efile	e GF	RAPHIC	print - DO NOT PROCESS	As Filed Data -				DLN	: 93	493176013870	
	00		Return of Or	ganization E	xempt Fror	m Inco	me Tax	2	C	MB No 1545-0047	
Form	93	<i>J</i> U		-	•					2010	
<u>ک</u>			Under section 501(c), 527, or	<pre>4947(a)(1) of the In cial security numbers</pre>			-	ndation	s)	2018	
Departi	nent o	of the					•			Open to Public	
Treasu		enue Servio		<u>lov/Form990</u> for ins	tructions and the	e latest inf	ormation.			Inspection	
			calendar year, or tax year begi	nnina 07-01-2018	, and ending 06-	30-2019					
		applicable	C Name of organization		,		D Em	ployer ic	lentıfı	cation number	
_		change	GARDEN STATE EQUALITY EDUCAT	TON FUND			20-	258816	6		
□ Na		-	Doing business as					200010	0		
		eturn rn/terminate	-								
		d return	Number and street (or P O box if r	mail is not delivered to str	eet address) Room/s	suite	E Tele	ephone nu	Imber		
🗆 Ар	olicati	ion pendin	1408 MAIN STREET				(97	3) 509-	5428		
			City or town, state or province, cou ASBURY PARK, NJ 07712	untry, and ZIP or foreign p	oostal code						
			· · ·			-	G Gro	ss receip	ts \$ 71	1,162	
			F Name and address of princip CHRISTIAN FUSCARINO	al officer		H(a) Is	s this a grou	ıp returr	for		
			1408 MAIN STREET				ubordinates re all subori			Yes 🗹 No	
.		mot status	ASBURY PARK, NJ 07712				cluded?	amates		Yes 🛛 No	
		mpt status	▶ 501(c)(3) 501(c)()		(a)(1) or 📙 527					instructions)	
J W	ebsi	te:► W	WW GARDENSTATEEQUALITY ORG	5		H(c) G	roup exemp	otion nur	nber	►	
						Year of	formation 20	05 M	State	of legal domicile NJ	
K Forn	n of o	organizatio	n 🗹 Corporation 🗌 Trust 🗌 Ass	ociation 🗀 Other 🏲			20		Juie	e, regar donniene NJ	
Pa	rt I	Sun	nmary								
		Briefly de	escribe the organization's mission								
			STATE EQUALITY EDUCATIONAL F DRATED IN THE STATE OF NEW JE								
e.			NG QUALITY OF LIFE FOR THE LESI								
anc		EDUCATI	ION, ADVOCACY, SERVICE AND SU	JPPORT							
E L											
Governance											
			his box 🕨 🗖 if the organization d			more than	25% of its i	net assei		_	
Se l			of voting members of the governi				•		3	5	
Ť,			of independent voting members of		4	5					
Activities &		5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)								9	
9			umber of volunteers (estimate if ne				• •		6 7a	30	
			nrelated business revenue from Pa elated business taxable income fro				•		7a 7b	0	
	0	Net unr	elated business taxable income inc	in Form 990-1, line 3	+	· · ·	· · · Prior Yea	-	70	Current Year	
	Q	Contribu	utions and grants (Part VIII, line 1h	.)				536,958		592,932	
enneven			n service revenue (Part VIII, line 2g					0		0	
١ē ٨ċ		-	nent income (Part VIII, column (A),	.,				0		0	
ά.			evenue (Part VIII, column (A), lines					67,809		75,023	
			venue—add lines 8 through 11 (m		•		(504,767		667,955	
			and similar amounts paid (Part IX,					0		0	
			s paid to or for members (Part IX, o					0		0	
Ş			, other compensation, employee b					382,566		497,043	
ISe			ional fundraising fees (Part IX, colu					. 0		0	
Expenses			draising expenses (Part IX, column (D)								
Ă			xpenses (Part IX, column (A), lines	· · · · · · · · · · · · · · · · · · ·			:	160,484	201,749		
			penses Add lines 13–17 (must eq	-				, 543,050		698,792	
			e less expenses Subtract line 18 f					61,717		-30,837	
<u>کې</u>						Begin	ning of Curro	ent Year		End of Year	
Net Assets or Fund Balances											
Bal			sets (Part X, line 16)					212,130		179,376	
und			bilities (Part X, line 26)					71,952		70,035	
			ets or fund balances Subtract line	21 from line 20 .	• • •			140,178		109,341	
	nt II Den	_	nature Block perjury, I declare that I have exar	nined this return undu	Iding accompanyin	a schedules	and states	ients av	nd to	the best of my	
knowl	edge	e and bel	ief, it is true, correct, and complet								
any k	nowl	edge									
		****	**				2020-06-24		_		
Sign		Signa	ature of officer				Date				
Here			STIAN FUSCARINO EXECUTIVE DIRECT	OR							
			or print name and title								
			Print/Type preparer's name	Preparer's signature		Date 2020-06-24	Check 🔲	PTIN	29163		
Paic				1		self-employe	1.01	22103			
гац	-										
Pre	bar		Firm's name F SOBEL & CO LLC CPA	'S			Firm's EIN		0039		
	bar		Firm's name SOBEL & CO LLC CPA		I			22-143			

May the IRS discuss this return with the preparer shown above? (see instructions) $\ $.	•	•	•			•	•	•	🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.			Cat	No	11	282`	Y		Form 990 (2018)

