Department of the

Treasury

DLN: 93493129030387

OMB No 1545-0047

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 <u>www IRS gov/foim990</u>

Inspection

nterna	al Rever	nue Servi	ce						
A F	or the :	2015 ca	lendar year, or tax year be	eginning 07-01-2015 , and ending	06-30-2010	5	•		
3 Che	eck ıf ap	plicable	C Name of organization NEW JERSEY STATE BAR ASS	SOCIATION SOCIATION			D Emplo	yer id	entification number
	ddress ch	-	% ANGELA C SCHECK				21-0	7236	63
	ame cha	-	Doing business as						
	ıtıal retu	ırn					E Talaah		
Eturn/	nai ⁄termina	ted		box if mail is not delivered to street addre	ss) Room/suit	ie .	E Teleph	one nu	mber
Am	nended r	return	ONE CONSTITUTION SQUAR	E			(732)	249	-5000
Ap	plication	pending	City or town, state or provin NEW BRUNSWICK, NJ 0890	ce, country, and ZIP or foreign postal code	9				
			NEW BRONSWICK, NJ 0090	71			G Gross	receipt	s \$ 12,499,826
			F Name and address of			H(a) Is th	– us a group	retu	rn for
			MILES S WINDER III ES ONE CONSTITUTION S	-			rdinates?		Yes 🗸
			NEW BRUNSWICK, NJ (-		No H(b) Are a	all subord	ınates	
[Ta:	x-exem _l	pt status	501(c)(3) √ 501(c)	(6) ◀ (insert no) 4947(a)(1) or	527	inclu		maces	Yes No
ıw	aheit a	• • \^/\^	/W NJSBA COM			If"N	o," attacl	n a lis	t (see instructions)
, ,,	CD3ICC.		W NJSBA CON			H(c) Grou	up exemp	tion n	umber ►
K Forr	n of org	anızatıon	✓ Corporation Trust	Association ☐ Other ►		L Year of fo	ormation 1	399	M State of legal domicile N
Pa	rt I		mary						
				nission or most significant activitie ID PROMOTE THE PERSONAL AN		SIONAL IN	TERESTS	OF I	TS MEMBERS
a)	-	CLIVI	2,7 110 1201,11001211111	. D T NOTTO TE TIME TENSOR MILETI	10 11(0) 20	01011712111	12112010	0, 1	TOTTETTDENO
<u> </u>									
Ě	_								
ACUMUES & GOVERNANCE	2 C	heck th	is box ▶ ☐ if the organiza	tion discontinued its operations or	disposed o	f more than	25% of it	s net	assets
5			-6t					٦	1
ĕ ∴			-	overning body (Part VI, line 1a)				3	49
<u> </u>			· -	nbers of the governing body (Part V	•			4	49
<u> </u>				red in calendar year 2015 (Part V,	•			5	75
ĕ			•	ite if necessary)				6	0
				from Part VIII, column (C), line 12				7a	115,736
	ь ме	et unreia	ated business taxable inco	ome from Form 990-T, line 34 .		· · · ·	•	7b	29,998
						Pric	or Year		Current Year
Qı	8		= '	/III, line 1h)		3,514	-	3,493,803	
Ravenua	9	_	·	/III, line 2g)			6,950		7,183,705
Λċ	10			column (A), lines 3, 4, and 7d).			131		117,025
ш.	11			nn (A), lines 5, 6d, 8c, 9c, 10c, and	•		789	634	779,307
	12	Total 12)	revenue—add lines 8 throi	ugh 11 (must equal Part VIII, colu	mn (A), line		11,386	420	11,573,840
	13		s and similar amounts hair	d (Part IX, column (A), lines 1–3)		+		0	(
	14		·	(Part IX, column (A), line 4)				0	
	15		·	mployee benefits (Part IX, column					
æ	12	5-10		imployee belieffes (Fare 1x, column	(A), IIIIC3		4,631,	185	4,830,910
Expenses	1 6 a	Profes	ssional fundraising fees (P	art IX, column (A), line 11e) .				0	(
Ř	ь	Total fu	ındraısıng expenses (Part IX, col	lumn (D), line 25) ▶ ⁰					
ш	17	Other	expenses (Part IX, colum	n (A), lines 11a-11d, 11f-24e) .	 .		6,563	395	6,581,936
	18			.7 (must equal Part IX, column (A)			11,194		11,412,846
	19		•	ct line 18 from line 12			191	840	160,994
× 20						Pogunnung	of Cumont	Vanu	End of Year
Net Assets or Fund Balances	Ì					Beginning	or current	eaf	LIIU OI TEAF
Bal	20	Total	assets (Part X, line 16)				8,462	391	8,348,248
₹ 2	21	Total	liabilities (Part X, line 26)				3,949	721	3,812,190
ΣĽ	22	Net as	ssets or fund balances Su	btract line 21 from line 20			4,512	670	4,536,058
	rt II		ature Block						
ny ki	nowled	ge and		ive examined this return, including nd complete Declaration of prepar					
		****				2/	017-05-04		
Sign		Signa	ature of officer			D	ate		
Here			ELA C SCHECK EXECUTIVE DIRE	CTOR					
		7	e or print name and title						
			Print/Type preparer's name Anthony J Panico	Preparer's signature Anthony J Panico	Da		eck ıf	PTIN P003	65556
Paid	k	<u> </u>	·	<u> </u>			f-employed	1.000	-
Pre	pare	r ⊢	Firm's name WithumSmithB				n's EIN ►	2) 000	0404
	Onl	1 -	Firm's address > 200 Jefferson F			Pho	one no (97)	s) 898-	9494
	•	-	Whippany, NJ	079811070					

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c	Yes	
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

t IV	Checklist of	Required	Schedules	(continued)

Par	t IV	Checklist o	f Required	Schedules	(continue
31	Didtha	organization	ranart mara th	an #E 000 of	aranta ar at

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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? 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?

