	1.00	X						0.	0.	0
BOARD MEMBER (14) AFSHEEN SHAMSI	1.00	_							U.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(15) GARY STEIN	1.00					<u> </u>				
BOARD MEMBER	2.00	x			1			0.	0.	0.
(16) HEATHER TAYLOR	1.00									
BOARD MEMBER		x						0.	0.	0.
(17) AVINASH G. TILAK	1.00									
BOARD MEMBER		X						0.	0.	0.

232007 12-10-12

Form **990** (2012)

Part VII Section A. Officers, Directors		ploy	ees			ghe:	st C					
· (A)	(B) Average			(C Posi	C) rtion	,		(D)	(E)			F)
Name and title	hours per		not c	heck	more	than		Reportable compensation	Reportable compensation			nated unt of
	week		ceran					from	from related			her
	(list any	director						the	organizations		compe	ensation
	hours for related	or dir	8			za tec		organization	(W-2/1099-MISC)		n the
	organizations	Individual trustee or	Institutional trustee		ខ្ន	mpen		(W-2/1099-MISC)			•	ization elated
	below	id ual t	utiona		Key employee	estco	- E					zations
	line)	ğ	Insti	Officer	Key e	Highest compensated employee	Former					
(18) BARBARA VILKOMERSON	1.00							_				
OARD MEMBER		X				<u> </u>	_	0.	(). <u> </u>		0.
19) JEFF WILD	1.00							_	_			•
OARD MEMBER	1.00	X			\vdash			0.). <u> </u>		0.
20) LISA WITKOWSKI	1.00	X						0.	,	o .		0.
BOARD MEMBER								0.	· · · · · ·	"	<u>-</u>	
		1										
		<u> </u>				<u> </u>	ļ.,					
		-						<u>.</u>		+		
			_			\vdash	\vdash			+		
		_	$\overline{}$					-		+		
1b Sub-total								0.	() .		0.
c Total from continuation sheets to F	Part VII, Section A					ightharpoons		0.). <u> </u>		0.
d Total (add lines 1b and 1c)								0.).[0.
2 Total number of individuals (including		ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable			
compensation from the organization	<u> </u>											es No
3 Did the organization list any former of	officer director or tri	ister	o ke	v en	nnlo	wee	or l	nichest compensated e	mnlovee on	Г	- '	<u>es 140</u>
line 1a? If "Yes," complete Schedule			o, RC	y Ci	npio	ycc,	, 0, ,	iignost compensated e	inployee on		3	X
4 For any individual listed on line 1a, is			omp	ensa	 ation	and	d oth	ner compensation from	the organization			1
and related organizations greater tha											4	X
5 Did any person listed on line 1a recei							elate	ed organization or indivi	dual for services			
rendered to the organization? If "Yes	<u>," complete Schedul</u>	<u>e J f</u>	or s	uch	pers	on		·			5	X
Section B. Independent Contractors									*			
1 Complete this table for your five high	· ·	-							•	∌nsatı	ion fro	m
the organization Report compensation	A)	cai t	endi	iig v	VILIT	UI W	111111	(B)	year.		(C)	
	siness address	NO	INC	3				Description of s	ervices	Cor	mpens	ation
												
	_											
							\dashv					
	-						\dashv				 _	
							\dashv					
2 Total number of independent contract	ctors (including but n	ot li	mite	d to	tho	se lis	sted	above) who received m	nore than			
\$100,000 of compensation from the	· -)						
										Fo	orm 9 9	90 (2012)

Page 9

Part VIII Statement of Revenue (D)
Revenue excluded from tax under sections 512, 513, or 512, Check if Schedule O contains a response to any question in this Part VIII (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 327,903. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total, Add lines 1a-1f 327,903 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14,132. other similar amounts) 14,132. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 342,035 Total revenue See instructions. 14,132. 232009 12-10-12 Form 990 (2012)

