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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

| Α                       | For the 2013         | calendar year, or tax year beginning $07/01/13$ , and ending $06/30/14$   |                               |  |                              |  |  |  |  |  |  |
|-------------------------|----------------------|---|-------------------------------|--|------------------------------|--|--|--|--|--|--|
|                         | Check if applicable  | C Name of organization  |                               | D Employe                                | r identification number      |  |  |  |  |  |  |
|                         | Address change       | South Jersey Cultural Alliance, Inc   |                               |  | 2144022                      |  |  |  |  |  |  |
|                         | Name change          | Doing Business As  Number and street (or P O box if mail is not delivered to street address)  Ro  | nom/surts                     | 22-3144933                               |                              |  |  |  |  |  |  |
|                         | Initial return       | ,   | Room/suite E Telephone number |  |                              |  |  |  |  |  |  |
| $\exists$               | Terminated           | 6 West Glendale Avenue City or town, state or province, country, and ZIP or foreign postal code   | <del></del>                   | 609                                      | -645-27 <u>60</u>            |  |  |  |  |  |  |
| _                       |                      |   |                               |  | 207 244                      |  |  |  |  |  |  |
| $\exists$               | Amended return       | Pleasantville NJ 08232  F Name and address of principal officer   |                               | <b>G</b> Gross receip                    | ots \$ 387,314               |  |  |  |  |  |  |
|                         | Application pending  |   | H(a) Is this a gro            | up return for sub                        | ordinates? Yes X No          |  |  |  |  |  |  |
|                         |                      | Steve Steiner   | -                             |  |                              |  |  |  |  |  |  |
|                         |                      | o west stemate into   | H(b) Are all sub-             | ordinates include<br>' attach a list (se |                              |  |  |  |  |  |  |
|                         |                      | Pleasantville NJ 08232  | 11 140,                       | attacir a list (se                       | e instructions)              |  |  |  |  |  |  |
| <u> </u>                | Tax-exempt status    | X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527   |                               |  |                              |  |  |  |  |  |  |
| J                       |                      |   | H(c) Group exer               | 0.04                                     |                              |  |  |  |  |  |  |
| K                       | Form of organization |   | of formation 1                | 991                                      | M State of legal domicile NJ |  |  |  |  |  |  |
|                         |                      | ummary  |                               |  |                              |  |  |  |  |  |  |
|                         |                      | escribe the organization's mission or most significant activities   |                               |  |                              |  |  |  |  |  |  |
| æ                       | Cul                  | tural Activities  |                               |  |                              |  |  |  |  |  |  |
| Ē                       |                      |   |                               |  |                              |  |  |  |  |  |  |
| Ē                       |                      |   |                               |  |                              |  |  |  |  |  |  |
| ě                       | 0.00                 |   |                               |  |                              |  |  |  |  |  |  |
| ŝ                       | 2 Check t            |   | its net assets                | 1 1                                      | 0.5                          |  |  |  |  |  |  |
| ∞                       | 3 Number             | of voting members of the governing body (Part VI, line 1a)  |                               | 3  | 25                           |  |  |  |  |  |  |
| Activities & Governance | 4 Number             | of independent voting members of the governing body (Part VI, line 1b)  |                               | 4  | 25                           |  |  |  |  |  |  |
| ₹                       | 5 Total nu           | mber of individuals employed in calendar year 2013 (Part V, line 2a)  |                               | 5  | 3                            |  |  |  |  |  |  |
| ᅙ                       | 6 Total nu           | mber of volunteers (estimate if necessary)  |                               | 6  | 10                           |  |  |  |  |  |  |
| •                       | 7a Total un          | related business revenue from Part VIII, column (C), line 12  |                               | 7a                                       | 0                            |  |  |  |  |  |  |
|                         |                      | elated business taxable income from Form 990-T, line 34   |                               | 7b                                       | 0                            |  |  |  |  |  |  |
|                         | D Not dill           | accordances taxable months from 500 1, and 54   | Prior Yea                     |  | Current Year                 |  |  |  |  |  |  |
|                         | 8 Contribu           | itions and grants (Part VIII, line 1h)  |                               | 7,280                                    | 344,042                      |  |  |  |  |  |  |
| en e                    | ı                    | n service revenue (Part VIII, line 2g)  |                               | 7,050                                    | 28,886                       |  |  |  |  |  |  |
| Revenue                 | 1                    | · · · · · · · · · · · · · · · · · · ·   |                               | 39                                       | 34                           |  |  |  |  |  |  |
| ě                       | 1                    | ent income (Part VIII, column (A), lines 3, 4, and 7d)  |                               |  |                              |  |  |  |  |  |  |
|                         | 1                    | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                               | 3,624                                    | 5,112                        |  |  |  |  |  |  |
|                         | <del></del>          | venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 39                            | 7,993                                    | 378,074                      |  |  |  |  |  |  |
|                         |                      | 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)  |                               |  | 0                            |  |  |  |  |  |  |
| S                       | 15 Salanes           | , other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <u> </u>                      | 6,798                                    | 185,819                      |  |  |  |  |  |  |
| penses                  | 16a Profess          | onal fundraising fees (Part IX, column (A), line 11e)   |                               |  | 0                            |  |  |  |  |  |  |
|                         | <b>b</b> Total fu    | ndraising expenses (Part IX, column (D), line 25) ▶ 15,073  |                               |  |                              |  |  |  |  |  |  |
| Щ                       | 17 Other e           | xpenses (Part IX, column (A), lines 11a-11d, 11f-2 <del>/[ē]</del>  | 21                            | 8,146                                    | 168,816                      |  |  |  |  |  |  |
|                         | 18 Total ex          | penses Add lines 13–17 (must equal Part IX, column (A) Pine 26, FIVED   | 39                            | 4,944                                    | 354,635                      |  |  |  |  |  |  |
|                         |                      | e less expenses Subtract line 18 from line 12   | •                             | 3,049                                    | 23,439                       |  |  |  |  |  |  |
| 56                      |                      |   | eginning of Cu                |  | End of Year                  |  |  |  |  |  |  |
| ets                     | 20 Total as          | sets (Part X, line 16)  | 18                            | 1,049                                    | 209,227                      |  |  |  |  |  |  |
| Ass                     | 21 Total lia         | bilities (Part X, line 26)  | 4                             | 4,851                                    | 49,590                       |  |  |  |  |  |  |
| Net Assets or           | 22 Net ass           | ets or fund balances Subtract line 21 from line 20 OGDEN, UT  |                               | 6,198                                    | 159,637                      |  |  |  |  |  |  |
|                         |                      | ignature Block  |                               | <u> </u>                                 |                              |  |  |  |  |  |  |
|                         |                      |   |                               |  |                              |  |  |  |  |  |  |
|                         |                      | f perjury, I declare that I have examined this return, including accompanying schedules and statements, an<br>complete Declaration of preparer (other than officer) is based on all information of which preparer has any |                               | or my knowled                            | ge and belier, it is         |  |  |  |  |  |  |
|                         | 10,001,01,01         | A A A   |                               | <del></del>                              | 011/2011                     |  |  |  |  |  |  |
|                         |                      | - Chair flower  |                               |  | 0/0/2014                     |  |  |  |  |  |  |
| Si                      | gn   🏲               | Signature of officer  |                               | Date                                     | , ,                          |  |  |  |  |  |  |
| He                      | ere 📗                | CYNTHIA LAMBERT EXECUTION DIRECT  |                               |  |                              |  |  |  |  |  |  |
|                         | 🖊                    | Type or print name and title  |                               |  |                              |  |  |  |  |  |  |
|                         | Print/Ty             | pe preparer's name Preparer's signature   | Date                          | Check                                    | if PTIN                      |  |  |  |  |  |  |
| Pa                      | id Rober             | et J. Kelly Jr.   | 09/12                         | 2/14 self-emp                            | loyed P00064446              |  |  |  |  |  |  |
|                         | narer                | Diterated Dengineers ( Valle DC   |                               |  | 22-3507266                   |  |  |  |  |  |  |
|                         | e Only               | P.O. Box 942  |                               | Firm's EIN                               | 22 3301200                   |  |  |  |  |  |  |
| -3                      | , I                  |   |                               |  | 600-200 0055                 |  |  |  |  |  |  |
|                         |                      | nddress ► Marmora, NJ 08223   |                               | Phone no                                 | 609-390-8855                 |  |  |  |  |  |  |
| Ma                      | y the IRS discu      | ss this return with the preparer shown above? (see instructions)  |                               |  | Yes No                       |  |  |  |  |  |  |

SCANNED OCT

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 288,660

DAA

Form 990 (2013)

Form 990 (2013) South Jersey Cultural Alliance, Inc 22-3144933 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Χ 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 X Part III 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 Χ "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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 Χ 9 debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ 11b of its total assets reported in Part X. line 16? If "Yes." complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Schedule D, Parts XI and XII 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 and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 other assistance to or Χ 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Χ