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 entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

member of any of these persons? If "Yes," complete Schedule L, Part III

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

 ${f b}$ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

- domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part
 - 22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

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Νo

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Nο

Νo

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Nο

Pai	rt V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			
		Check if Schedule O contains a response of flote to any line in this	rait	<u>v</u>	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	56		103	110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		ne organization comply with backup withholding rules for reportable payments t					
C		ng (gambling) winnings to prize winners?			1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	۵.	7.5			
	,	s return	2a	75	2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20	1 65	
За		ne organization have unrelated business gross income of \$1,000 or more durin		·	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanati	_	•	3b	Yes	
		y time during the calendar year, did the organization have an interest in, or a si					
	over,	a financial account in a foreign country (such as a bank account, securities ac			4a		
		unt)?			44		No
b		es," enter the name of the foreign country					
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Banl R1	k and	Financial Accounts			
5a	•	the organization a party to a prohibited tax shelter transaction at any time durin	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited	-	,			No
			cux 31	refres transaction	5b		110
С	IT "Ye	es," 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 \$10	00,00	0, and did the	6a		No
	organ	ization solicit any contributions that were not tax deductible as charitable cont	tributi	ons?			
b		es," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts	6b		
7		not tax deductible?			OD		
	_	ne organization receive a payment in excess of \$75 made partly as a contributi	on an	d nartly for goods and	7a		
_		ces provided to the payor?					
b	If"Ye	es," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?	rty for	which it was required to	7c		
d		es," indicate the number of Forms 8282 filed during the year	 7d		70		
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		
g	Ifthe	organization received a contribution of qualified intellectual property, did the o	rganı	zation file Form 8899 as			
	requir				7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	s, did	the organization file a	7h		
8	•	soring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bug the year?	sines	s holdings at any time	_		
_					8		
		ne sponsoring organization make any taxable distributions under section 4966			9a		
ь 10		ne sponsoring organization make a distribution to a donor, donor advisor, or rela on 501(c)(7) organizations. Enter	агеа р	e150H7	9b		
		tion fees and capital contributions included on Part VIII, line 12	10a	I			
		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
-	facilit	· · · · · · · · · · · · · · · · · · ·					
11	Section	on 501(c)(12) organizations. Enter		1			
а	Gross	s income from members or shareholders	11a				
Ь		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
	-	·					
		on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	eu of Form 1041?	12a		
D	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12 b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
_	To +L	o propagation become of to prope swallfied bookby where the same of the same o	lata ^	on the instructions for			
đ		e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the histructions for	13a		
b		the amount of reserves the organization is required to maintain by the states					
		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13 c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If "Ye	es," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	ition ii	Schedule O	14b		

orm	990 (2015)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management		ı	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 49			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		No

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 **12**a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

 ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year

 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►ANGELA C SCHECK ONE CONSTITUTION SQUARE NEW BRUNSWICK, NJ 08901 (732) 249-5000

6

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) A verage hours per week (list any hours for related	more t	han o	one l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estima amount of compen from	ated of other sation the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former			organizat relat organiza	ed
See Additional Data Table											
1b Sub-Total						 ▶					
c Total from continuation sheet d Total (add lines 1b and 1c) .	•			· .		. >		896,795	0		170,103
2 Total number of individuals (in \$100,000 of reportable compa	cluding but not	limited	to the	se I	ıste	d abov	e) wl	no received more t	han		
										Yes	No

	_		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	muvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Section B. Independent Contractors							
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
(A) Name and business address	(B) Description of services	(C) Compensation					
BORGATA HOTEL CASINO AND SPA, ONE BORGATA WAY ATLANTIC CITY, NJ 08401	MEETING SPACE	484,862					
NJ COPY CENTER LLC, 10 MADISON ROAD UNIT C FAIRFIELD, NJ 07004	PRINTING	208,966					
HILTON EAST BRUNSWICK, 3 TOWER CENTER BOULEVARD EAST BRUNSWICK, NJ 08816	ROOM & CATERING	174,712					
PERSONIFY INC, PO BOX 759470 BALTIMORE, MD 212759470	п	173,678					
VIRTUAL CLASSROOM ASSOCIATES LLC, 1540 KUSER ROAD SUITE A4 MERCERVILLE, NJ 08619	EDUCATION/TRAINING	129,760					
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ▶ 7	e listed above) who received more than						

Teal revenue Company	orm 99	0 (20	15)					Page 9
Total reverse Total Compared Compare	Part V	/ + + +	Statement of Revenue					
Description			Check if Schedule O contains a respons	e or note to any lin	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Page	တ ည	1 a	Federated campaigns 1a					
Page	ant	ь	Membership dues 1b	3,493,803				
20 20 20 20 20 20 20 20	بيا البار	c	Fundraising events 1c					
20 20 20 20 20 20 20 20	ifts. ar A	d	Related organizations 1d					
20 20 20 20 20 20 20 20	9 E	e	Government grants (contributions) 1e					
20 20 20 20 20 20 20 20	utions er Si	f						
20 20 20 20 20 20 20 20	e in	g				İ		
20 20 20 20 20 20 20 20	ind ind	h			3,493,803			
1990 100				Business Code				
10 10 10 10 10 10 11 19 11	an.	2a	CONTINUING LEGAL EDUCATION		5,117,869	5,117,869		
10 10 10 10 10 10 11 19 11	₽₽ Y	ь	MEETINGS & SEMINARS	900099	2,027,961	2,027,961		
10 10 10 10 10 10 11 19 11	_ e	c	ETHICS DIVERSIONARY PROGRAM	900099	25,134	25,134		
10 10 10 10 10 10 11 19 11	χ ε ν	d	YOUNG LAWYERS' DIVISION	900099	12,741	12,741		
10 10 10 10 10 10 11 19 11	gram (All other program service revenue					
119,002	Æ	a	Total. Add lines 2a-2f	•	7,183,705			
100 100		<u> </u>						110.003
100 100		_	•	H				119,002
10 10 10 10 10 10 10 10				· · ·	0			
Description Less rental expenses Less cost or other bases and seles expenses Less direct expenses Less d								
Page		6a	Gross rents 49,512					
Total revenue Total Revenue Total Revenue See Instructions Total revenue		ь						
10		c		0				
Ta Gross amount from sales of assets other than inventory b		d			49,512			49,512
### State		7a	Gross amount from sales of assets other	(II) Other				
## d Net gain or (loss)		ь	other basis and 480,742 sales expenses					
8a Gross income from fundraising events (not including sof contributions reported on line 1c) See Part IV, line 18		١.			-1 977			-1 977
C Net income or (loss) from fundraising events . ▶ 0 9a Gross income from gaming activities See Part IV, line 19	ıne		Gross income from fundraising		-1,5//			- 1,3//
C Net income or (loss) from fundraising events . ▶ 0 9a Gross income from gaming activities See Part IV, line 19	ner Rever		of contributions reported on line 1c) See Part IV, line 18					
9a Gross income from gaming activities See Part IV, line 19	ŏ	l	·	/ents	n			
b Less direct expenses b			Gross income from gaming activities See Part IV, line 19	venta				
10a Gross sales of inventory, less returns and allowances			Less direct expenses b	ties	o			
Total revenue Total reven				•				
c Net income or (loss) from sales of inventory 53,726 53,726 Miscellaneous Revenue Business Code 11a ADVERTISING 541800 115,736 b AFFINITY PROGRAMS 900099 70,000 c MISCELLANEOUS INCOME 900099 490,333 d All other revenue 676,069 12 Total revenue See Instructions		10a	returns and allowances .	498,970				
11a ADVERTISING 541800 115,736 b AFFINITY PROGRAMS 900099 70,000 c MISCELLANEOUS INCOME 900099 490,333 d All other revenue e Total. Add lines 11a-11d 12 Total revenue See Instructions		l	_		53,726			53,726
b AFFINITY PROGRAMS c MISCELLANEOUS INCOME d All other revenue e Total. Add lines 11a-11d			Miscellaneous Revenue				===	
C MISCELLANEOUS INCOME 900099 490,333 490,333 d All other revenue ▶ 676,069 12 Total revenue. See Instructions ▶ ▶							115,736	70.000
d All other revenue					· ·			·
e Total. Add lines 11a-11d				333033	.50,555			.50,555
12 Total revenue. See Instructions			L	•	676.060			
1 110.700 7.100.700 110.700		12	Total revenue. See Instructions	•		7.183 705	115 736	780 596

