

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

B Check if applicable: Address change, Name change, Initial return (checked), Final return/terminated, Amended return, Application pending. C Name of organization: NJSPLS APPRENTICESHIP PROGRAM INC. D Employer identification number: 86-3083146. E Telephone number: (800) 853-5293. F Group Exemption Number.

G Accounting Method: Cash, Accrual (checked), Other. H Check if the organization is not required to attach Schedule B.

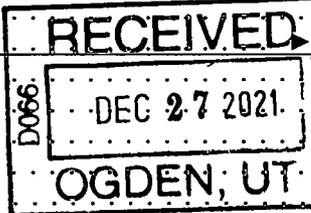
I Website: WWW.NJSPLS.ORG. J Tax-exempt status: 501(c)(3) (checked), 501(c)(6), 4947(a)(1), 527.

K Form of organization: Corporation (checked), Trust, Association, Other.

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 28,500.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I (checked).

Table with 21 rows. Revenue section (lines 1-9) includes contributions, program service revenue, membership dues, investment income, and gaming events. Total revenue is 28,500. Expenses section (lines 10-17) includes grants, salaries, professional fees, occupancy, and printing. Total expenses are 13,684. Net Assets section (lines 18-21) shows a net asset of 14,816 at the end of the year.



SCANNED AUG 29 2022

For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)

Handwritten marks: '96' and 'W'.

BO

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . .

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O See instructions 34 Yes No X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a Yes No X
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Yes No
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Yes No X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Yes No X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a
37b Did the organization file Form 1120-POL for this year? 37b Yes No X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Yes No X
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9 39a
b Gross receipts, included on line 9, for public use of club facilities 39b
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e Yes No X
41 List the states with which a copy of this return is filed ▶
42a The organization's books are in care of ▶ TAXPAYER Telephone no ▶ 800-853-5263
Located at ▶ PO BOX 101 CREAM RIDGE, NJ ZIP + 4 ▶ 08514
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ 42b Yes No X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside the United States? 42c Yes No X
If "Yes," enter the name of the foreign country ▶
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶
and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Yes No X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Yes No X
c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Yes No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ See instructions 45b Yes No X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

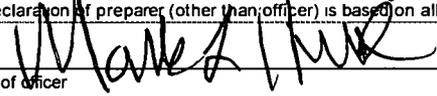
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

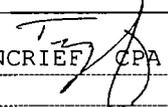
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 11/30/2021
	MARK L. HUSIK EXECUTIVE DIRECTOR	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TERRY C MONCRIEF CPA	TERRY C MONCRIEF CPA	11/15/2021		P00065201
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092			
	Firm's address ▶ 331 NEWMAN SPRINGS RD STE 125	Phone no 732-842-3113			

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

RED BANK, NJ 07701-6765

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NJSPLS APPRENTICESHIP PROGRAM INC

Employer identification number

86-3083146

ATTACHMENT 1

FORM 990EZ, PART I - OTHER EXPENSES

BANK FEES	9.
OFFICE EXPENSE	211.
TOTAL	<u>220.</u>

ATTACHMENT 2

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	0.	15,116.
TOTALS	<u>0.</u>	<u>15,116.</u>

ATTACHMENT 3

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
DUE TO AFFILIATES	0.	300.
TOTALS	<u>0.</u>	<u>300.</u>

ATTACHMENT 4

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ADMINISTER AN APPRENTICESHIP TRAINING FUND FOR PROSPECTIVE PROFESSIONAL LAND SURVEYORS