19

20a 20b

If "Yes." complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

|             |  |     | Yes | No            |
|-------------|--|-----|-----|---------------|
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |     |     |               |
|             | government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II                         | 21  |     | X             |
| 22          | Did the organization report more than \$5,000 of grants or 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             |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the              |     |     | l             |
|             | organization's current and former officers, directors, trustees, key employees, and highest compensated          |     |     | l             |
|             | employees? If "Yes," complete Schedule J   | 23  |     | X             |
| 24a         |  |     |     |               |
|             | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b    |     |     | l             |
|             | through 24d and complete Schedule K If "No," go to line 25a  | 24a |     | X             |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b |     | <u> </u>      |
| С           | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        |     |     | l             |
|             | 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 |     |               |
| <b>25</b> a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction      |     |     | l             |
|             | with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                | 25a |     | Χ             |
| 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 |     | Χ             |
| 26          | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any       |     |     |               |
|             | current or former officers, directors, trustees, key employees, highest compensated employees, or                |     |     |               |
|             | disqualified persons? If so, complete Schedule L, Part II  | 26  |     | Х             |
| 27          | Did 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 35% controlled          |     |     | l             |
|             | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                         | 27  |     | Х             |
| 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)                               |     |     | É             |
| а           | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a |     | Х             |
| b           | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           |     |     |               |
|             | Schedule L, Part IV  | 28b |     | X             |
| С           | 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 |     | Х             |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M         | 29  |     | Х             |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |     |     |               |
|             | conservation contributions? If "Yes," complete Schedule M  | 30  |     | Х             |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,      |     |     |               |
|             | Part I   | 31  |     | Х             |
| 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  |     | Х             |
| 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  |     | Х             |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,  |     |     |               |
| •           | or IV, and Part V, line 1  | 34  |     | Х             |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                          | 35a |     | Х             |
| 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        | 35b |     |               |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable             | 122 |     |               |
|             | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | Х             |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |     |     |               |
| J.          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,             |     |     | 1             |
|             | Part VI  | 37  |     | X             |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       | "   |     | <del></del> - |
|             | 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O  | 38  | Х   | 1             |

| PE       | Statements Regarding Other IRS Fillings and Tax Compilance Check if Schooling Company or pate to any line in this Port V   |               |              |                |       |  |
|----------|--|---------------|--------------|----------------|-------|--|
|          | Check if Schedule O contains a response or note to any line in this Part V   |               |              |                | Yes   | No   |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a            | О            |                | res   | NO   |
| b        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | 1b            | Ö            |                |       |  |
| c        | Did the organization comply with backup withholding rules for reportable payments to vendors and   |               |              |                |       |  |
| ·        | reportable gaming (gambling) winnings to prize winners?  |               |              | 1c             |       | Í  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | 1 1           | 1            | ''             |       | <u> </u>   |
| La       | Statements, filed for the calendar year ending with or within the year covered by this return  | 2a            | 3            |                |       |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | $\overline{}$ |              | 2 <sub>b</sub> | Χ     | İ  |
| -        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |               |              |                |       |  |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |               |              | 3a             |       | Х  |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  |               |              | 3b             |       | <del>- ^-</del>                                  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other auti   | nontv         |              | "              |       | $\overline{}$                                    |
|          | 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: ▶   |               |              |                |       | <u> </u>   |
| _        | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acc   | counts.       |              |                |       | ĺ  |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |               |              | 5a             |       | X  |
| ь        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  | 1?            |              | 5b             |       | X  |
| 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             |       | Х  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions  | or            |              |                |       |  |
|          | gifts were not tax deductible?   |               |              | 6b             |       | İ  |
| 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 goo  | ds            |              |                |       | ĺ  |
|          | and services provided to the payor?  |               |              | 7a             |       | X  |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |               |              | 7b             |       |  |
| С        | 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  | 7d            |              |                |       | ĺ  |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri   | act?          |              | 7e             |       | X  |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract  | ?             |              | 7f             |       | X  |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form   | 8899 a        | s required?  | 7g             |       | X  |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   | n file a l    | Form 1098-C? | 7h             |       | X  |
| 8        | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  |               |              |                |       |  |
|          | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring   |               |              |                |       | ŀ  |
|          | organization, have excess business holdings at any time during the year?   |               |              | 8              |       |  |
| 9        | Sponsoring organizations maintaining donor advised funds.  |               |              |                |       | ŀ  |
| а        | Did the organization make any taxable distributions under section 4966?  |               |              | 9a             |       | <u> </u>   |
| b        | Did the organization make a distribution to a donor, donor advisor, or related person?   |               |              | 9b             |       |  |
| 10       | Section 501(c)(7) organizations. Enter   | امما          | I            |                |       | l  |
| a        | Initiation fees and capital contributions included on Part VIII, line 12   | 10a           |              |                |       | l  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b           | <u> </u>     |                |       | 1  |
| 11       | Section 501(c)(12) organizations. Enter  | ا مما         | ı            |                |       |  |
| а        | Gross income from members or shareholders  | 11a           |              |                |       |  |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources   |               |              |                |       |  |
| 40-      | against amounts due or received from them )  | 11b           |              |                |       | ŧ  |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1   |               | 1            | 12a            |       | ├─   |
| 12       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b           | <u> </u>     |                |       | l  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |               |              | 425            |       | <del></del>                                      |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   |               |              | _13a           |       | <del> </del>                                     |
| h        | Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which |               |              |                |       | 1  |
| Ь        | the organization is licensed to issue qualified health plans   | 13b           | l            |                |       | ŧ  |
| _        | Enter the amount of reserves on hand   | 13c           |              | <del>-  </del> |       | 1  |
| с<br>14а | Did the organization receive any payments for indoor tanning services during the tax year?   | 130           |              | 14a            |       | X  |
| b        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |               |              | 14b            |       | <del>                                     </del> |
| DAA      |  |               |              |                | m 990 | 0 (2013)   |

| 09/1 | ~ | mn |  |
|------|---|----|--|
|      |   |    |  |

|                | <b>~</b> • 1 | ~      | ~ 1.     |          | _   | 00 0144000 |  |
|----------------|--------------|--------|----------|----------|-----|------------|--|
| orm 990 (2013) | South        | Jersev | Cultural | Alliance | lnc | 22-3144933 |  |

| Þ | 2 | _ | _ | 7 |
|---|---|---|---|---|
|   |   |   |   |   |

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

Gheck if Schedule O contains a response or note to any line 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.

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

| (A)<br>Name and Title                   | (B) Average hours per week (list any                           | bo                             | box, unless person is both an officer and a director/trustee) |          | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |                                 |                                       |  |
|---|--|--------------------------------|---|----------|--------------------------------------|--|--|---------------------------------|---------------------------------------|--|
|   | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee   | Officer  | Key employee                         | Highest compensated<br>employee                        | Former                                     | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)                       | from the<br>organization<br>and related<br>organizations |
| (1)Anne Salvatore                       | _  |                                |   |          |                                      |  |  |                                 |                                       |  |
|   | 1.00   |                                |   |          |                                      |  |  |                                 |                                       | _  |
| Trustee                                 | 0.00   | X                              |   |          |                                      |  |  | 0                               | 0                                     | 0  |
| (2) Steve Steiner                       | 2.00   |                                |   |          |                                      |  |  |                                 |                                       |  |
| President                               | 0.00   | X                              |   | X        |                                      |  |  | 0                               | 0                                     | 0  |
| (3) Sidney Hargro                       | 0.00   | 1                              | ┢   | <u> </u> |                                      |  | _  |                                 | , , , , , , , , , , , , , , , , , , , | <u> </u>   |
| (5,01010) 1101910                       | 1.00   |                                |   |          |                                      | 1  |  |                                 |                                       |  |
| Trustee                                 | 0.00   | X                              |   |          |                                      |  |  | 0                               | 0                                     | 0  |
| (4) Cheryl Broschard                    |  |                                |   |          |                                      |  |  |                                 |                                       |  |
| <u>.</u>                                | 1.00   |                                |   |          |                                      |  |  |                                 |                                       |  |
| Trustee                                 | 0.00   | Х                              |   |          |                                      |  |  | 0                               | 0                                     | 0  |
| (5) Susan Gogan                         |  |                                |   |          | П                                    |  |  |                                 |                                       |  |
|   | 2.00   | ĺ                              |   |          |                                      |  |  |                                 |                                       |  |
| 2nd VP                                  | 0.00   | X                              |   | X        |                                      |  |  | 0                               | 0                                     | 0  |
| (6) Diane Wieland                       |  | 1                              |   |          |                                      |  |  |                                 |                                       |  |
|   | 1.00   | l                              |   |          |                                      |  |  |                                 |                                       |  |
| Trustee                                 | 0.00   | X                              |   |          |                                      |  |  | 0                               | 0                                     | 0  |
| (7)Michael Zuckerma                     |  |                                |   |          |                                      |  |  |                                 |                                       |  |
|   | 1.00   | ,,                             |   |          | ]                                    |  |  |                                 | ^                                     |  |
| Trustee (8) Dee Billia                  | 0.00   | X                              | -   | }        | ┢                                    | ╄-   |  | 0                               | 0                                     | 0  |
| (8) Dee Billia                          | 2.00   |                                |   |          |                                      | ĺ  |  |                                 |                                       |  |
| 1st VP                                  | 0.00   | X                              |   | X        |                                      |  |  | 0                               | 0                                     | 0  |
| (9) Bruce Curless                       | 0.00   | ┼^                             |   | ^        | $\vdash$                             | +  |  | 0                               | <u> </u>                              |  |
| (a) Diuce Curicas                       | 1.00   | 1                              |   |          |                                      |  |  |                                 |                                       |  |
| Trustee                                 | 0.00   | X                              |   |          |                                      |  |  | 0                               | 0                                     | l o  |
| (10) Ralph Hunter                       | <u> </u>   | 1                              | T   | 1        | 1                                    | T  |  |                                 |                                       | <u> </u>   |
| , | 1.00   |                                |   |          |                                      |  |  |                                 |                                       |  |
| Trustee                                 | 0.00   | X                              |   | 1        |                                      |  |  | 0                               | 0                                     | 0  |
| (11) Matt Pisarski                      |  |                                |   |          |                                      |  |  |                                 |                                       |  |
|   | 1.00   |                                |   |          |                                      |  | 1  |                                 |                                       |  |
|   | 0.00   | X                              |   | 1        | 1                                    | 1  | 1  | 0                               | 0                                     | 0  |