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	Section 501(c)	1(3) and 501(c)(4) organizations must com-	plete all columns All other	er organizations must com	plete column (
---	----------------	-------------------	---------------------------	-----------------------------	---------------------------	----------------

on 301(c)(3) and 301(c)(4) organizations indst complete an columns. An oc	mer organizations must complete column (A)
Check if Schedule O contains a response or note to any line in this Pa	urt IX

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses Program service Management and Fu		(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	282,816			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	3,422,744	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	207,746			
9	Other employee benefits	618,708			
10	Payroll taxes	298,896			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	6,403			
c	Accounting	51,400			
d	Lobbying	48,087			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	155,128			
12	Advertising and promotion	581,197			
13	Office expenses	1,066,470			
14	Information technology	275,770			
15	Royalties	0			
16	Occupancy	604,870			
17	Travel	39,960			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,029,822			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	122,538			
23	Insurance	94,013			
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)				
а	DUES & SUBSCRIPTIONS	87,280			
b	COMM ON PROFESSIONALISM	72,928			
c	LEGAL RESEARCH	63,971			
d	STAFF EXPENSES	56,216			
e	All other expenses	225,883			
25	Total functional expenses. Add lines 1 through 24e	11,412,846	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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Net Assets or Fund Balances

Notes and loans receivable, net

Complete Part VI of Schedule D

Less accumulated depreciation

Other assets See Part IV, line 11

Intangible assets .

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Prepaid expenses and deferred charges

Investments—publicly traded securities

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

persons Complete Part II of Schedule L

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use .

118,808

332,710

608,713

1,644,980

5,596

137,325

8,348,248

1,066,038

2,746,152

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3,812,190

4,536,058

4,536,058

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Form 990 (2015)

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118,676

287,309

475,099

1,676,988

5,596

196,814

8,462,391

1,145,496

2,804,225

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3,949,721

4,512,670

4,512,670

8,462,391

0

1,103,606

494,893

Part X	Balance	She
	Chack if C	a b a du

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	1,500	1	1,500
2	Savings and temporary cash investments	4,990,001	2	4,927,701
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	710,408	4	570,915
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		0	5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
		0	6	0

10a

10h

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Yes

2a

2b

2c

3a

3b

Yes

Yes

▽

No

Νo

Nο

Form 990 (2015)

Software ID: Software Version:

EIN: 21-0723663

Name: NEW JERSEY STATE BAR ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization Highest employe Individual or director organizations Institutional MISC) MISC) and related director below organizations employee dotted line) t compensi trustee Trustee **日** THOMAS HOFF PROL ESQ Х 0 PRESIDENT - TRUSTEE 0 0 0.5 ROBERT B HILLE ESQ Х Χ 0 0 PRESIDENT ELECT - TRUSTEE 0 0 0 5 JOHN E KEEFE JR ESO Х Χ 0 0 FIRST VP - TRUSTEE 0 0 EVELYN PADIN ESQ Χ 0 0 SECOND VP - TRUSTEE 0.0 0.5 DOMINICK CARMAGNOLA ESQ. Χ 0 0 SECRETARY - TRUSTEE 0 0 0.5 KIMBERLY A YONTA ARONOW ESQ. Χ 0 TREASURER - TRUSTEE 0.0 0 5 MILES S WINDER III ESQ Х Χ 0 IMMEDIATE PAST PRES - TRUSTEE 0 0 0 5 CHRISTINE A AMALFE ESO 0 TRUSTEE 0.0 0.5 CRAIG M ARONOW ESQ Х 0 0 TRUSTEE 0 0 0 5 STEPHEN W BARRY ESO 0 TRUSTEE 0 0

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Dire ntrac	ctor	rs,T s	ſru	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos m unles	sition nore t ss pe	(C n (do than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former		MISC)	organization and related organizations
SUPTI BHATTACHARYA ESQ	0 5									
TRUSTEE	0 0	×			'		!	0	0	· · · · · · · · · · · · · · · · · · ·
MARC R BROWN ESQ	0 5	,,								
TRUSTEE	0 0	×			'		!	0	0)
JOAN M BURKE ESQ	0 5									
TRUSTEE	0 0	X				'		0	0	
MILAGROS CAMACHO ESQ	0 5	<u>"</u>		\Box						
TRUSTEE	0 0	X			'	'	!	0	0	
ANTHONY M CARLINO ESQ	0 5			\dagger	\vdash		\vdash			
TRUSTEE	0 0	X						0	0	
ALAN J COHEN ESQ	0 5	[I								
TRUSTEE	0 0	X			'		!	0	0	
LUIS J DIAZ ESQ	0 5				\vdash		\Box			
TRUSTEE		X			'	'	!	0	0	C
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PARIS P ELIADES ESQ