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons			·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21			<u></u>	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B) Other salaries and wages	75,557.	48,666.	15,119.	11,772
7	Pension plan accruals and contributions (include	75,557.	40,000.	13,119.	11,114
8	section 401(k) and 403(b) employer contributions)	8,478.	5,461.	1,696.	1,321
0	Other employee benefits	9,028.	5,815.	1,807.	1,406
9	Payroll taxes	5,781.	3,723.	1,157.	901
10	Fees for services (non-employees):	3,701.	3,123.	1,13/.	301
11					
a	Management				
b	A	··			
d					···········
_	But a second to the second of the Add to the				
e f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch O.)				
12	A.d				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	5,127.	3,302.	1,026.	799
17	Travel	643.	414.	129.	100
18	Payments of travel or entertainment expenses	7 - 7 - 7			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,028.	1,028.		
20	Interest		_,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,279.	1,468.	456.	355
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOPPITTIO	51,430.	51,430.	0.	0
b	DDODDGGTONNI DDDG	26,376.	16,989.	5,278.	4,109
c	MUNICI DESCRIP	12,924.	12,924.	0.	0
d	PUBLIC EDUCATION	9,516.	9,516.	0.	0
е	All other expenses	9,751.	7,203.	1,432.	1,116
25	Total functional expenses. Add lines 1 through 24e	217,918.	167,939.	28,100.	21,879
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>		

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 105,227. 68,856. Cash - non-interest-bearing 1 <u>256,9</u>62. 2 429,069. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 19,014. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 10,157. 9,936. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 50,046. basis. Complete Part VI of Schedule D 10a 10b <u>47,749.</u> 4,576. 10c 2,297. b Less: accumulated depreciation 11 Investments - publicly traded securities 11 574,079. 627,476. 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 <10,916.>15 15 Other assets. See Part IV, line 11 <15,412.> 958,878. 122,443. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 3,092. 3,168. 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 3,092. 3,168. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 955,786. 1,119,275. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 955,786. 1,119,275. Total net assets or fund balances 33 958,878. 34 1,122,443. Total liabilities and net assets/fund balances

Form **990** (2012)

	990 (2012) NEW JERSEY	<u> 22-17</u>	<u> 58950</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>18.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>17.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>86.</u>
5	Net unrealized gains (losses) on investments	5	3	<u>9,3</u>	<u>72.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,11	9,2	<u>75.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		······		
				Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Dither				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	ЭO.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Doth consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,			
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 Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a		_X_
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or guidte, explain why in Schedule O and describe any steps taken to undergo such guidte		26		

232012

Form **990** (2012)

SCHEDULE C (Form 990 or 990-EZ)

(i oi iii 330 oi 330-12

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

- 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 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organiza				
	AN CIVIL LIBERTIE	S UNION OF	Empl	oyer identification number
NEW JEF	RSEY			<u> 22-1758950</u>
Part I-A Complete if the or	ganization is exempt und	er section 501(c) o	r is a section 527 o	rganization.
 Provide a description of the organi Political expenditures Volunteer hours 	ization's direct and indirect politic	al campaign activities in 		
Part I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1 Enter the amount of any excise tax	cincurred by the organization und	ler section 4955	> \$	
2 Enter the amount of any excise tax	k incurred by organization manage	ers under section 4955	▶\$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes Do
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				1(0)
<u> </u>	ganization is exempt und			
1 Enter the amount directly expende	, ,	•		
2 Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for sec	_	
exempt function activities			. ▶\$	
3 Total exempt function expenditure	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,	. .	
line 17b 4 Did the filing organization file Form			> \$	
5 Enter the names, addresses and e made payments. For each organize contributions received that were p political action committee (PAC). If	mployer identification number (El ation listed, enter the amount pai romptly and directly delivered to	d from the filing organiza a separate political organ	tion's funds. Also enter th nization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
PORZIO GOVERNMENTAL AFFAIRS, LLC	MORRISTOWN, NJ 07962	20-4725147	50,400.	0.
			33,100	