| 09/12/2014<br>Form 990 (2013) South   |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   | P                                | age 8 |
|---|--|-----------------------------------|----------------------------------|--------------------------|---------------------------------|---------------------------------|----------------|--|---|---------------|---|----------------------------------|-------|
| Part VII Section A. Of  (A)  Name and title   | (B) Average hours per week (list any hours for related organizations below dotted line)  | (d                                | s, Ke                            | Posi<br>heck r           | c)<br>ition<br>more t           | than o                          | ne<br>an       | nd Highest Compensated  (D)  Reportable compensation from the organization (W-2/1099-MISC)                                       | (E)  Reportable compensation from related organizations (W-2/1099-MISC) |               | (F) Estimat amount other compens: from th organiza and rela organizat | of<br>ation<br>ie<br>tion<br>ted |       |
| (12)Cynthia Masor   |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
| Trustee   | 1.00   | Х                                 | i                                |                          |                                 |                                 |                | o  | 0   |               |   |                                  | 0     |
| (13)Bart Johnson  |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
| Trustee   | 1.00   | X                                 |                                  |                          |                                 |                                 |                | 0  | 0   |               |   |                                  | 0     |
| (14) Frank Siegel   | - 0.00   | 1                                 |                                  | -                        |                                 |                                 |                |  | <u>~</u>  |               |   |                                  |       |
|   | 2.00   | .,                                |                                  |                          |                                 |                                 |                |  | 0   |               |   |                                  | 0     |
| Treasurer (15) Alex Marino  | 0.00   | Х                                 |                                  | X                        | <del> </del>                    | $\vdash$                        | -              | 0  | 0   |               |   |                                  | 0     |
| (10)212011 114121110  | 1.00   |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
| <u>Trustee</u><br>(16) Tim Hart   | 0.00   | X                                 |                                  |                          | <u> </u>                        | <b>├</b> ─                      | -              | 0  | 0   |               |   |                                  | 0     |
| (10) IIM naic   | 2.00   |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
| Secretary   | 0.00   | Х                                 |                                  | Χ                        |                                 | ┞                               |                | 0  | 0   |               |   |                                  | 0     |
| (17) Ed Fiscella  | 1.00   |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
| Trustee   | 0.00   | Х                                 |                                  |                          |                                 |                                 |                | 0  | 0   |               |   |                                  | 0     |
| (18) Noreen Scott   |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
| Trustee   | 1.00   | X                                 |                                  |                          |                                 |                                 |                | 0  | 0   |               |   |                                  | 0     |
| (19) Bernadette Ma  |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
| Trustee   | 0.00   | Х                                 |                                  |                          |                                 |                                 |                | 0  | 0   |               |   |                                  | 0     |
| total (add lines 1b and 2 Total number of individual reportable compensation  | d 1c)<br>als (including but not lin  | nited                             |                                  |                          | listed                          | d abo                           | ><br>><br>ve)  | who received more than \$10  | 00,000 in   |               |   |                                  |       |
| employee on line 1a? If " For any individual listed organization and related individual Did any person listed on for services rendered to | Yes," complete Schedu<br>on line 1a, is the sum o<br>organizations greater t<br>line 1a receive or accru<br>the organization? If "Ye | ile J<br>f repo<br>han S<br>ie co | for su<br>ortab<br>\$150.<br>mpe | uch ii<br>le co<br>,000° | ndiv<br>ompe<br>? If "<br>ion f | idual<br>ensat<br>Yes,<br>rom a | ion a<br>" con | ee, or highest compensated and other compensation from a plete Schedule J for such a prelated organization or independent person | n the   |               | 3 4 5   | Yes                              | X X   |
|   | our five highest compe   |                                   |                                  |                          |                                 |                                 |                | tors that received more than   |   |               |   |                                  |       |
|   | organization. Report coi<br>(A)<br>ame and business address  | nper                              | satio                            | n fo                     | r the                           | cale                            | ndar           | year ending with or within the   | he organization's tax year (B) tion of services                         | $\overline{}$ |   | (C)                              |       |
| N   | ame and business address   |                                   |                                  |                          |                                 |                                 |                | Descript   | ion of services   |               | Cor   | npensat                          | JOU   |
|   |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
|   |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
|   |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
|   |  |                                   |                                  |                          |                                 |                                 |                |  |   |               |   |                                  |       |
| 2 Total number of indepen<br>received more than \$100   |  |                                   |                                  |                          |                                 |                                 |                | listed above) who  | 0   |               |   |                                  |       |

| Form 990 (2013) South Jer<br>Part VII Section A. Officers             |  |   |              |  |   |                                 |             | e, Inc 22-314 and Highest Compensated                                    |                                       |  | F   | Page 8  |                           |                                       |  |
|---|--|---|--------------|--|---|---------------------------------|-------------|--|---------------------------------------|--|---|---|---------------------------|---------------------------------------|--|
| (A)<br>Name and title   | (B) Average hours per week (list any                           | box, unless person is both an officer and a director/trustee) |              |  | Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                                 |             | Position<br>(do not check more than one<br>box, unless person is both an |                                       | an from  |   | (E)  Reportable compensation from related organizations (W-2/1099-MISC) | Esti<br>amo<br>o<br>compe | (F) mated punt of ther ensation m the |  |
| •   | hours for<br>related<br>organizations<br>below dotted<br>line) | Institutional trustee<br>Individual trustee<br>or director    |              | Officer  | Key employee  | Highest compensated<br>employee | Former      | (W-2/1099-MISC)  | (W-2/1099-MISC)                       | orgar<br>and                                     | m the<br>nization<br>related<br>nizations |   |                           |                                       |  |
| (12)Maryann Rizzo   |  |   |              |  |   |                                 |             |  |                                       |  |   | <del></del>   |                           |                                       |  |
| Tructoo   | 1.00   | X   |              |  |   |                                 |             | 0  | 0                                     |  |   | 0   |                           |                                       |  |
| Trustee (13) Thomas Stephens  | 0.00   | $\cap$  |              | <del>                                     </del> | -   |                                 |             | 0  | 0                                     |  |   | 0   |                           |                                       |  |
|   | 1.00   |   |              |  | 1   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
| Trustee   | 0.00   | X   | ļ            | ├_   | <u> </u>  |                                 |             | 0  | 0                                     |  |   | 0   |                           |                                       |  |
| (14) James Turk   | 1.00   |   |              |  | }   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
| Trustee   | 0.00   | X   |              |  |   |                                 |             | 0  | 0                                     |  |   | 0   |                           |                                       |  |
| (15) Phyllis Papa   |  |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
|   | 1.00   | ,   |              |  |   |                                 |             |  |                                       | 1  |   | ^   |                           |                                       |  |
| Trustee (16) Diane Macris   | 0.00   | X   |              |  |   | $\vdash$                        |             | 0  | 0                                     |  |   | 0   |                           |                                       |  |
| (10) Diane macris   | 1.00   |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
| Trustee   | 0.00   | X   |              | <u> </u>   | _   |                                 |             | 0  | 0                                     |  |   | 0   |                           |                                       |  |
| (17)Michael Cagno   | 1.00   | ļ,  |              |  |   |                                 |             | 0  | 0                                     |  |   | 0   |                           |                                       |  |
| Trustee (18)  | 0.00   | Х   |              |  |   | H                               |             | 0  | 0                                     |  | ·   | 0   |                           |                                       |  |
| (1.0)   |  |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
| Cynthia Lambert   | 40.00  | <u> </u>  | <u> </u>     | ļ  | X   |                                 |             | 62,509   |                                       |  |   |   |                           |                                       |  |
| (19) Executive Direct   | or   |   |              | ļ  | ł   |                                 | <br>        |  |                                       |  |   |   |                           |                                       |  |
|   |  |   | 1            |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
| 1b Sub-total  |  |   |              |  |   |                                 | <b>&gt;</b> | 62,509   |                                       |  |   |   |                           |                                       |  |
| c Total from continuation she   | ets to Part VII,   | Secti   | ion A        | 4  |   |                                 | <b>&gt;</b> | C2 F00   |                                       | <del>                                     </del> |   |   |                           |                                       |  |
| d Total (add lines 1b and 1c)  Total number of individuals (inc       | cluding but not lim  | nited   | to th        | ose l  | listed  | l abo                           | ve)         | 62,509   |                                       | <u> </u>   |   |   |                           |                                       |  |
| reportable compensation from  |  |   |              |  |   |                                 |             | Who received more than the   |                                       |  |   |   |                           |                                       |  |
| 3 Did the organization list any for                                   | rmor officer dure  | otor  | ar tr        | unton  | , ka  |                                 | مامد        | vac or highest componented   |                                       | F  | Yes                                       | No  |                           |                                       |  |
| 3 Did the organization list any for employee on line 1a? If "Yes,"    |  |   |              |  |   |                                 | лоу         | ee, or nighest compensated   |                                       | 3  |   |   |                           |                                       |  |
| 4 For any individual listed on line<br>organization and related organ |  |   |              |  |   |                                 |             |  | n the                                 |  |   | 1   |                           |                                       |  |
| individual  | izations greater t   | nan s   | <b>\$150</b> | ,000   | ? 11  | res,                            | COI         | implete Schedule 3 for such  |                                       | 4  |   | <u></u>   |                           |                                       |  |
| 5 Did any person listed on line 1a                                    |  |   | •            |  |   |                                 | -           | <u> </u>   | lividual                              | 5  |   |   |                           |                                       |  |
| for services rendered to the org                                      |  | s, c  | ompi         | ele  | SCHE  | dule .                          | J 10        | r such person  |                                       |  |   | <u></u>   |                           |                                       |  |
| 1 Complete this table for your five                                   | e highest compei   |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
| compensation from the organiz   |  | nper  | satio        | n fo   | r the   | caler                           | nda:        |  | (B)                                   | <del></del>                                      | (C)                                       |   |                           |                                       |  |
| Name and  | (A)<br>I business address                                      |   |              |  |   |                                 |             | Descrip  | tion of services                      |  | (C)<br>Compensa                           | ition   |                           |                                       |  |
|   |  |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
|   |  |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
|   |  |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
|   |  |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
|   |  |   |              |  |   |                                 |             |  |                                       | -+   |   |   |                           |                                       |  |
|   |  |   |              |  |   |                                 | _           |  | · · · · · · · · · · · · · · · · · · · |  |   |   |                           |                                       |  |
|   |  |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |
| Total number of independent or  | ontractors (includ   | lina l  | out n        | ot lim   | nited   | to the                          | ose         | listed above) who  |                                       | <del></del>                                      | <del>-, ,,.</del>                         |   |                           |                                       |  |
| received more than \$100,000 c  |  |   |              |  |   |                                 |             |  |                                       |  |   |   |                           |                                       |  |