LINDA W EYNON ESQ

ERIC G FIKRY ESQ

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TRUSTEE

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Form 990, Part VII - Compensation Compensated Employees, and Inde					۲rus	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JEFFREY FIORELLO ESQ	0 5									
TRUSTEE	0 0	X						0	0	C
LAUREN D FRASER ESQ	0 5									
TRUSTEE	0 0	Х						0	0	C
EDWARD W HOFFMAN ESQ	0 5									
TRUSTEE	0 0	Х						0	0	(
CRAIG J HUBERT ESQ	0 5									
TRUSTEE	0 0	X						0	0	
JERALYN L LAWRENCE ESQ	0 5									
TRUSTEE	0 0	Х						0	0	
CHRISTOPHER LEITNER ESQ	0 5									
TRUSTEE	0 0	X						0	0	
DIANA C MANNING ESQ	0 5									
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SHANNA MCCANN ESQ

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TIMOTHY F MCGOUGRAN ESQ

WILLIAM H MERGNER JR ESQ

Form 990, Part VII - Compensation Compensated Employees, and Inde					Γru	stee	s, k	Key Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t	(C (do than erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
JOHN R NACHLINGER ESQ	0 5			Ī	Ī	Γ				
TRUSTEE	0 0	Х						0	0	C
LYNN FONTAINE NEWSOME ESQ	0 5									
TRUSTEE	0.0	Х						0	0	(
EDWARD J O'DONNELL ESQ	0 5									
TRUSTEE	0 0	Х						0	0	(
JODI L ROSENBERG ESQ	0 5									
TRUSTEE	0 0	Х						0	0	
MICHAEL S SELVAGGI ESQ	0 5									
TRUSTEE	0 0	X						0	0	
RICHARD M SEVRIN ESQ	0 5									
TRUSTEE	0 0	X						0	0	(
KENNETH E SHARPERSON ESQ	0 5									
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DIANE K SMITH ESQ

EVELYN R STORCH ESQ

HEATHER G SUAREZ ESQ

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde					ru	stee	s, k	Key Employe∘	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former		11130)	organization and related organizations
HAEKYOUNG SUH ESQ	0 5									
TRUSTEE	0 0	X						0	0	U
MICHAEL L TESTA JR ESQ	0 5	x							0	
TRUSTEE	0 0	^						0	U	
TRACY M THOMPSON ESQ	0 5	x						0	0	_
TRUSTEE	0 0	^							U	<u> </u>
MARISA B TROFIMOV ESQ	0 5	Ų								
TRUSTEE	0 0	X						0	0	l ·
JAMES J ULIANO ESQ	0 5	,								
TRUSTEE	0 0	X						0	0	C
RONALD J UZDAVINIS ESQ	0 5	,								
TRUSTEE	0 0	×						0	0	C
CINDY N VOGELMAN ESO	0 5									

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SHIRLEY B WHITENACK ESQ

DAVID B WOLFE ESQ

SANDRA T AYRES ESQ

TRUSTEE (TERMED 05/19/16)

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TRUSTEE

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

51,586

46,409

20,995

9,935

Compensated Employees, and Inde	•				ı ı u	stee	э, г		es, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t ss pe	(C (do han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
DOMINIC V CARUSO ESQ	0 5	,,								
TRUSTEE (TERMED 05/19/16)	0 0	X						U	0	
WILLIAM A KRAIS ESQ TRUSTEE (TERMED 05/19/16)	0 5	×						0	0	C
FRUGAN MOUZON ESQ	0 5									
TRUSTEE (TERMED 05/19/16)	0 0	X						U	0	
JEFFREY NEU ESQ	0 5									
TRUSTEE (TERMED 05/19/16)	0 0	X						0	0	
STEVEN M RICHMAN ESQ	0 5	×						0	0	
TRUSTEE (TERMED 05/19/16)	0 0	^						0	0	

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231,230

145,870

145,035

128,644

THOMAS P SCRIVO ESQ

ANGELA C SCHECK

EXECUTIVE DIRECTOR

SHARON A BALSAMO ESQ

WILLIAM JOHN KANE ESQ

RICHARD LEVEY

ASST EXEC DIR/GENERAL COUNSEL

DIRECTOR - NJ LAWYER ASST PROG

DIRECTOR - INFO TECHNOLOGY

TRUSTEE (TERMED 05/19/16)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) Name and Title Position (do not check Reportable Reportable Estimated

	hours per	m	ore t	han	one	box,		compensation	compensation	amount of
	week (list	unles	ss pe	erso	n ıs	both a	an	from the	from related	other
	· · · · · · · · · · · · · · · · · · ·			r and a			organization	organizations	compensation	
	for related	, , , , , , , , , , , , , , , , , , , ,		(W- 2/1099-	from the					
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensate employee	Former	MISC)	MISC)	organization and related organizations
CATHERINE COSCARELLI	55 0					۵				
CATTENINE COSCANCELL						x		125,673	0	11,993
SENIOR DIRECTOR-COMMUNICATIONS	0 0							,		,
LISA A SPIEGEL	55 0									
SR DIRECTOR - NJICLE SEMINARS	0.0					×		120,343	0	29,185

DLN: 93493129030387

Employer identification number

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	W JERSEY STATE BAR ASSOCIATION			Employer id	entirication number
	A. Commisso if the on			21-072366	
Pali	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section 5.	27 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect poli	tıcal campaıgn ac	tivities in Part IV	
2	Political expenditures			>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501((c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	inder section 495	5 ▶	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	on 4955 ►	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	720 for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501((c), except section 5	501(c)(3).
1	, ,	ended by the filing organization for		•	\$
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to	other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments f amount of political contribution	nd employer identification number (For each organization listed, enter in his received that were promptly and political action committee (PAC)	the amount paid fr directly delivered	om the filing organization' I to a separate political or	s funds Also enter the ganization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	 ee the instructions for Form 990 or 99	90-EZ.	Cat No 500849 Schodulo 4	/Form 990 or 990-E7) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

