

League of Women Voters of New Jersey

IRS Form 990-EZ
*Short Form Return of Organization
Exempt From Income Tax*
Year Ended June 30, 2015

PUBLIC INSPECTION COPY

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15**

B Check if applicable:	C Name of organization League of Women Voters of New Jersey	D Employer identification number 22-1153223
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number 609-394-3303
<input type="checkbox"/> Name change	Room/suite	F Group Exemption Number ▶
<input type="checkbox"/> Initial return	204 West State Street	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	Trenton NJ 08608	
<input type="checkbox"/> Application pending		
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ www.lwvnj.org		
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 68,556

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	29,584	
	2 Program service revenue including government fees and contracts	2	608	
	3 Membership dues and assessments	3	38,364	See Statement
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a			
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8 Other revenue (describe in Schedule O)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,556		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	158,268	
	13 Professional fees and other payments to independent contractors	13	8,857	
	14 Occupancy, rent, utilities, and maintenance	14	14,500	
	15 Printing, publications, postage, and shipping	15	7,749	
	16 Other expenses (describe in Schedule O)	16	-121,541	
17 Total expenses. Add lines 10 through 16	17	67,833		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	723	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	18,930	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	19,653	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? See Schedule O. Describe the organization's program service accomplishments for each of its three largest program services...

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Promote voter education in the State of New Jersey; Other program services; Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists individuals like Edward J. Gracely, Toni Zimmer, etc.

Part II Balance Sheets (see the instructions for Part II)

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

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with columns for program services (28-31) and total program service expenses (32). Includes sub-rows for foreign grants (28a-31a).

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists individuals like Brendan Keating, Casey Olesko, etc.

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

Main form area containing questions 33 through 45b with Yes/No columns and input fields.

	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 Jesse Burns	Date Executive Director
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name William J Arnold	Preparer's signature William J Arnold	Date 05/11/16	Check <input type="checkbox"/> if self-employed	PTIN P00543160
	Firm's name ▶ Lambrides, Arnold, Moulthrop LLP	Firm's EIN ▶ 26-3719436			
	Firm's address ▶ 26 Park St Ste 301 Montclair, NJ 07042-3443	Phone no. 973-744-8660			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

**League of Women Voters of
New Jersey**

Employer identification number

22-1153223**Form 990-EZ, Part I, Line 16 - Other Expenses****Description** **Amount****Expenses**

Insurance	\$	2,919
Administration expense	\$	326
Development expense	\$	3,611
Telephone	\$	4,206
Member services	\$	8,462
Office expense reimbursem	\$	-141,065
Total	\$	-121,541

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 200	\$ 716
Equipment	\$ 28,464	\$ 28,464
Less Accumulated Depreciation	\$ 28,464	\$ 28,464
Due from Affiliate	\$ 3,699	\$ 14,076
Due from NJEJA	\$ 459	\$ 0
PMP Receivable	\$ 184	\$ 980
Total	\$ 4,542	\$ 15,772

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 6,086	\$ 4,688
Due to NJEJA	\$ 0	\$ 3,955

Name of the organization

Employer identification number

League of Women Voters of

22-1153223

Form 990-EZ, Part III - Primary Exempt Purpose

The League of Women Voters of New Jersey is a non-partisan non-profit organization where grass root efforts preserve democracy and build better communities. It advocates the positions its members have taken on state public policy issues they have studied.