| ran (  |   |                   | response or    | note to any line in t | his Part VIII                          |   |  |
|--|---|-------------------|----------------|-----------------------|--|---|--|
|  |   |                   |                | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| <u> </u>   | Federated campaigns                       | 1a                |                |                       |  |   |  |
| 道티   | Membership dues                           | 1b                | 13,000         | 1                     |  | 1                                       |  |
| S, E, G  | : Fundraising events                      | 1 <u>c</u>        |                |                       |  | 1                                       |  |
| 뜵길   | Related organizations                     | 1d                |                | 1                     |  |   |  |
| SiE 6  | Government grants (contributions)         | 1e                | 287,646        |                       |  | I                                       |  |
| ig S   | f All other contributions, gifts, grants, |                   | Ì              |                       |  | 1                                       |  |
| ᅙ  | and similar amounts not included abo      | ve <b>1f</b>      | 43,396         | 1                     |  |   |  |
| <b>E</b> 6   | Noncash contributions included in line    | es 1a-1f \$       |                |                       |  |   |  |
| <u> နေ</u>   | Total. Add lines 1a-1f                    |                   | <b>•</b>       | 344,042               |  |   | ***************************************              |
| a l  |   |                   | Busn. Code     | -                     |  | -                                       |  |
| န်   2a  | Advertising fees                          |                   |                | 16,130                | 16,130                                 |   |  |
| ا ( <u>چ</u>   | Conferences and b                         | Aixers            |                | 12,756                | 12,756                                 |   |  |
| ٠   غَ   | ;   |                   |                |                       |  |   |  |
| <u>s</u> 6   | i   |                   |                |                       |  |   |  |
|  |   |                   | 1 +            |                       |  |   |  |
| Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts | f All other program service re            | evenue            |                | 20.006                |  | <u> </u>                                |  |
| <del></del>  | Total. Add lines 2a-2f                    |                   |                | 28,886                | ······                                 |   |  |
| 3  | ,   | =                 | st,            | 24                    |  |   | 2.4  |
|  | and other similar amounts)                |                   |                | 34                    |  |   | 34   |
| 4  | Income from investment of                 | tax-exempt bond p | roceeds        |                       |  |   |  |
| 5  | Royalties (i) R                           | 921 (11           | ) Personal     | -                     |  |   |  |
| 6  |   | (1)               | ) i cisoriai   | 1                     |  | 1                                       |  |
| l i  |   |                   |                | -                     |  | 1                                       |  |
| ;  |   |                   |                | -                     |  | 1                                       |  |
|  |   | I                 |                | i                     |  |   |  |
|  | Gross amount from (i) Secu                | unties            | (II) Other     |                       |  |   |  |
|  | sales of assets other than inventory      |                   |                | ŧ                     |  |   |  |
| 1  | ·   |                   |                | -                     |  |   |  |
|  | basis & sales exps                        | 1                 |                |                       |  | 1                                       |  |
| Ι,   |   |                   | -              |                       |  |   |  |
|  |   | •                 | <b>•</b>       |                       |  |   |  |
| g 8  | - · · · · · · · · · · · · · · · · · · ·   | events            |                |                       |  |   |  |
| Other Revenue  | (not including \$                         |                   |                |                       |  | 1                                       |  |
| 8  | of contributions reported on line         | e 1c)             |                | 1                     |  |   |  |
| 2  | See Part IV, line 18                      | a                 | 14,352         |                       |  | 1                                       |  |
| Ĕ .  | Less direct expenses                      | b                 | 9,240          | 1                     |  | 1                                       |  |
| _   •  | Net income or (loss) from f               |                   | <u> </u>       | 5,112                 |  |   | ······   |
| 9  | a Gross income from gaming act            | ivities           |                |                       |  |   |  |
|  | See Part IV, line 19                      | a                 |                | 1                     |  |   |  |
|  | Less: direct expenses                     | b                 |                | •                     |  | 1                                       |  |
|  | Net income or (loss) from (               |                   | <u> </u>       |                       |  |   | ••   |
| 10   | a Gross sales of inventory, le            |                   |                |                       |  |   |  |
| ١.   | returns and allowances                    | a                 |                |                       |  |   |  |
|  | Less cost of goods sold                   | b                 |                | 1                     |  | ŧ                                       |  |
| _ <del>  </del>  | Net income or (loss) from s               |                   | Burn Code      | =                     |  |   | <del></del>  |
| 44   | Miscellaneous Reve                        | anue              | Busn Code      | 1                     | 1                                      | Ī                                       |  |
| 11   |   |                   | <del>  +</del> |                       |  |   |  |
|  |   |                   | <del> </del>   |                       |  |   | <del></del>  |
|  | d All other revenue                       |                   |                |                       |  |   | <del></del>  |
|  |   |                   | <b>—</b>       |                       |  |   |  |
| 12   |   | ctions            | <b>•</b>       | 378,074               | 28,886                                 | 0                                       | 34   |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A) (B) (C) Do not include amounts reported on lines 6b, Program service Fundraising Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 62,509 46,161 12,502 3,846 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,757 83.784 61.873 154 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 27,548 21,803 5,510 235 9 Other employee benefits 11,978 8.862 2.396 10 Payroll taxes Fees for services (non-employees) Management Legal 5,300 4,240 1,060 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () Advertising and promotion 12 21,515 15,037 4,303 2.175 13 Office expenses 14 Information technology 15 Royalties 20,379 25,837 5,158 300 16 Occupancy 11,357 10,114 986 257 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 300 240 60 22 Depreciation, depletion, and amortization 2,391 478 250 1,663 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 O) 89,043 87,059 1,984 Marketing and technical 3,250 4,063 813 b 2,421 421 C Transportation (Bus Fund) 2,279 d Payroll service fees 743 456 80 4,310 815 423 All other expenses 354,635 288,660 50 902 073 Total functional expenses Add lines 1 through 24e 25 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 ▶ following SOP 98-2 (ASC 958-720)

| Part  | X Balance Sheet   |                                       |  |     |                                       |
|---|---|---------------------------------------|--|-----|---------------------------------------|
|   | Check if Schedule O contains a response or note             | to any line in this Part X            |  |     |                                       |
|   |   |                                       | (A)<br>Beginning of year               |     | (B)<br>End of year                    |
| 1   | Cash—non-interest bearing                                   |                                       | 70,365                                 | 1   | 48,951                                |
| 2   | Savings and temporary cash investments                      | [                                     | 52,534                                 | 2   | 52,567                                |
| 3   |   | Ī                                     | 37,684                                 | 3   | 78,361                                |
| 4   |   | F                                     | 5,655                                  | 4   | 1,950                                 |
| 5   |   | ficers directors.                     |  |     |                                       |
|   | trustees, key employees, and highest compensated emp        | · · · · · · · · · · · · · · · · · · · |  | 1   |                                       |
|   | Complete Part II of Schedule L                              | ,                                     | 1                                      | 5   |                                       |
| 6   |   | sons (as defined under section        | -                                      |     | · · · · · · · · · · · · · · · · · · · |
|   | 4958(f)(1)), persons described in section 4958(c)(3)(B),    | ` <u></u>                             |  | 1   |                                       |
|   | sponsoring organizations of section 501(c)(9) voluntary     | • • •                                 |  | 1   |                                       |
| 9   | organizations (see instructions) Complete Part II of Sch    | · · ·                                 | Ì                                      | 6   |                                       |
| 7 86  | · · · · · · · · · · · · · · · · · · ·                       |                                       |  | 7   |                                       |
| Assets 8  | <u>.</u>  |                                       |  | 8   | <del></del>                           |
| 9   |   |                                       | 11,135                                 | 9   | 7,825                                 |
| - 1   | 0a Land, buildings, and equipment: cost or                  | וו                                    | 11/133                                 | -   | ,,02                                  |
| '"  | other basis Complete Part VI of Schedule D                  | 10a 30,702                            |  | 1   |                                       |
|   | b Less accumulated depreciation                             | 10b 12,977                            | Ì                                      | 10c | 17,725                                |
| 11  |   | 1001                                  |  | 11  | 17,725                                |
| 12  | • •   | -                                     |  | 12  |                                       |
| 13  |   | <u> </u>                              | ······································ | 13  |                                       |
| 14  |   | -                                     |  | 14  |                                       |
| 15  |   | <u> </u>                              | 3,676                                  | 15  | 1,848                                 |
| 16  |   | ,a)                                   | 181,049                                | 16  | 209,227                               |
| 17  |   |                                       | 44,851                                 | 17  | 35,211                                |
| 18  | · •   | -                                     | 44,001                                 | 18  | 55,211                                |
| 19  | · ·   | -                                     |  | 19  | 14,379                                |
| 20  |   | <u> </u>                              |  | 20  | 11,515                                |
| 21  | ·   | of Schedule D                         |  | 21  |                                       |
| 1 22  | • .   |                                       |  |     |                                       |
| Liabilities   | trustees, key employees, highest compensated employe        | ·                                     |  | I   |                                       |
| ≣   | disqualified persons. Complete Part II of Schedule L        | ses, and                              |  | 22  |                                       |
| ر ا <u>ت</u>  | 3 Secured mortgages and notes payable to unrelated thin     | d narties                             |  | 23  |                                       |
| 24  |   | · · ·                                 |  | 24  |                                       |
| 25  | • •   | F-                                    |  |     |                                       |
| 23  | parties, and other liabilities not included on lines 17-24) |                                       |  | 1   |                                       |
|   | of Schedule D   | Complete Fart A                       |  | 25  |                                       |
| 26  | 6 Total liabilities. Add lines 17 through 25                |                                       | 44,851                                 | 26  | 49,590                                |
| 120   | Organizations that follow SFAS 117 (ASC 958), che           | eck here▶ X and                       | 44,001                                 | -20 | 40,000                                |
| ဖွ  | complete lines 27 through 29, and lines 33 and 34.          |                                       |  | 1   |                                       |
| ق   <sub>27</sub>   | •   | · [                                   | 136,198                                | 27  | 159,637                               |
| Net Assets or Fund Balances 22 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32 |   | <u> </u>                              | 130,130                                | 28  | 100,007                               |
| B 20  | 9 Permanently restricted net assets                         | <u> </u>                              |  | 29  |                                       |
| " ا جَ.   | Organizations that do not follow SFAS 117 (ASC 9            | 58), check here▶ ☐ and                |  |     |                                       |
| 5   | complete lines 30 through 34.                               | 30), Check here                       |  | 1   |                                       |
| \$ 30   | O Capital stock or trust principal, or current funds        | ţ                                     |  | 30  |                                       |
| 388   | •   | ht fund                               |  | 31  |                                       |
| ∯   31<br>₩   32  |   |                                       |  | 32  |                                       |
|   |   | or other lucius                       | 136,198                                | 33  | 159,637                               |
| 33  |   | <del> </del>                          | 181,049                                |     | 209,227                               |
| 34  | 4 Total liabilities and net assets/fund balances            | <u> </u>                              | 101,049                                | 34  | 209,221                               |