Part II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(<u>a)</u>	,	(b)	
ctivity		No	Ι.	A moun	ıt
	Yes		·—		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c Media advertisements?			1		
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912			1		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501 (c)(5),	or s	ectio	n
(-)(-).				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Ī	2		Νo
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		Ī	3	Yes	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					
1 Dues, assessments and similar amounts from members	1			3,49	3,803
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	2a	<u> </u>		308	8,490
b Carryover from last year	2b				
c Total	2c				8,490
	3			370	6,283
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	4 5			-6	7,793

Explanation

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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SCHEDULE D

(Form 990)

Treasury

Department of the

Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

Inspection

DLN: 93493129030387

Employer identification number Name of the organization NEW JERSEY STATE BAR ASSOCIATION 21-0723663 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of 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 charitable 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" on 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, 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)

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

- 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
 - 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) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- (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
- Revenue included on Form 990, Part VIII, line 1

(B)(I) and section 170(h)(4)(B)(II)?

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2015

☐ No

Par		ganizations Maintaining	Collections of A	rt, His	storic	al Tr	reasu	res, or (Othe	r Similar A	ssets	
3		organization's acquisition, accoutens (check all that apply)	ession, and other rec	ords, ch	neck a	ny of t	the follo	wing that	are a	significant us	e of its	
а	Public	c exhibition		d	Г	Loan	orexc	hange pro	grams	5		
b	☐ Schol	larly research		e	Г	Othe	er					
C	Prese	ervation for future generations										
4	Provide a d Part XIII	description of the organization?	s collections and exp	olain ho	w they	furthe	er the o	rganızatıoı	n's ex	empt purpose	ın	
5		year, did the organization solid be sold to raise funds rather th								ılar Ve s		No
Pa	Cor	crow and Custodial Arra mplete if the organization a rt X, line 21.		Form	990, I	Part I	[V, line	e 9, or re	porte	ed an amoun	t on Fo	orm 990,
1 a		anization an agent, trustee, cus n Form 990, Part X?	stodian or other interi	mediary	for co	ntrıbu	itions o	rother as:	sets r	not Yes	· _	No
b	If "Yes,	" explain the arrangement in Pa	art XIII and complete	e the fol	llowina	table	:			Am	ount	
c		ng balance	·		_			10	:			
d	A ddıtıor	rs during the year						1d				
e		tions during the year						1e				
f	Ending b	palance						1f				
2 a	Did the org	ganization include an amount o	n Form 990, Part X, I	ıne 21,	for es	crow o	orcusto	dial accou	ınt lıa	bility? Yes	· _	No
b	If "Yes." e	xplain the arrangement in Part	XIII Check here if t	he expl	anatioi	n has	been pi	rovided in	Part)	XIII		
Pa		dowment Funds. Comple										
		· · · · · · · · · · · · · · · · · · ·	(a)Current year	(b) Pr	nor year	b	(c) Two	years back	(d)Tl	nree years back	(e)Four	years back
1 a	Beginning	of year balance										
b	Contributi • • •	ons										
c	Net invest losses	tment earnings, gains, and										
d	Grants or	scholarships										
e	Other exp and progra	enditures for facilities ams										
f	A dministr	ative expenses										
g	End of yea	•										
2	Provide the	e estimated percentage of the	current year end bala	nce (lır	ne 1g,	colum	ın (a)) h	neld as				
а		gnated or quasi-endowment >	,	`	٥,		` '/'					
b		t endowment >										
c	Temporari	ly restricted endowment ▶										
3-	·	ntages on lines 2a, 2b, and 2c	•	uzation	+62+21	o bala	d and a	dministara	d for	+h.a		
3а	organizatio	•	_				u anu a	ummstere	:u 101		Ye	s No
	• •	ed organizations								3a 3a	(i) (ii)	
b	If "Yes" or	n 3a(II), are the related organiz	atıons lısted as requi	red on s	Schedi	ıle R?					b	
4 Det		n Part XIII the intended uses on the condition of the con		endowin	ient iui	ius						
-		mplete if the organization a		orm 9	90, Pa	art IV	/, line	11a.See	Form	n 990, Part X	, line 1	١٥.
		Description of property		C	ost or o	a) ther ba tment)		(b) st or other ba (other)	asıs	Accumulated (c) depreciation	(d)	Book value
1a	Land				,	,		(/	\dashv			
									\dashv			
	_	mprovements						170,5	502	170,50	02	0
d	Equipment							712,4	418	249,84	12	462,576
е	Other .			🗀				220,6	586	74,54	19	146,137

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

608,713

Part VII Investments—Other Securities. Comple	ite ii tiile organ		
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			,
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes	s' on Form 990), Part IV, line 11c. _{Se}	e Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
(1)MONEY MARKET MUTUAL FUNDS		22,141	Cost or end-of-year market value F
(2)EQUITY SECURITIES		953,647	F
(3)MUTUAL FUNDS		669,192	F
	1		
	swered 'Yes' on	1,644,980 Form 990. Part IV. line 1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization and (a) Description			
Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
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Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization and			.1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization and (a) Description (a) Description (b) Description (a) Description (b) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	n	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization and (a) Description	n	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and (a) Description (b) Part X, line 25.	n	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and the complete if the organization and the complete if the organization of liability. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and the complete if the organization and the complete if the organization of liability. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and the complete if the organization and the complete if the organization of liability. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and the complete if the organization and the complete if the organization of liability. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and the complete if the organization and the complete if the organization of liability. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and the complete if the organization and the complete if the organization of liability. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and the complete if the organization and the complete if the organization of liability. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and the complete if the organization and the complete if the organization of liability. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and (a) Description Other Liabilities Complete if the organization and (b) must equal Form 990, Part X, line 25. 1. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and (a) Description Other Liabilities Complete if the organization and (b) must equal Form 990, Part X, line 25. 1. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and (a) Description Other Liabilities. Complete if the organization and (b) must equal Form 990, Part X, line 25. 1. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organiza See Form 990, Part X, line 25.	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and (a) Description Other Liabilities. Complete if the organization and (b) must equal Form 990, Part X, line 25. 1. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization and (a) Description Other Liabilities. Complete if the organization and (b) must equal Form 990, Part X, line 25. 1. (a) Description of liability	ation answered	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value