232041

LHA

Schedule C (Form 990 or 990-EZ) 2012

SEE PART IV FOR CONTINUATION

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

Schedule C (Form 990 or 990-EZ) 2012 N			504()(0) (1)	22-	1758950 Page 2
Part II-A Complete if the organ		mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under section	on 501(n)).				
		= :::	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share o	of excess lobbying	expenditures).			
B Check ► if the filing organizatio	n checked box A a	nd "limited control" pr	ovisions apply.		
Limits (The term "expendite	on Lobbying Expe ures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (arass roots lobbying)			
b Total lobbying expenditures to influer	•	, , ,	·		1
c Total lobbying expenditures (add line	•	, (* * * * * * * * * * * * * * * * * * *			
d Other exempt purpose expenditures	- · · - · - · - · · - · · · · · · ·				
e Total exempt purpose expenditures (add lines 1c and 1d				
f Lobbying nontaxable amount Enter t			th columns		
If the amount on line 1e, column (a) or (l		bying nontaxable arr			
Not over \$500,000	1	the amount on line 1e			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc	· · · · · · · · · · · · · · · · · · ·		
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce	11		
Over \$17,000,000	\$1,000,		-33 Over ψ1,300,000.		
Over \$17,000,000		000.			
g Grassroots nontaxable amount (enter	25% of line 1ft				-
h Subtract line 1g from line 1a. If zero o	•				
i Subtract line 1f from line 1c. If zero or	•			 -	
j If there is an amount other than zero	·	line 1: did the organiz	ا		
reporting section 4911 tax for this year		iiile 11, did tile organiz	.adoi1 ille 1 0/1/1 47 20		Yes No
reporting section 4911 tax for this year		vesion Desiral Lade	· Castian EO4/b)	***	└─ Yes └─ No
(Some organizati		eraging Period Under	n do not have to comp	lete all of the five	
			es 2a through 2f on pa		
		nditures During 4-Ye	<u> </u>	3,	
	,				1
Calendar year (or fiscal year beginning in)	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
,				1.2.11	
c Total lobbying expenditures				**	
d Grassroots nontaxable amount				7A 11 - MT	
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2012

	I II II II CI II I	CIVID DIDUKTION	ONITON OF	
Schedule C (Form 990 or 990-EZ) 2012	NEW JERSE	Υ		22-175895
Part II-B Complete if the or	ganization is e	xempt under section 5	01(c)(3) and has NOT	filed Form 5768
(election under se	ction 501(h)).			

For each "Ye	s," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbyir	ng activity	Yes	No	Amo	ount
local le	the year, did the filing organization attempt to influence foreign, national, state or gislation, including any attempt to influence public opinion on a legislative matter rendum, through the use of: pers?				
	aff or management (include compensation in expenses reported on lines 1c through 1i)?		-		
d Mailing	s to members, legislators, or the public?				
e Publica	ations, or published or broadcast statements?				
f Grants	to other organizations for lobbying purposes?				
_	contact with legislators, their staffs, government officials, or a legislative body?				
	demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
• •	activities?	ļ			
•	Add lines 1c through 1i				
	e activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	enter the amount of any tax incurred under section 4912				
	enter the amount of any tax incurred by organization managers under section 4912				
Part III-A	ling organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).	on 501(a)	(5) or so	otion	
rait III-A	$\int Complete in the organization is exempt under section SOT(C)(4), section SOT(C)(4).$	JII 30 I (C)	(J), OI SE	Cuon	
	30 1(0)(0).			Yes	No
4 Word o	ubstantially all (90% or more) dues received nondeductible by members?		4	X	
	e organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
	e organization make only inviouse lobbying expenditures of \$2,000 or less:		3		<u>x</u>
Part III-B		on 501(c)	(5). or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."	•	` ,	•	•
1 Dues, a	assessments and similar amounts from members		1		
2 Section	n 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	ses for which the section 527(f) tax was paid).				
a Curren	t year		2a		
b Carryo	ver from last year		2 b		
c Total			2c		
3 Aggreg	gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notic	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
does th	ne organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
expend	diture next year?		4		
	e amount of lobbying and political expenditures (see instructions)		5		
Part IV	Supplemental Information				
-	s part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, P	art II-A (affilia	ated group	list); Part II-	A, line 2;
	line 1. Also, complete this part for any additional information.				
PART I	-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	'ORMAT'	ON:		
PORZIO	GOVERNMENTAL AFFAIRS, LLC		-		
100 SO	THGATE PARKWAY, PO BOX 2449 MORRISTOWN, NJ 079	62			<u>. </u>
TO LOBI	BY STATE LEGISLATORS TO PASS PRO-CIVIL LIBERTIE	S BILI	JS.		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF NEW JERSEY