| om | 990(2013) South Jersey Cultural Alliance, Inc. 22-3144933   |    |   |     | _ Pa        | ge <b>12</b> |
|----|---|----|---|-----|-------------|--------------|
| Pa | rt XI Reconciliation of Net Assets  |    |   |     |             |              |
|    | Check if Schedule O contains a response or note to any line in this Part XI                                   |    |   |     |             |              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  |   | _ 3 | 78 <b>,</b> | 074          |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  |   | 3.  | 54,         | 635          |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3  |   |     |             | 439          |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  |   |     |             | 198          |
| 5  | Net unrealized gains (losses) on investments  | 5  |   |     |             |              |
| 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  |   |     |             |              |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |    | _ | •   |             |              |
|    | 33, ∞lumn (B))  | 10 |   | 1   | 59,         | 637          |
| Pa | rt XII Financial Statements and Reporting   |    |   |     |             |              |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |   |     |             |              |
|    |   |    |   |     | Yes         | No           |
| 1  | Accounting method used to prepare the Form 990  |    |   |     |             |              |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |    |   |     |             |              |
|    | Schedule O  |    |   |     |             |              |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?               |    |   | 2a  |             | X            |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |    |   |     |             |              |
|    | reviewed on a separate basis, consolidated basis, or both   |    |   |     |             |              |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |    |   |     |             | Ť            |
| b  | Were the organization's financial statements audited by an independent accountant?                            |    |   | 2b  | Χ           |              |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |    |   |     |             |              |
|    | separate basis, consolidated basis, or both   |    |   |     |             |              |
|    | X Separate basis Consolidated basis Both consolidated and separate basis                                      |    |   |     |             |              |
| С  | If "Yes" to line 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?  |    |   | 2c  | Χ           |              |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in |    |   |     |             |              |
|    | Schedule O  |    |   |     |             | Ī            |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    |   |     |             | 1            |
|    | the Single Audit Act and OMB Circular A-133?  |    |   | 3a  |             | X            |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |   |     |             |              |
|    | required audit or audits, explain why in Schedule O and describe any stops taken to undergo such audits       |    |   | 36  |             | I            |

Form **990** (2013)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

|              |  |  | South Jersey                                     | <u>Cultural Alliar</u>                                | nce,           | <u>Inc</u>                                       |             |            | 22-  | <u>-314</u>   | <u> 4933</u> |                 |                |          |
|--------------|--|--|--|---|----------------|--|-------------|------------|--|---------------|--------------|-----------------|----------------|----------|
| P            | art I  | Reaso  | on for Public Charity                            | Status (All organizations r                           | must co        | mplete t   | his par     | t.) See    | e instru   | ictions       |              |                 |                |          |
| he           | orgar  | nization is not a  | private foundation because                       | it is (For lines 1 through 11, che                    | ck only or     | ne box.)   |             |            |  |               |              |                 |                | _        |
| 1            |  | A church, con  | vention of churches, or associ                   | cation of churches described in                       | section 1      | 70(b)(1)(  | A)(i).      |            |  |               |              |                 |                |          |
| 2            |  | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)                              |  |   |                |  |             |            |  |               |              |                 |                |          |
| 3            | П  | A hospital or a  | a cooperative hospital service                   | organization described in secti                       | ion 170(b      | )(1)(A)(iii)                                     | ).          |            |  |               |              |                 |                |          |
| 4            |  | A medical res  | earch organization operated                      | in conjunction with a hospital des                    | scribed in     | section '  | I70(b)(1    | )(A)(iii). | Enter th   | ne hospi      | tal's nam    | e,              |                |          |
|              | _  | city, and state  | ı.   | •   |                |  |             |            |  | •             |              |                 |                |          |
| 5            |  | •  |  | a college or university owned or                      | operated       | by a gove  | rnmenta     | ıl unıt de | scribed  | เก            |              |                 |                |          |
|              | section 170(b)(1)(A)(iv).(Complete Part II ) |  |  |   |                |  |             |            |  |               |              |                 |                |          |
| 6            |  | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |  |   |                |  |             |            |  |               |              |                 |                |          |
| 7            | X  |  |  |   |                |  |             |            |  |               |              |                 |                |          |
| •            | نقيقا  | =  | section 170(b)(1)(A)(vi).(Co                     |   | a goro         |  |             |            | .о. с. рс  | 20            |              |                 |                |          |
| 8            |  |  |  | <b>'0(b)(1)(A)(vi)</b> .(Complete Part II             | 1.             |  |             |            |  |               |              |                 |                |          |
| 9            | H  | •  |  | more than 33 1/3% of its suppor                       |                | tributions                                       | membe       | rshin fe   | es and   | arnes         |              |                 |                |          |
| 3            | ш  | •  | •          | t functions—subject to certain ex                     |                |  |             | •          |  | •             |              |                 |                |          |
|              |  | •  | •  | unrelated business taxable inco                       |                | • •  |             |            |  | ito           |              |                 |                |          |
|              |  | • •  | _  | , 1975 See section 509(a)(2).(                        | •              |  | i (ax) ii   | Jili busii | 100000   |               |              |                 |                |          |
| 40           |  |  | •  | clusively to test for public safety                   | •              |  | a\/4\       |            |  |               |              |                 |                |          |
| 10           | $\vdash$                                     | •  | •  | clusively for the benefit of, to pe                   |                | •  |             | cara, au   | t the  |               |              |                 |                |          |
| 11           | Ш  | •  | •  | d organizations described in sect                     |                |  |             | -          |  | tion          |              |                 |                |          |
|              |  | • •  |  | e type of supporting organization                     | •              |  |             |            |  |               |              |                 |                |          |
|              |  | <u>```</u> ``  |  | · · · · · · · · · · · · · · · · · · ·                 |                |  | . 1         | _ī         |  | n functio     | anally int   | o arat          | ~d             |          |
| _            |  | a Type   |  | c j Type III-Functiona                                | -              |  | d (         |            |  |               | onally int   | egrau           | <del>s</del> u |          |
| е            | Ш  | , ,  |  | •   |                |  |             | •          | •  |               |              |                 |                |          |
|              |  |  | *  | than one or more publicly suppo                       | nteu organ     | iizauoris C                                      | iesci inec  | ı iii seci | 1011 509(  | (a)(1)        |              |                 |                |          |
|              |  | or section 509   | ` '. '   | mination from the IDS that it is a                    | Tunal To       | noll or T  | مالا مصن    |            | _  |               |              |                 |                |          |
| f            |  | •  |  | nination from the IRS that it is a                    | Type I, Ty     | pe II, or I                                      | ype III S   | upporun    | 9  |               |              |                 |                |          |
|              |  | •  | check this box                                   |   |                | af tha   |             |            |  |               |              |                 |                |          |
| g            |  | •  | <u>-</u>   | on accepted any gift or contribution                  | on irom ai     | ny or the  |             |            |  |               |              |                 |                |          |
|              |  | following pen  |  |   |                |  |             |            |  |               |              |                 | Г              | Т        |
|              |  |  |  | trols, either alone or together wil                   | tn persons     | s describe                                       | a in (ii) a | ina        |  |               | Г            |                 | Yes            | No       |
|              |  | , ,  | v, the governing body of the s                   | =   |                |  |             |            |  |               |              | 1g(ı)           |                |          |
|              |  |  | member of a person describe                      |   |                |  |             |            |  |               |              | 1g(ii)          |                | <u> </u> |
| _            |  | • •  | ontrolled entity of a person de                  | ** **   |                |  |             |            |  |               | Ľ            | l 1g(iiı)       |                |          |
| h            |  |  | ollowing information about the                   |   | T              |  |             |            | 1  | <del></del> 1 |              |                 |                |          |
| (            |  | e of supported ganization  | (ii) EIN   | (iii) Type of organization<br>(described on lines 1–9 |                | organization<br>isted in your                    |             | ou notify  | (vi)<br>organizat                                | Is the        | (viı) A      | nount c<br>supp | f monet        | ary      |
|              | OI,  | gamzadon   |  | above or IRC section                                  | 1              | document?  | ∞l (ı)      | of your    | (r) organi                                       | zed in the    |              | Зарр            | 011            |          |
|              |  |  |  | (see instructions))                                   |                | 1  |             | oort?      |  | S?            |              |                 |                |          |
|              |  |  |  |   | Yes            | No   | Yes         | No         | Yes  | No            |              |                 |                |          |
| A)           |  |  |  |   |                |  |             |            | -  |               |              |                 |                |          |
|              |  |  |  |   | <del> </del>   | <del> </del>                                     |             |            | -  | $\vdash$      |              |                 |                |          |
| B)           |  |  |  |   | ļ              |  |             |            |  |               |              |                 |                |          |
| -            |  |  |  |   | <del> </del> - | <del>                                     </del> |             | -          | <del>                                     </del> | $\vdash$      |              |                 |                |          |
| C)           |  |  |  |   |                |  |             |            |  |               |              |                 |                |          |
| (D)          |  |  | <del>                                     </del> |   |                |  |             |            |  | $\vdash$      |              |                 |                |          |
| _,           |  |  |  |   |                |  |             |            |  |               |              |                 |                |          |
| E)           |  |  |  |   |                |  |             |            |  |               |              |                 |                |          |
|              |  |  |  |   | <u> </u>       | <u> </u>   |             | ļ          | ļ  |               |              |                 |                |          |
|              |  |  |  |   | 1              |  |             |            |  |               |              |                 |                |          |
| <u> Fota</u> | al   |  |  |   | .t             | 1  | L           | l          | 1  | Ll            |              |                 |                |          |