11,902,059	1	•			Complete if the organization a Total revenue, gains, and other support
					Amounts included on line 1 but not on Fe
			2a		Net unrealized gains (losses) on investr
			2b		Donated services and use of facilities
			2c		Recoveries of prior year grants
					Other (Describe in Part XIII)
		445,244	2d		
445,244	2e	[Add lines 2a through 2d
11,456,815	3				Subtract line 2e from line 1
				2, but not on line 1	Amounts included on Form 990, Part VI
			4a	Part VIII, line 7b	Investment expenses not included on Fo
		117,025	4b		Other (Describe in Part XIII)
117,025	4c				Add lines 4a and 4b
11,573,840	5		12)	al Form 990, Part I,	Total revenue Add lines 3 and 4c.(This
urn	Da	ante With Evagness			TE Decembilistics of European
ui ii.	рег ке				Reconciliation of Expenses Complete if the organization a
11,858,090	1	V, line 12a.	Part I\	d 'Yes' on Form 99	
	·	V, line 12a.	Part I\	d 'Yes' on Form 99 tatements	Complete if the organization a
	·	V, line 12a.	Part I\	d 'Yes' on Form 99 tatements Part IX, line 25	Complete if the organization a Total expenses and losses per audited f
	·	V, line 12a.	Part IV	d 'Yes' on Form 99 tatements	Complete if the organization a Total expenses and losses per audited f Amounts included on line 1 but not on F
	·	V, line 12a.	Part I\	1 'Yes' on Form 99 tatements	Complete if the organization a Total expenses and losses per audited f Amounts included on line 1 but not on F Donated services and use of facilities
	·	V, line 12a.	Part I\ 2a 2b	d 'Yes' on Form 99 tatements Part IX, line 25	Complete if the organization a Total expenses and losses per audited f Amounts included on line 1 but not on F Donated services and use of facilities Prior year adjustments
	·	V, line 12a.	Part I\ 2a 2b 2c	d 'Yes' on Form 99 tatements Part IX, line 25	Complete if the organization a Total expenses and losses per audited f Amounts included on line 1 but not on F Donated services and use of facilities Prior year adjustments Other losses
11,858,090	1	V, line 12a.	2a 2b 2c 2d	d 'Yes' on Form 99	Complete if the organization a Total expenses and losses per audited f A mounts included on line 1 but not on F Donated services and use of facilities Prior year adjustments Other losses
11,858,090 445,244	1 2e	V, line 12a.	2a 2b 2c 2d	d 'Yes' on Form 99	Complete if the organization at Total expenses and losses per audited for Amounts included on line 1 but not on Foundated services and use of facilities. Prior year adjustments
11,858,090 445,244	1 2e	V, line 12a.	2a 2b 2c 2d	d 'Yes' on Form 99 tatements Part IX, line 25	Complete if the organization at Total expenses and losses per audited for Amounts included on line 1 but not on Foundated services and use of facilities Prior year adjustments
11,858,090 445,244	1 2e	V, line 12a.	2a 2b 2c 2d	d 'Yes' on Form 99 tatements Part IX, line 25	Complete if the organization at Total expenses and losses per audited if Amounts included on line 1 but not on F Donated services and use of facilities Prior year adjustments
11,858,090 445,244	1 2e	V, line 12a.	Part IV	d 'Yes' on Form 99 tatements Part IX, line 25	Complete if the organization at Total expenses and losses per audited if A mounts included on line 1 but not on F Donated services and use of facilities Prior year adjustments

Return Reference	Explanation
SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE ORGANIZATION FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015, RESPECTIVELY THE FIN 48 (ASC 740) FOOTNOTE BELOW IS FROM THE ORGANIZATION'S JUNE 30, 2016 AUDITED FINANCIAL STATEMENTS THE ASSOCIATION FOLLOWED THE PROVISIONS OF AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED JUNE 30, 2016 AND 2015 UNDER THE GUIDANCE, TAX POSITIONS ARE EVALUATED FOR RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE ASSOCIATION HAS EVALUATED THE LIKELIHOOD OF THEIR TAX EXEMPT STATUS BEING CHALLENGED AS REMOTE ACCORDINGLY, THE ASSOCIATION HAS DOT INCLUDED ANY INCOME TAX PROVISIONS OR ANY POTENTIAL LIABILITIES FOR TAXES ON UNRELATED BUSINESS INCOME, INCLUDING INTEREST AND PENALTIES, IN THE FINANCIAL STATEMENTS RELATED TO POTENTIAL VIOLATIONS OF THEIR TAX EXEMPT STATUS THERE ARE NO INCOME TAX RELATED INTEREST OR PENALTIES REFLECTED IN THESE FINANCIAL STATEMENTS
	Schedule D (Form 990) 201

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Schedule J (Form 990)