Employer identification number

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		Accounts: Complete if the
	organization answered Tes to Form 550, Fart 14, in	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Borior advices rarido	(b) Tarias and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		L Yes L No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	· — —
Pai	impermissible private benefit?		Yes No
			/, line /
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified i	historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
	-		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register	•	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ea	· ————————————————————————————————————	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservationally of applicable, the tout of the features to the agreement		
	include, if applicable, the text of the footnote to the organiza conservation easements	tion's financial statements that describes the o	rganization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assats
	Complete if the organization answered "Yes" to Form		Olimai Assets.
12	If the organization elected, as permitted under SFAS 116 (AS	2.17.2	and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ext		•
	the text of the footnote to its financial statements that descri		or public service, provide, in Part Alli,
.			balance about works of out bustoned
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, e		
		ducation, or research in furtherance of public si	ervice, provide the following amounts
	relating to these items (i) Revenues included in Form 990, Part VIII, line 1		▶ ¢
			S
0	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	•	i, provide
_	the following amounts required to be reported under SFAS 1	TO (MOC 900) relating to these items:	▶ •
a	Revenues included in Form 990, Part VIII, line 1		\$
ь	Assets included in Form 990, Part X	•	. • \$

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

Schedule D (Form 990) 2012

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Sche	dule D (Form 990) 2012 NEW JER	SEY				22-17	58950 Page 2
Par	t III Organizations Maintaining C	collections of Art,	Historical Tr	easures, or C	Other S	Similar Asse	ts (continued)
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that are	a signif	icant use of its	collection items
	(check all that apply):						
`a	Public exhibition	d	Loan or exc	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain I	now they further t	he organization's	exempt	purpose in Par	t XIII.
5	During the year, did the organization solicit of	r receive donations of	art, historical trea	sures, or other si	mılar ass	sets	
	to be sold to raise funds rather than to be ma	aintained as part of the	organization's co	ollection?			Yes No
Par	t IV Escrow and Custodial Arran	gements. Complete	out the organization	n answered "Yes	to For	m 990, Part IV, I	line 9, or
	reported an amount on Form 990, Pa	rt X, line 21					
1a	Is the organization an agent, trustee, custod	ıan or other intermedia	ry for contribution	s or other assets	not incl	uded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:		_		
					ļ		Amount
С	Beginning balance				į	1c	
d	Additions during the year					1d	
е	Distributions during the year				- [1e	
f	Ending balance				. [1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1? .				Yes No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided in Part	XIII		. 🗆
Par	t V Endowment Funds. Complete i	f the organization answ	vered "Yes" to Fo	rm 990, Part IV, I	ine 10.		
		(a) Current year	(b) Pnor year	(c) Two years ba	ck (d)	Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment		%				
b	Permanent endowment	<u></u> %					
С	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held a	and administered	for the o	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organization:	s listed as required on	Schedule R?				3b
4	Describe in Part XIII the intended uses of the			<u> </u>			<u> </u>
Pai	t VI Land, Buildings, and Equipn						
	Description of property	(a) Cost or oth basis (investme		or other (other)	c) Accu depred	mulated ciation	(d) Book value
1a	Land						
ь	Buildings						
С	Leasehold improvements						
d	Equipment		5	0,046.	4	7,749.	2,297.
e	Other						
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X	column (B), line	10(c))			2,297.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 NEW JERSEY			22	<u>-1758950 Page 3</u>
Part VII Investments - Other Securities. See				1-6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of V	atuation Cost or end	l-of-year market value
(1) Financial derivatives		 -		
(2) Closely-held equity interests	T		•	
(3) Other	627 47	6 END OF V	TEXT MADVEM	17AT TIE
(A) MUTUAL FUNDS	627,47	6. END-OF-I	EAR MARKET	VALUE
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				·
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	627,47	6.		
Part VIII Investments - Program Related. Ser		ne 13.		
(a) Description of investment type	(b) Book value	(c) Method of v	aluation Cost or end	f-of-year market value
(1)				• • • • • • • • • • • • • • • • • • • •
(2)				
(3)				
(4)				,
(5)				
(6)				
(8)				
(9)				
(10)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 1	16			
	Description			(b) Book value
(1)	occomption .			(b) Book value
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •	
(5)				
(6)				
(7)				
(8)				
(9)			det	
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)			
Part X Other Liabilities. See Form 990, Part X, II	ne 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			-	
(2)			-	
(3)			1	
(4)			-{	
(5) (c)			-	
			1	
(8)			1	
(9)			-	
(10)			1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col (B) line	25) . ▶	······································	1	
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex		e organization's financia	al statements that rep	oorts the organization's
liability for uncertain tax positions under FIN 48 (ASC 74		-	-	
<u>-</u> -			Sch	edule D (Form 990) 2012