Part II

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

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

| Sec   | tion A. Public Support  |                         |                       |                         |                       |             |                |
|-------|---|-------------------------|-----------------------|-------------------------|-----------------------|-------------|----------------|
| Caler | dar year (or fiscal year beginning in) 🕨  | (a) 2009                | <b>(b)</b> 2010       | (c) 2011                | (d) 2012              | (e) 2013    | (f) Total      |
| 1     | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 390,292                 | 398,652               | 386,199                 | 304,091               | 344,042     | 1,823,276      |
| 2     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                         |                       |                         |                       |             |                |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge   |                         |                       |                         |                       |             |                |
| 4     | Total. Add lines 1 through 3  | 390,292                 | 398,652               | 386,199                 | 304,091               | 344,042     | 1,823,276      |
| 5     | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                         |                       |                         |                       |             |                |
| 6     | Public support. Subtract line 5 from line 4   |                         |                       |                         |                       |             | 1,823,276      |
| Sec   | tion B. Total Support   |                         |                       |                         | _                     |             |                |
| Caler | dar year (or fiscal year beginning in) ▶  | (a) 2009                | <b>(b)</b> 2010       | (c) 2011                | (d) 2012              | (e) 2013    | (f) Total      |
| 7     | Amounts from line 4   | 390,292                 | 398,652               | 386,199                 | 304,091               | 344,042     | 1,823,276      |
| 8     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 325                     | 244                   | 130                     | 39                    | 34          | 772            |
| 9     | Net income from unrelated business activities, whether or not the business is regularly carried on  |                         |                       |                         |                       |             |                |
| 10    | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |                         |                       |                         |                       |             |                |
| 11    | Total support. Add lines 7 through 10   | :                       |                       |                         |                       |             | 1,824,048      |
| 12    | Gross receipts from related activities, etc. (s   | see instructions)       |                       |                         |                       | 12          | 43,238         |
| 13    | First five years. If the Form 990 is for the o  | -                       | second, third, fourth | n, or fifth tax year as | s a section 501(c)(3  | 3)          |                |
|       | organization, check this box and stop here  |                         |                       |                         |                       |             | <b>•</b>       |
| Sec   | tion C. Computation of Public Su  | pport Percenta          | age                   |                         |                       | <del></del> |                |
| 14    | Public support percentage for 2013 (line 6,   | , ,                     | •                     | f))                     |                       | 14          | 99.96%         |
| 15    | Public support percentage from 2012 Scheo   | dule A, Part II, line 1 | 14                    |                         |                       | 15          | 99.91 <b>%</b> |
| 16a   | 33 1/3% support test—2013. If the organi  |                         |                       |                         | 1/3% or more, chec    | k this      | <b>.</b> 57    |
|       | box and stop here. The organization qualif  |                         |                       |                         |                       |             | ightharpoons   |
| b     | 33 1/3% support test—2012. If the organi  |                         |                       |                         | s 33 1/3% or more,    |             |                |
|       | check this box and stop here. The organization  | •                       |                       | -                       |                       |             |                |
| 1/a   | 10%-facts-and-circumstances test—201  | -                       |                       |                         |                       |             |                |
|       | 10% or more, and if the organization meets  |                         |                       |                         |                       |             |                |
|       | Part IV how the organization meets the "fac<br>organization   | ts-and-circumstanc      | es" test. The organ   | ization qualifies as    | a publicly supporte   | đ           | <b>&gt;</b>    |
| b     | 10%-facts-and-circumstances test-201  | 2. If the organization  | n did not check a b   | ox on line 13, 16a,     | 16b, or 17a, and life | ne          |                |
|       | 15 is 10% or more, and if the organization r  | meets the "facts-and    | d-circumstances" te   | est, check this box a   | and stop here.        |             |                |
|       | Explain in Part IV how the organization mee   | ets the "facts-and-ci   | rcumstances" test     | The organization q      | ualifies as a publicl | у           |                |
|       | supported organization  |                         |                       |                         |                       |             | ▶ [            |
| 18    | Private foundation. If the organization did   | not check a box on      | line 13, 16a, 16b,    | 17a, or 17b, check      | this box and see      |             | _              |
|       | instructions  |                         |                       |                         |                       |             | ▶ _            |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec      | tion A. Public Support   | <u>'</u>              |                      |                         |                      |             |               |
|----------|--|-----------------------|----------------------|-------------------------|----------------------|-------------|---------------|
| Calen    | dar year (or fiscal year beginning in)   | (a) 2009              | <b>(b)</b> 2010      | (c) 2011                | (d) 2012             | (e) 2013    | (f) Total     |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |                       |                      |                         | -                    |             |               |
| 2        | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                       |                      |                         |                      |             |               |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513   |                       |                      |                         |                      |             |               |
| 4        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                       |                      |                         |                      |             |               |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                      |                         |                      |             |               |
| 6        | Total. Add lines 1 through 5   |                       |                      |                         |                      |             |               |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                       |                      |                         |                      |             |               |
| b        | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                       |                      |                         |                      |             |               |
| С        | Add lines 7a and 7b  |                       |                      |                         |                      |             |               |
| 8        | Public support (Subtract line 7c from  |                       | <u> </u>             |                         |                      |             |               |
| <u></u>  | line 6)  | L                     | <u> </u>             |                         |                      |             | <del></del>   |
|          | tion B. Total Support  dar year (or fiscal year beginning in) ▶  | (=) 2000              | (h) 2010             | (a) 2011                | (4) 2012             | (a) 2012    | (f) Total     |
| 9        | Amounts from line 6  | (a) 2009              | <b>(b)</b> 2010      | (c) 2011                | (d) 2012             | (e) 2013    | (f) Total     |
| 10a      | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                       |                      |                         |                      |             |               |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                       |                      |                         |                      |             |               |
| С        | Add lines 10a and 10b  |                       |                      |                         |                      |             |               |
| 11       | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                       |                      |                         |                      |             |               |
| 12       | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |                       |                      |                         |                      |             |               |
| 13       | Total support. (Add lines 9, 10c, 11, and 12)  |                       |                      |                         |                      |             |               |
| 14       | First five years. If the Form 990 is for the   | organization's first, | second, third, four  | th, or fifth tax year a | as a section 501(c)  | (3)         |               |
|          | organization, check this box and stop here   |                       | _                    |                         |                      |             | <u> </u>      |
| Sec      | tion C. Computation of Public Su   |                       |                      |                         |                      | <del></del> |               |
| 15       | Public support percentage for 2013 (line 8,  | - •                   | -                    | (f))                    |                      | 15          | <u>%</u>      |
| 16       | Public support percentage from 2012 Sche   |                       |                      |                         |                      | 16          | %_            |
|          | tion D. Computation of Investme  | •                     |                      | nolumn (fl)             |                      | 17          | %             |
| 17<br>18 | Investment income percentage for 2013 (li<br>Investment income percentage from 2012  |                       |                      | Widinii (1 <i>))</i>    |                      | 18          | <u>%</u><br>% |
| 19a      | 33 1/3% support tests—2013. If the orga  |                       |                      | 14, and line 15 is m    | ore than 33 1/3%     |             |               |
| . Ju     | 17 is not more than 33 1/3%, check this bo   |                       |                      |                         |                      |             | ▶┌            |
| ь        | 33 1/3% support tests—2012. If the orga  |                       |                      |                         |                      |             |               |
|          | line 18 is not more than 33 1/3%, check thi  |                       |                      |                         |                      |             | ▶ [           |
| 20       | Private foundation. If the organization did  | l not check a box o   | n line 14, 19a, or 1 | 9b, check this box a    | ind see instruction: | s <u></u>   | ▶             |

Page 4

Schedule A (Form 990 or 990-EZ) 2013 South Jersey Cultural Alliance, Inc 22-3144933

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and

# **Federal Statements**

## Schedule A, Part II, Line 1(e)

| Des   | :-    | 4:   |
|-------|-------|------|
| 1 100 | CLIC  | man. |
|       | VI 12 |      |

|                                    | _          | <u>Amount</u> |
|------------------------------------|------------|---------------|
| Membership Dues and Assessments    | \$         | 13,000        |
| Government Grants or Contributions | <b>.</b>   |               |
| Other                              |            | 287,646       |
|                                    |            | 2,775         |
|                                    |            | 10,621        |
|                                    |            | 10,000        |
|                                    | _          | 20,000        |
| Total                              | \$ <u></u> | 344,042       |
| Schedule A, Part II, Line 8(e)     |            |               |
| Description                        |            |               |
|                                    |            | Amount        |

|                 | Amount | _ |
|-----------------|--------|---|
| Interest income | \$3    | 4 |
| Total           | \$34   | 4 |

## Schedule A, Part II, Line 12

## Description

|                        |    | Amount |
|------------------------|----|--------|
| Conferences and Mixers | \$ | 12,756 |
| Advertising fees       | •  | 16,130 |
| Encore Awards Dinner   |    | 14,352 |
| Total                  | \$ | 43,238 |

#### 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013
Open to Public

Inspection

Name of the organization Employer identification number South Jersey Cultural Alliance, Inc. 22-3144933 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