Department of the

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493129030387

2015

Open to Public

reas	· ·				Insp	ectio	n
	al Revenue Service			Employer identificati	on nur	nher	
	JERSEY STATE BAR ASSOCIATION				• . .		
	O services Described Commenced			21-0723663			
Pæ	rt I Questions Regarding Compensation					T	T
				L-1-1		Yes	No
1 a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to						
	✓ First-class or charter travel		Housing allowance or residence fo	_			
	✓ Travel for companions	Ė	Payments for business use of pers		İ	j	
	Tax idemnification and gross-up payments	·	Health or social club dues or initia		İ	İ	İ
	Discretionary spending account	Ė	Personal services (e.g., maid, cha		İ	<u> </u>	İ
	, , ,	•	, ,	, ,	İ	ĺ	ĺ
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc				1b	Yes	
2	Did the organization require substantiation prior to rein			•			
	directors, trustees, officers, including the CEO/Execut	ive D	rector, regarding the items checked	d in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that						
	used by a related organization to establish compensati						
	✓ Compensation committee	\vdash	Written employment contract				
	Independent compensation consultant	~	Compensation survey or study		İ	İ	İ
	✓ Form 990 of other organizations	√	Approval by the board or compens	ation committee	İ	İ	ĺ
	•	•			ĺ	Ì	Ì
4	During the year, did any person listed on Form 990, Pa or a related organization	rt VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	vmen	t?		4a		No
b	Participate in, or receive payment from, a supplementa	•			4b		Νo
с	Participate in, or receive payment from, an equity-base		·		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi		· -	ın Part III			
_	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization		•				
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				5a		
b	Any related organization?				5b		
_	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, II	ne 1a	, did the organization pay or accrue	anv			
	compensation contingent on the net earnings of		, , ,	,			
а	The organization?				6 a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			on-fixed	7		
8	Were any amounts reported on Form 990, Part VII, par subject to the initial contract exception described in Re						
	in Part III	-gaia	300 33 1330 1(d)(3). II	. 13, 46561166	8		
9	If "Yes" on line 8, did the organization also follow the resection $53.4958-6(c)$?	ebutta	able presumption procedure describ	ed in Regulations	9		

3 WILLIAM JOHN KANE ESO

DIRECTOR - NJ LAWYER

ASST PROG

143,057

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)	(1)-(111)	for each listed individi	ual must equal the tota	I amount of Form 990,	Part VII, Section A, lir	ne 1a, applicable colur	nn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	• •	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ANGELA C SCHECK EXECUTIVE DIRECTOR	(i)	228,288	0	2,942	14,701	36,885	282,816	0
	(ii)	0	0	0	0	0	0	0
2 SHARON A BALSAMO ESQ	(i)	145,600	0	270	9.524	36.885	192,279	0

		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ANGELA C SCHECK EXECUTIVE DIRECTOR	(i)	228,288	0	2,942	14,701	36,885	282,816	0
	(ii)	0	0	0	0	0	0	0
2 SHARON A BALSAMO ESQ ASST EXEC DIR/GENERAL	(i)	145,600	0	270	9,524	36,885	192,279	0
COUNSEL	(;;)	n	0	0	0	0	0	0

8,655

12,340

1,978

Schedule J (Form 990) 2015

166,030

Page 2

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference

CORE FORM, PART VII AND SCHEDULE J. PART I, QUESTION

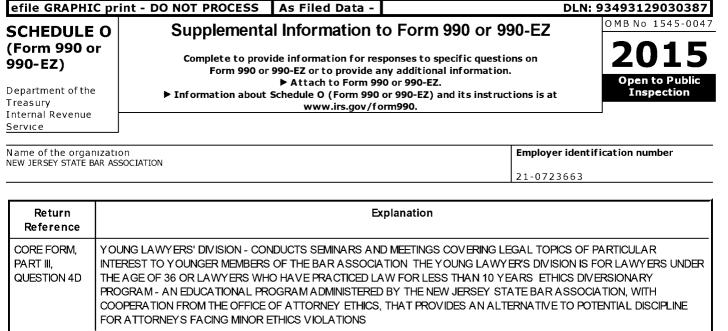
THE ORGANIZATION PROVIDED, FOR ORGANIZATION BUSINESS PURPOSES ONLY, COACH AND/OR FIRST CLASS AIRFARE FOR THE

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

WAS NOT TREATED AS TAXABLE COMPENSATION



Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	KIMBERLY A YONTA ARONOW, ESQ & CRAIG M ARONOW, ESQ - FAMILY RELATIONSHIP

Return Reference	Explanation
CORE FORM,	A NJSBA MEMBER IS AN INDIVIDUAL WHO HAS PAID THEIR REQUISITE NJSBA MEMBERSHIP DUES AND IS EITHER A
PART VI, SECTION	LICENSED ATTORNEY IN THE STATE OF NEW JERSEY, A LICENSED ATTORNEY IN ANOTHER STATE, A LAW STUDENT, A
A, QUESTIONS 6 &	PARALEGAL, A LEGAL ASSISTANT, A LAW SCHOOL DEAN, TEACHER OR PROFESSOR, A LAW LIBRARIAN OR AN
7	INDIVIDUAL EMPLOYED BY A LAW FIRM IN A MANAGERIAL OR ADMINISTRATIVE POSITION THE ORGANIZATION HAS A
	NOMINATING COMMITTEE OF MEMBERS WHO NOMINATE MEMBERS OF THE GOVERNING BOARD WHICH ARE REVIEWED
	BY THE GOVERNING BODY

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, THE ORGANIZATION'S FINANCE AND OPERATIONS COMMITTEE PERFORMED A DETAILED REVIEW OF THE FEDERAL FORM 990 PRIOR TO PROVIDING IT TO EACH VOTING MEMBER OF ITS BOARD OF TRUSTEES THE ORGANIZATION'S BOARD OF TRUSTEES HAS DELEGATED TO THE FINANCE AND OPERATIONS COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN NOTFOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S EXECUTIVE DIRECTOR, CONTROLLER AND VARIOUS INDIVIDUALS OF THE ORGANIZATION ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL THE FINAL FORM 990 WAS THEN PRESENTED TO THE MEMBERS OF THE ORGANIZATION'S FINANCE AND OPERATIONS COMMITTEE FOLLOWING THE FINANCE AND OPERATIONS COMMITTEE FOLLOWING THE FINANCE AND OPERATIONS COMMITTEE FOLLOWING THE FINANCE AND OPERATIONS COMMITTEE FOLLOWING THE FINANCE AND OPERATIONS COMMITTEE FOLLOWING THE FINANCE AND OPERATIONS GOVERNING BODY PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH IT REGULARLY MONITORS AND ENFORCES COMPLIANCE. THE POLICY REQUIRES THAT A CONFLICT OF INTEREST DISCLOSURE FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO TRUSTEES AND OFFICERS ("COVERED INDIVIDUALS") ANNUALLY THE BOARD OF TRUSTEES REQUIRES FULL DISCLOSURE OF ALL ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. BOTH THROUGH THE ANNUAL DISCLOSE ANY AND ALL FACTS THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST, BOTH THROUGH THE ANNUAL DISCLOSURE PROCESS AND WHENEVER SUCH ACTUAL OR POTENTIAL CONFLICT OCCURS THE BOARD OF TRUSTEES EVALUATES AND DETERMINES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, AND WHETHER OR NOT SUCH CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF THE ORGANIZATION A COVERED INDIVIDUAL WHOSE POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE OR OTHERWISE PARTICIPATE IN THE DETERMINATION DISCUSSION IF THE BOARD DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD IS RESPONSIBLE FOR DETERMINING AN APPROPRIATE REMEDY THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMMITTEE. THE BOARD OF TRUSTEES MAY DELEGATE ITS AUTHORITY TO REVIEW AND REMEDY POTENTIAL CONFLICTS OF INTEREST TO THE EXECUTIVE COMMITTEE. ONLY DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE MAY PARTICIPATE IN ANY SUCH REVIEW. THE EXECUTIVE COMMITTEE SHALL INFORM THE BOARD OF ITS DETERMINATION AND RECOMMENDED ACTION HOWEVER, THE BOARD OF TRUSTEES RETAINS THE RIGHT TO MODIFY OR REVERSE SUCH DETERMINATIONS AND ACTIONS IN ADDITION, THE BOARD OF TRUSTEES RETAINS THE RIGHT TO MODIFY OR REVERSE SUCH DETERMINATIONS AND ACTIONS IN ADDITION, THE BOARD OF TRUSTEES RETAINS THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE INTERPRETATION AND APPLICATION OF THE CONFLICT OF INTEREST POLICY.