Sche	edule D (Form 990) 2012 NEW JERSEY	22-17	58950 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	342,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
`a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recovenes of pnor year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	342,035.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	342,035.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		342,033.
1	Total expenses and losses per audited financial statements	11	217,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	217,918.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	217,918.
Par	t XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, e 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional in		Part V, line 4; Part
		Schedule	e D (Form 990) 2012

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF NEW JERSEY

Employer identification number 22-1758950

FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC VERSION OF THE 990 IS
PROVIDED TO ALL BOARD MEMBERS FOR A 7-DAY REVIEW PERIOD. THEREAFTER, THE
990 IS SIGNED BY THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR AND IS FILED
WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.
SAME AS LAST YEAR

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. O 된 AMERICAN CIVIL LIBERTIES UNION ▶ Attach to Form 990.

Employer identification number Inspection 22-1758950

> NEW JERSEY Name of the organization Department of the Treasury Internal Revenue Service

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

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Section 512(b)(13) controlled ž × × entity? Direct controlling entity status (if section Public charity 501(c)(3)) **e** Exempt Code section Legal domicile (state or foreign country) Primary activity AMERICAN CIVIL LIBERTIES UNION - 13-3871360 - NJ FOUNDATION - 22-2010593 Name, address, and EIN of related organization NEW YORK NY 10004 NEWARK, NJ 07102 125 BROAD STREET PO BOX 32159 ACLU

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 NEW JERSEY

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 22-1758950

Page 2

(k)	General or Percentage managing ownership partner?			e related	Section 512(p)(13) confrolled entity?
(1)				one or more	(h) Percentage ownership
(9)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related)	Share of Pend-of-year assets
(h)	Disproportion- ate allocations?			art IV, line 34	of total me
(B)	Share of end-of-year assets			orm 990, Pa	Share of total
ω	Share of total Sincome en			ered "Yes" to F	(e) Type of entity (C corp., S corp, or trust)
				ation answ	(d) Direct controlling entity
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			the organız	
				omplete If	(C) Legal domicile (state or foreign country)
(P)	Direct controlling entity			ration or Trust (C	(b) Primary activity
(0)	Legal domicile (state or foreign country)			as a Corpo	Prim
(2)	Primary activity			janizations Taxable	Z c
(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization

1		ı		ı			ı			
tion 5(13) olled ity?	Yes No			L						
512(cont	Yes									
Percentage 512(b)(13) ownership controlled entity?										•
Share of end-of-year	433613									
Share of total income										
Type of entity (C corp, S corp, or frust)	0.000									
Legal domicile Direct controlling Type of entity (Corp. Scorp, foreign foreign										
Legal domicile (state or foreign	country)							-		
Primary activity										
Name, address, and EIN of related organization										

Schedule R (Form 990) 2012

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232162 12-10-12

Schedule R (Form 990) 2012 NEW JERSEY

22-1758950 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				۶	Yes No	ام
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	slated organizations listed	in Parts II-IV?			J
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19	×	J
b Gift, grant, or capital contribution to related organization(s)				P	×	_ [
c Gift, grant, or capital contribution from related organization(s)				ဍ	×	
d Loans or loan guarantees to or for related organization(s)				1q	×	١. ا
				9	×	١.
						.l
f Dividends from related organization(s)				+	×	
g Sale of assets to related organization(s)				19	×	\Box
h Purchase of assets from related organization(s)				ŧ	×	
 Exchange of assets with related organization(s) 				;=	×	. 1
j Lease of facilities, equipment, or other assets to related organization(s)				1;	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
1 Performance of services or membership or fundraising solicitations for related org	related organization(s)			=	×	J
m Performance of services or membership or fundraising solicitations by related orga	related organization(s)			ا	×	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ŧ	×	, J
 Sharing of paid employees with related organization(s) 				9	×	
a Beimhi ireamant noid to reloted organization(s) for evnences				Ę	×	
				2	*	J
 Reimbursement paid by related organization(s) for expenses 				<u>p</u>	4	
r Other transfer of cash or property to related organization(s)				-	×	, 1
s Other transfer of cash or property from related organization(s)				15	×	_1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.			- 1
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1)						
(2)						
						l
(4)						1
(5)						
						1
(9)						1
232163 12-10-12	24		Schedule	Schedule R (Form 990) 2012	90) 2012	Ŋ