| Schedule D (Form 990) 2013 SOUTH JE                         | <u>rsey Cultur</u>        | <u>al Alliance</u>        | <u>e, Inc</u>         | 22-3.       | 144933             | Page 2                 |
|---|---------------------------|---------------------------|-----------------------|-------------|--------------------|------------------------|
| Part III Organizations Maintainin                           | g Collections of          | Art, Historical Tr        | easures, o            | r Other     | Similar Asse       |                        |
| 3 Using the organization's acquisition, accessi             | on, and other records,    | check any of the follow   | /ing that are a       | significant | use of its         |                        |
| collection items (check all that apply)                     |                           | •                         | _                     | •           |                    |                        |
| a Public exhibition   | d 🗍                       | Loan or exchange pro-     | grams                 |             |                    |                        |
| <b>b</b> Scholarly research                                 | e                         | Other                     | •                     |             |                    |                        |
| c Preservation for future generations                       | ٠ ـــا                    |                           |                       |             |                    |                        |
| 4 Provide a description of the organization's or            | ollections and explain h  | now they further the ord  | anization's e         | remnt nurn  | ose in Part        |                        |
| XIII  | onections and explain     | iow arey rarater are org  | gariization o o       | compt parp  | 000 II. ( a.t      |                        |
|   | r receive densitions of   | art historical transcuras | or other cim          | ılar        |                    |                        |
|   |                           |                           |                       | liai        |                    | Yes No                 |
| assets to be sold to raise funds rather than to             |                           | t of the organization s   | Collection?           |             |                    | Yes No                 |
| Part IV Escrow and Custodial Ar Complete if the organizatio |                           | to Form 000 Port          | t IV line O           | or roport   | od an amoun        | t on Form              |
| •   | ii alisweleu Tes          | to Form 990, Pan          | i iv, iiie 9,         | or report   | eu an amoun        | CONFORM                |
| 990, Part X, line 21.                                       |                           |                           |                       |             |                    | <del> </del>           |
| 1a Is the organization an agent, trustee, custodi           | an or other intermedia    | ry for contributions or c | other assets n        | ot          |                    | п., п.,                |
| included on Form 990, Part X?                               |                           |                           |                       |             |                    | Yes No                 |
| <b>b</b> If "Yes," explain the arrangement in Part XIII     | and complete the follo    | wing table                |                       |             |                    |                        |
|   |                           |                           |                       |             | 1                  | Amount                 |
| c Beginning balance   |                           |                           |                       |             | 1c                 |                        |
| d Additions during the year                                 |                           |                           |                       |             | 1d                 |                        |
| <ul> <li>Distributions during the year</li> </ul>           |                           |                           |                       |             | 1e                 |                        |
| f Ending balance  |                           |                           |                       |             | 1f                 |                        |
| 2a Did the organization include an amount on F              | orm 990, Part X, line 2   | 1?                        |                       |             |                    | Yes No                 |
| b If "Yes," explain the arrangement in Part XIII            | Check here if the exp     | lanation has been prov    | <u>ided in Part X</u> | 30          |                    |                        |
| Part V Endowment Funds.                                     |                           |                           |                       |             |                    |                        |
| Complete if the organizatio                                 | n answered "Yes"          | to Form 990, Par          | t IV, line 10         | )           |                    |                        |
|   | (a) Current year          | (b) Pnor year             | (c) Two yea           | ars back    | (d) Three years ba | ck (e) Four years back |
| 1a Beginning of year balance                                |                           |                           |                       |             |                    |                        |
| <b>b</b> Contributions                                      |                           |                           |                       |             |                    |                        |
| c Net investment earnings, gains, and                       |                           |                           |                       |             |                    |                        |
| losses  |                           |                           |                       |             |                    |                        |
| d Grants or scholarships                                    |                           |                           |                       |             |                    |                        |
| e Other expenditures for facilities and                     |                           |                           |                       |             |                    |                        |
| programs  |                           |                           |                       | 1           |                    |                        |
| _ · · · ·   |                           | -                         |                       |             |                    |                        |
| f Administrative expenses                                   |                           |                           |                       |             |                    |                        |
| g End of year balance                                       |                           | (line 1 =                 |                       |             |                    | l                      |
| 2 Provide the estimated percentage of the curr              | ·                         | (line 1g, column (a)) ne  | eiu as                |             |                    |                        |
| a Board designated or quasi-endowment                       | %                         |                           |                       |             |                    |                        |
| b Permanent endowment ► %                                   |                           |                           |                       |             |                    |                        |
| c Temporarily restricted endowment ▶                        | %                         |                           |                       |             |                    |                        |
| The percentages in lines 2a, 2b, and 2c short               | •                         |                           |                       |             |                    |                        |
| 3a Are there endowment funds not in the posse               | ssion of the organization | on that are held and ac   | iministered fo        | rthe        |                    | [ <del>1.</del> ]      |
| organization by   |                           |                           |                       |             |                    | Yes No                 |
| (i) unrelated organizations                                 |                           |                           |                       |             |                    | 3a(i)                  |
| (ii) related organizations                                  |                           |                           |                       |             |                    | 3a(ii)                 |
| <b>b</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            | e organization's endow    | ment funds.               |                       |             |                    |                        |
| Part VI Land, Buildings, and Equ                            | •                         |                           |                       |             |                    |                        |
| Complete if the organization                                | n answered "Yes"          | <u>" to Form 990, Par</u> | t IV, line 1          | a. See F    | orm 990, Par       | t X, line 10.          |
| Description of property                                     | (a) Cost or other I       | oasis (b) Cost or         | other basis           | (c) A       | ccumulated         | (d) Book value         |
|   | (investment)              | (ot)                      | her)                  | de          | preciation         |                        |
| 1a Land   |                           |                           |                       |             |                    |                        |
| <b>b</b> Buildings  |                           |                           |                       |             |                    |                        |
| c Leasehold improvements                                    |                           |                           |                       |             |                    |                        |
| d Equipment   |                           |                           | 30,702                |             | 12,977             | 17,725                 |
| e Other   |                           |                           |                       |             |                    | = - 1 - 2 - 2          |
| Total. Add lines 1a through 1e (Column (d) must             | equal Form 990. Part >    | (, column (B), line 10(c  | :).)                  |             | •                  | 17,725                 |
|   |                           | 1.77                      |                       |             |                    | <u> </u>               |

| Part VII        | Investments—Other Securities.                            |  |                                       |  |
|-----------------|--|--|---------------------------------------|--|
|                 | Complete if the organization answered "Yes" to           | Form 990, Part IV, line                          | e 11b. See Form 990, Part X, line 12. |  |
|                 | (a) Description of security or category                  | (b) Book value                                   | (c) Method of valuation               |  |
|                 | (including name of security)                             |  | Cost or end-of-year market value      |  |
| (1) Financiàl d | denvatives   |  |                                       |  |
| (2) Closely-he  | eld equity interests                                     |  |                                       |  |
| (3) Other       |  |  |                                       |  |
| (A)             |  |  |                                       |  |
| (B)             |  |  |                                       |  |
| (C)             |  |  |                                       |  |
| (D)             |  |  |                                       |  |
| (E)             |  | -  |                                       |  |
| (F)             |  |  |                                       |  |
| (G)             |  |  |                                       |  |
| (H)             |  |  |                                       |  |
|                 | n (b) must equal Form 990, Part X, ∞l (B) line 12 ) ▶    |  |                                       |  |
| Part VIII       | Investments—Program Related.                             | · · · · · · · · · · · · · · · · · · ·            |                                       |  |
|                 | Complete if the organization answered "Yes" to           | Form 990, Part IV, In                            | e 11c. See Form 990, Part X, line 13. |  |
|                 | (a) Description of investment                            | (b) Book value                                   | (c) Method of valuation               |  |
|                 |  |  | Cost or end-of-year market value      |  |
| (1)             |  |  |                                       |  |
| (2)             |  |  |                                       |  |
| (3)             |  |  |                                       |  |
| (4)             |  |  |                                       |  |
| (5)             |  |  |                                       |  |
| (6)             |  |  |                                       |  |
| (7)             |  |  |                                       |  |
| (8)             |  |  |                                       |  |
| (9)             |  |  |                                       |  |
|                 | n (b) must equal Form 990, Part X, col (B) line 13 ) ▶   |  |                                       |  |
| Part IX         | Other Assets.  |  |                                       |  |
|                 | Complete if the organization answered "Yes" to           | Form 990, Part IV, lin                           | e 11d. See Form 990, Part X, line 15. |  |
|                 | (a) Description  |  | (b) Book value                        |  |
| (1)             |  |  |                                       |  |
| (2)             |  |  |                                       |  |
| (3)             |  | <u> </u>   |                                       |  |
| (4)             |  | <u> </u>   |                                       |  |
| (5)             |  |  |                                       |  |
| (6)             |  |  |                                       |  |
| (7)             |  |  |                                       |  |
| (8)             |  |  |                                       |  |
| (9)             |  |  |                                       |  |
|                 | ın (b) must equal Form 990, Part X, col (B) line 15)     |  | <b>&gt;</b>                           |  |
| Part X          | Other Liabilities.                                       |  |                                       |  |
|                 | Complete if the organization answered "Yes" to line 25.  | Form 990, Part IV, line                          | e 11e or 11f. See Form 990, Part X,   |  |
| 1.              | (a) Description of liability                             | (b) Book value                                   |                                       |  |
|                 | Income taxes   | (5) 250% (4.65                                   | <del></del> [                         |  |
|                 | I IIIQUITE LAAGO   | -  | _                                     |  |
| (2)             |  |  | <del>-</del>                          |  |
| (3)             |  |  | {                                     |  |
| (4)             |  | <del>                                     </del> | <b>-</b>                              |  |
| (5)             |  | <del>-</del>                                     | <b>-</b>                              |  |
| (6)             |  |  | <del>- </del>                         |  |
| (7)             |  |  | <del>- </del>                         |  |
| (8)             |  |  | <del>-</del> [                        |  |
| (9)             | on (h) must equal Form 000. Bort V and (B) line 25 \     |  | <del>-</del> [                        |  |
| ı otal. (Colum  | nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |  | _                                     |  |

| Sche | dule D (Form 990) 2013 South Jersey Cultural All:   | <u>iance, Inc 22</u>           | <u>-3144933                                 </u> | Page 4  |
|------|---|--------------------------------|--|---------|
|      | rt XI Reconciliation of Revenue per Audited Financial Sta                                 | tements With Revenu            | e per Return.                                    |         |
|      | Complete if the organization answered "Yes" to Form 99                                    | 90, Part IV, line 12a          |  |         |
| 1    | Total revenue, gains, and other support per audited financial statements                  |                                | 1  | 387,314 |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12                        |                                |  | -       |
| а    | Net unrealized gains on investments   | 2a                             |  |         |
| b    | Donated services and use of facilities  | 2b                             |  |         |
| C    | Recovenes of prior year grants  | 2c                             |  |         |
| d    | Other (Describe in Part XIII )  | 2d                             | 9,240  |         |
| е    | Add lines 2a through 2d   |                                | 2e   | 9,240   |
| 3    | Subtract line 2e from line 1  |                                | 3  | 378,074 |
| 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                          | 4a                             |  |         |
| b    | Other (Describe in Part XIII )  | 4b                             |  |         |
| С    | Add lines 4a and 4b   |                                | 4c   |         |
| 5    | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)             |                                | 5  | 378,074 |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial St                                |                                | ses per Return.                                  |         |
|      | Complete if the organization answered "Yes" to Form 99                                    | 0, Part IV, line 12a.          |  |         |
| 1    | Total expenses and losses per audited financial statements                                |                                | 1  | 363,875 |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                         |                                |  |         |
| а    | Donated services and use of facilities  | 2a                             |  |         |
| b    | Pnor year adjustments   | 2b                             |  |         |
| C    | Other losses  | 2c                             |  |         |
| d    | Other (Describe in Part XIII.)  | 2d                             | 9,240  |         |
| е    | Add lines 2a through 2d   |                                | 2e   | 9,240   |
| 3    | Subtract line 2e from line 1  | <b>(</b> )                     | 3  | 354,635 |
| 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                          | 4a                             |  |         |
| b    | Other (Describe in Part XIII )  | 4b                             |  |         |
| C    | Add lines 4a and 4b   |                                | 4c   |         |
| 5    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)            |                                | 5  | 354,635 |
|      | rt XIII Supplemental Information  |                                |  |         |
| Prov | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | rt IV, lines 1b and 2b; Part V | , line 4, Part X, line                           |         |
|      | rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov    |                                |  |         |
| P    | art XI, Line 2d - Revenue Amounts Inclu   | ded in Financi                 | als - Other                                      |         |
| _    |   |                                | ć  | 0 240   |
| D    | irect special events costs  |                                | \$   | 9,240   |
|      |   |                                |  |         |
|      |   |                                |  |         |
| Ρ    | art XII, Line 2d - Expense Amounts Incl   | uded in Financ                 | ials - Othe                                      | r       |
| -    | ,   |                                |  |         |
| D    | irect special event costs   |                                | \$   | 9,240   |
|      | ·   |                                |  |         |

SCHEDULE O (Form 990 or 990-EZ) 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.