Return	Explanation
Reference	
CORE FORM,	THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMMITTEE ("COMMITTEE") THE COMMITTEE HAS
PART VI,	ADOPTED A WRITTEN EXECUTIVE COMPENSATION POLICY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE
SECTION B,	COMPENSATION AND BENEFITS OF THE ORGANIZATION'S "KEY EMPLOYEES" THE ORGANIZATIONS KEY EMPLOYEES ARE
QUESTION	FURTHER DEFINED AS (1) THE EXECUTIVE DIRECTOR OF THE ORGANIZATION, AND (2) KEY EMPLOYEES AS DEFINED BY THE
15	INTERNAL REVENUE SERVICE IN THE INSTRUCTIONS TO THE FEDERAL FORM 990 THE COMMITTEE REVIEWS THE "TOTAL
	COMPENSATION" OF THE KEY EMPLOYEES WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION
	AND ALL EMPLOYEE BENEFITS THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT
	THE "TOTAL COMPENSATION" OF THE KEY EMPLOYEES ARE REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE
	ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF
	INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF ITS KEY EMPLOYEES THE
	THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS
	ARE THE FOLLOWING 1) THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF
	THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A
	"CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2) THE AUTHORIZED BODY OBTAINED
	AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3) THE
	AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING
	THAT DETERMINATION THE COMPENSATION OF A KEY EMPLOYEE IS REVIEWED AND APPROVED BY THE EXECUTIVE
	COMMITTEE, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION
	ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL THE COMPENSATION OF A KEY EMPLOYEE
	IS REVIEWED AND APPROVED TAKING INTO CONSIDERATION, WHERE APPLICABLE AND APPROPRIATE, DATA AS TO
	COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT
	SIMILARLY SITUATED ORGANIZATIONS THE ORGANIZATION'S SECRETARY ENSURES THERE IS CONTEMPORANEOUS
	DOCUMENTATION AND RECORDICEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE
	COMPENSATION ARRANGEMENT

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF TREASURY IN ADDITION, THE
19	ORGANIZATION'S BY LAWS ARE POSTED ON ITS WEBSITE. WWW NJSBA COM

Return Reference	Explanation
CORE FORM,	CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM
PART VII, SECTION A.	990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND NEW JERSEY STATE BAR FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION THE HOURS SHOWN ON THIS FORM
COLUMN B	990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY,
	REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS
	SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF THE FOUNDATION, THEIR RESPECTIVE HOURS PER WEEK PER
	ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON THIS FORM 990 THE HOURS REFLECTED ON CORE FORM. PART VII OF THIS FORM 990. FOR ANY PAID OFFICERS. REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF
	OF THIS ORGANIZATION AND THE FOUNDATION, NOT SOLELY THIS ORGANIZATION

Return Reference	Explanation
CORE FORM,	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE TAXPAYER FOR THE YEARS ENDED JUNE 30,
PART XII,	2016 AND JUNE 30, 2015, RESPECTIVELY AND ISSUED A FINANCIAL STATEMENT THE ORGANIZATION'S FINANCE AND
QUESTION 2	OPERATIONS COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S
	FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493129030387 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Name of the organization NEW JERSEY STATE BAR ASSOCIATION	Employer identif	ication number					
				21-0723663			
Part I Identification of Disregarded Entities Comp	lete if the organizatior	n answered "Yes" on	Form 990, Part I\	/, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End-	(e) of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organior more related tax-exempt organizations during	izations Complete If the tax year.	the organization ans	wered "Yes" on Fo	orm 990, Part IV,	line 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co	(g) n 512(b controlled ntity?
						Yes	No
(1)NEW JERSEY STATE BAR FOUNDATION ONE CONSTITUTION SQUARE	PHILANTHROPY	NJ	501(C)(3)	509(A)(2)	NJSBA	Yes	
NEW BRUNSWICK, NJ 08901 22-6074475							
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat No 5013	5Y	•	Schedule R (For	m 990) 2	2015

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

a Receipt of (1) interest, (11) annuities, (111) royalties, or (112) rent from a controlled entity				1a		NO
b Gift, grant, or capital contribution to related organization(s)				1 b		No
c Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)				1e	Yes	
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
j Lease of lacifices, equipment, of other assets to related organization(s)				-		
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
Performance of services or membership or fundraising solicitations for related organization(s)					Yes	
• • • • • • • • • • • • • • • • • • •				[
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including co	vered relationships	and transaction threshold	ıs		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	amount in	volvad	1
-	type (a-s)	Amount involved	Treation of determining		voived	•
(1)NEW JERSEY STATE BAR FOUNDATION	К	604,870	COST			

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r																		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		organizations		organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No						
													_ _					
				l		L				l .	l							