22-1758950 Page 4

Schedule R (Form 990) 2012 NEW JERSEY

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) centage nership							2012
Perc							066
(j) Derail or naging	2	 				—	orm
Gene Dart	<u> </u>		_		-		R 0
Dispropor- Dispropor-							Schedule R (Form 990) 2012
Orsproportionate allocations?						-	
(g) Share of end-of-year assets		i					
(f) Share of total income							
(e) Are all partners sec 501(c)(3) ongs?							
Predominant income pathers sec (related, unrelated, 501(c)(3) excluded from tax under Section 512-514) voe No							
(c) Legal domicile (state or foreign country)				7.			
(b) Primary activity							
(a) Name, address, and EIN of entity							

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AMERICAN CIVIL LIBERTIES UNION OF Schedule R (Form 990) 2012 NEW JERSEY 22-1758950 Page 5 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**

(Rev. January 2013)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			▶ X			
	are filing for an Additional (Not Automatic) 3-Month Ex	-		this form).		,,			
	complete Part II unless you have already been granted a								
	nic filing (e-file). You can electronically file Form 8868 if		· ·	-		corporation			
	to file Form 990-T), or an additional (not automatic) 3-mo			-		•			
	to file any of the forms listed in Part I or Part II with the exi								
	Il Benefit Contracts, which must be sent to the IRS in pap		•						
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		(See mondenens) i en mone detaile	011 1110 0101	or or no mining or t	1110 101111,			
Part			submit original (no copies ne	eded).					
	ration required to file Form 990-T and requesting an autor								
Part I or	•		Shirt extension of one of the box and	Complete					
	corporations (including 1120-C filers), partnerships, REM	IICs and t	rusts must use Form 7004 to reques	st an exter	sion of time				
	come tax returns			or an exten					
Type or	Name of exempt organization or other filer, see instru	ctions.	-	Employe	r identification r	umber (EIN) or			
print	AMERICAN CIVIL LIBERTIES U	NION	OF						
NEW JERSEY 22-17589									
File by the due date for Number, street, and room or suite no. If a P.O box, see instructions Social security number									
filing your	,	,							
return See instructions PO BOX 32159 City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	NEWARK, NJ 07102		-14-14						
	5								
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)		•	0 1			
Applica	tion	Return	Application			Datum			
			1 ''			Return			
Is For	00 or Form 000 F7	Code	Is For	.		Code			
	0 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99		02	Form 1041-A			08			
	'20 (individual)	03	Form 4720			09			
Form 99		04	Form 5227			10			
	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 95	00-T (trust other than above)	06	Form 8870						
• That	THE ORGANIZATION		DV NT 07102						
	books are in the care of PO BOX 32159 -	NEWA	10						
	phone No. ► (973)642-2086		FAX No.			. \Box			
	organization does not have an office or place of business								
	s is for a Group Return, enter the organization's four digit	٦.							
box ▶	. If it is for part of the group, check this box		ach a list with the names and EINs o		ers the extension	on is for			
1 Ir	equest an automatic 3-month (6 months for a corporation	-	•		_				
_	NOVEMBER 15, 2013 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension				
IS	for the organization's return for:								
	calendar year or								
	X tax year beginning APR 1, 2012	, an	id ending <u>MAR 31, 2013</u>		<u> </u>				
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on. Initial return	Fınal retur	n				
Ī	Change in accounting period	ilook ioao	on mida recom	i marretui	••				
	Change in accounting period								
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069, e	nter the tentative tax, less any						
no	onrefundable credits See instructions.		•	3a	s	0.			
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and						
	stimated tax payments made Include any prior year overp	-		3ь	\$	0.			
	alance due. Subtract line 3b from line 3a Include your pa			- 55	*				
	using EFTPS (Electronic Federal Tax Payment System).	-		3с	S	0.			
	I, If you are going to make an electronic fund withdrawal v				 				
	For Privacy Act and Paperwork Reduction Act Notice,					8 (Rev 1.2013)			