990-EZ or to provide any additional informat

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

South Jersey Cultural Alliance, Inc

Employer Identification number 22-3144933

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Treasurer confers with CPA prepare and discusses with Board prior to filing

Form 990, Part VI, Line 15a - Compensation Process for Top Official Board reviews compensation comparing to similar organizationns etc and approves

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation At request of the Board

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Direct special events costs \$ 9,240

Direct special event costs \$ -9,240

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

2013

2013

Department of the Treasury\*
Internal Revenue Service\*

(99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

| Name(s     | s) shown on return   | Jersev Cult              | ural Allia  | nce. Inc               |                |            |              | ing numb        | er<br>4933                 |
|------------|--|--------------------------|---|------------------------|----------------|------------|--------------|-----------------|----------------------------|
|            |  | cibey care               | didi milia  | 1.00/ 10               |                |            |              | <u> </u>        |                            |
|            | ss or activity to which this form relates<br>ndirect <u>Depreciati</u> | on                       |   |                        |                |            |              |                 |                            |
|            | et I Election To Expension   |                          | arty Under Section                                | on 170                 |                |            |              |                 |                            |
| Fd         | Note: If you have a  |                          |   |                        | molo           | lo Dart I  |              |                 |                            |
| _          |  |                          | , complete Fart v                                 | before you co          | ilibie         | te Fait i. | <del></del>  | 1               | 500,000                    |
| 1          | Maximum amount (see instructions)                                      |                          |   |                        |                |            |              | <del>⊢∸</del> → | 300,000                    |
| 2          | Total cost of section 179 property p                                   | ,                        | •   |                        |                |            |              | 2               | 2 000 000                  |
| 3          | Threshold cost of section 179 prope                                    | •                        | •   | ctions)                |                |            |              | 3               | 2,000,000                  |
| 4          | Reduction in limitation. Subtract line                                 |                          |   |                        |                |            |              | 4               |                            |
| _5         | Dollar limitation for tax year Subtract line                           |                          |   |                        |                |            |              | 5               |                            |
| <u>6</u>   | (a) Description  | of property              |   | (b) Cost (business use | only)          | (c)        | Elected cost |                 |                            |
|            |  |                          |   | _                      |                |            |              |                 |                            |
|            |  | -                        |   |                        | 1              |            |              |                 |                            |
| 7          | Listed property. Enter the amount fr                                   | rom line 29              |   |                        | _7             |            |              |                 |                            |
| 8          | Total elected cost of section 179 pro                                  | operty. Add amounts      | ın column (c), lınes 6 a                          | and 7                  |                |            |              | 8               |                            |
| 9          | Tentative deduction Enter the sma                                      | ller of line 5 or line 8 |   |                        |                |            |              | 9               |                            |
| 10         | Carryover of disallowed deduction f                                    | from line 13 of your 20  | )12 Form 4562                                     |                        |                |            |              | 10              |                            |
| 11         | Business income limitation. Enter the                                  | ne smaller of business   | income (not less than                             | n zero) or line 5 (s   | ee ınst        | ructions)  |              | 11              |                            |
| 12         | Section 179 expense deduction. Ad                                      | ld lines 9 and 10, but   | do not enter more that                            | n line 11              |                |            |              | 12              |                            |
| 13         | Carryover of disallowed deduction t                                    | o 2014 Add lines 9 a     | nd 10, less line 12                               | <b>&gt;</b>            | 13             |            |              |                 |                            |
| Note       | : Do not use Part II or Part III below                                 | for listed property Ins  | tead, use Part V                                  |                        |                |            |              |                 |                            |
| Pa         | rt II Special Depreciati   | on Allowance ar          | nd Other Depreci                                  | ation (Do not          | incl           | ude liste  | d proper     | ty.) (S         | See instructions.)         |
| 14         | Special depreciation allowance for                                     | qualified property (oth  | er than listed property                           | ) placed in service    | 9              |            |              |                 |                            |
|            | during the tax year (see instructions                                  |                          |   |                        |                |            |              | 14              |                            |
| 15         | Property subject to section 168(f)(1                                   | ) election               |   |                        |                |            |              | 15              |                            |
| 16         | Other depreciation (including ACRS                                     | •                        |   |                        |                |            |              | 16              | 300                        |
| Pa         | rt III MACRS Depreciati  |                          | de listed property                                | .) (See instruc        | tions          | .)         |              |                 | <del></del>                |
|            |  |                          | Section   |                        |                | •          |              |                 |                            |
| 17         | MACRS deductions for assets place                                      | ed in service in tax ve  | ars beginning before 2                            | 2013                   |                |            |              | 17              | 0                          |
| 18         | If you are electing to group any assets placed in                      |                          |   |                        |                |            | ightharpoons | ·               |                            |
|            |  |                          | rvice During 2013 T                               |                        | e Gen          | eral Depr  | eciation S   | System          | )                          |
|            |  | (b) Month and year       | (c) Basis for depreciation                        | on (d) Recovery        |                |            | _            |                 |                            |
|            | (a) Classification of property   | placed in<br>service     | (business/investment us<br>only–see instructions) | ie named               | (e) (          | Convention | (f) Meth     | od              | (g) Depreciation deduction |
| 19a        | 3-year property  | Service                  | only—see insudctions/                             |                        |                |            |              |                 |                            |
| 13a<br>b   |  | 1                        |   |                        | 1              |            |              |                 |                            |
|            | 5-year property  | 1                        |   |                        | 1              |            |              |                 |                            |
| _ <u>c</u> | 7-year property  | 1                        |   |                        | $\vdash$       |            |              |                 | <del></del>                |
|            | 10-year property   | 1                        |   |                        | <del></del>    |            |              |                 | <del></del>                |
|            | 15-year property   | -                        |   | <del></del>            | <del> </del>   |            |              |                 |                            |
| f          | 20-year property   | +                        |   | 25                     | <del> </del>   |            | <u> </u>     |                 |                            |
| _9_        | 25-year property   |                          |   | 25 yrs                 | <del> </del> - |            | S/L          |                 |                            |
| h          | Residential rental   |                          |   | 27 5 yrs.              | ╁              | MM         | S/L          |                 |                            |
|            | property   |                          |   | 27 5 yrs               | <del> </del>   | MM         | S/L          |                 |                            |
| i          | Nonresidential real  |                          |   | 39 yrs.                | <del> </del>   | MM         | S/L          |                 |                            |
|            | property   | <u> </u>                 | <u> </u>  |                        | <u> </u>       | MM         | S/L          |                 |                            |
|            | Section C—A:   | ssets Placed in Ser      | vice During 2013 Tax                              | Year Using the         | Alter          | native Dep | reciation    | Syste           | m                          |
| <u>20a</u> | Class life   | 4                        |   |                        | ļ              |            | S/L          |                 |                            |
| <u>b</u>   | 12-year  | <u> </u>                 |   | 12 yrs                 |                |            | S/L          |                 |                            |
| *****      | 40-year  |                          | <u> </u>  | 40 yrs                 | <u> </u>       | MM         | S/L          |                 |                            |
| P          | art IV Summary (See ins  | tructions.)              |   |                        |                |            |              |                 |                            |
| 21         | Listed property. Enter amount from                                     | line 28                  |   |                        |                |            |              | 21              |                            |
| 22         | Total. Add amounts from line 12, li                                    | nes 14 through 17, lin   | es 19 and 20 in colum                             | nn (g), and fine 21    | Enter          | here       |              |                 |                            |
|            | and on the appropriate lines of you                                    | r return Partnerships    | and S corporations—                               | see instructions       |                |            |              | 22              | 300                        |
| 23         | For assets shown above and place                                       | d in service during the  | e current year, enter th                          | ne                     |                |            |              |                 |                            |
|            | portion of the basis attributable to s                                 | section 263A costs       |   |                        | 23             |            |              |                 |                            |
|            |  |                          |   |                        |                |            |              |                 |                            |

9/12/2014 **Federal Statements** 22-3144933 **Taxable Interest on Investments** Description Unrelated Exclusion Postal Acquired after US
Amount Business Code Code 6/30/75 Obs (\$ or %) Interest income \$\_\_\_\_\_34 14 34 Total

# **Federal Statements**

# Form 990, Part IX, Line 24e - All Other Expenses

Description

|                          |     | Total<br>Expenses |     | Program<br>Service | ٨   | /lanagement &<br>General |     | Fund<br>Raising |
|--------------------------|-----|-------------------|-----|--------------------|-----|--------------------------|-----|-----------------|
| Other supplies           |     | 1 000             | _   | 1 000              | _   |                          | _   |                 |
| Equipment rental         | \$  | 1,888             | Ş   | 1,888              | Ş   |                          | \$  |                 |
|                          |     | 1,095             |     | 876                |     | 219                      |     |                 |
| Bad debt exp             |     | 650               |     | 650                |     |                          |     |                 |
| Web services             |     | 050               |     | 050                |     |                          |     |                 |
| Bank fees                |     | 394               |     | 315                |     | 79                       |     |                 |
| Bank rees                |     | 198               |     | 86                 |     | 40                       |     | 72              |
| Licenses, permits & fees |     | 0.5               |     |                    |     |                          |     |                 |
|                          |     | 85                | _   |                    | _   | 85                       | _   |                 |
| Total                    | \$_ | 4,310             | \$_ | 3,815              | \$_ | 423                      | \$_ | 72              |