Form	990 (2018)						Page 2
Pa	rt III Statem	ent of Program Service	Accomplishm	ents			
	Check if !	Schedule O contains a respor	ise or note to any	line in this Part III 🔒			\checkmark
1		the organization's mission	· · ·				
STAT	E OF NEW JERSE	THE ORGANIZATION IS NE	W JERSEY'S LEAD	ING CIVIL RIGHTS ORC	CORPORATION FOUNDED IN 2004 SANIZATION ENSURING QUALITY JCATION, ADVOCACY, SERVICE AN	OF LIFE FOR THE	IN THE
2	Did the organiza	tion undertake any significar	t program services	during the year which	n were not listed on		
	the prior Form 9	90 or 990-EZ?				🗌 Yes 🗹 N	lo
	If "Yes," describe	e these new services on Sche	edule O				
3	Did the organiza	tion cease conducting, or ma	ke significant char	iges in how it conducts	, any program		
	services?					🗌 Yes 🗹	No
	If "Yes," describe	e these changes on Schedule	0				
4	Section 501(c)(3		is are required to r	eport the amount of g	gest program services, as measure rants and allocations to others, the		
4a	(Code) (Expenses \$	406,822 inc	luding grants of \$) (Revenue \$)	
	See Additional Dat						
4b	(Code) (Expenses \$	inc	luding grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		luding grants of \$) (Revenue \$)	
40	(Code) (Expenses \$	IIIC	idaling grants or \$) (Nevenue \$,	
4d		services (Describe in Schedul	,				
	(Expenses \$		ding grants of \$) (Revenue \$)	
4e	Total program	service expenses 🕨	406,822				

Form 990 (2018)

Part IV Checklist of Required Schedules

Page 3	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
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		No
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		No
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? <i>If "Yes," complete Schedule D, Part II</i> 😏	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 \mathfrak{B} .	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, Part 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🛸	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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 🛸	12a	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 🛸	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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	Yes	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
		F	orm 99	0 (2018)

Form 990 (2018)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		No
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? <i>If</i> " <i>Yes,"</i> answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 😒	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• ·	Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7		1 6 5	110
	Enter the number of Forms W-2G included in line 1a <i>Enter -0-</i> if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	0 (2018)

Page **4**

Form	990 (2018)			Page 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . $$. $$.	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \cdot .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No

Form	990 (2018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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 5			
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		No
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		No
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		No
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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
Ь	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	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?			
	The organization's CEO, Executive Director, or top management official	15a		No
Ь	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16a		No
Ь	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed NJ			
18				
	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 Own website Another's website Image: Comparison of the comparison			

19 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

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 1408 MAIN STREET ASBURY PARK, NJ 07712 (973) 509-5428 20

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Part VI		Gov

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

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) Average hours per week (list any hours		ne bo	ox,ι nof	t ch unles ficer	ss pers and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organızatıon and related organızatıons
(1) FRANKLN CUMBERBATCH JR CHAIR	2 00	х		x				0	0	0
(2) ZAK KARIM BOARD MEMBER	2 00	х						0	0	0
(3) LEE ROSENFIELD BOARD MEMBER	2 00	x						0	0	0
(4) MARGARET MALONEY BOARD MEMBER	2 00	x						0	0	0
(5) WILLIAM BRADSHAW BOARD MEMBER	2 00	х						0	0	0
(6) CHRISTIAN FUSCARINO EXECUTIVE DIRECTOR	40 00			x				85,769	0	9,600
					I			1		Form 990 (2018)

Part VII Section A. Officers, Directo	ors, Trustees	, Key I	Empl	oye	es,	and H	ligh	nest Com	pensate	d Employees	(conti	nued)	
(A) Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, u n off or/t	t che inles ficer ruste	s pers and a ee)	on	(C) Repor comper from organiza 2/1099	table isation the tion (W-	(E) Reportable compensatior from related organizations (' 2/1099-MISC	compens W- from t		ited f other sation
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1099		2/10/0/11/12		relate	ed
											_		
											_		
1b Sub-Total						►							
c Total from continuation sheets to Par	t VII, Section	Α		·		► L			35,769		0		9,600
d Total (add lines 1b and 1c)					bove) who	rece				0		9,000
of reportable compensation from the o						.,				,			
												Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i> is			ee, ke •	ey e	mpic	oyee, c • •	or hig	ghest com	pensated	employee on	3		No
4 For any individual listed on line 1a, is t organization and related organizations										the			
Individual		•••	•	•	·	• •	•	•••	•••	••••	4		No
5 Did any person listed on line 1a receive services rendered to the organization?		•		-				-		vidual for	5		No
Section B. Independent Contracto													
1 Complete this table for your five higher from the organization Report compens											npens	ation	
Name an	(A) Id business addre	SS							Descr	(B) ription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 (20	018)
Part VIII	Statement of Revenue

Page	9
, age	-

	Check if Schedul	e O contains a r	esponse	or note to any	line in t	this Part VIII			🗆
						(A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ns	La	I			Tevende		512 514
nts	b Membership dues		1b						
Gifts, Grants ilar Amounts	a Eupdraising events			222 500					
D d ∵ d	c Fundraising events		1c	232,500					
- (N) -	d Related organizatio		ld						
	e Government grants (co	ontributions)	le						
Contributions, and Other Sim	f All other contributions, and similar amounts ne above	ot included	1f	360,432					
ntributio d Other	g Noncash contributio in lines 1a - 1f \$	ons included	_						
Cont	h Total. Add lines 1a	-1f		🕨		592,932			
				Business	s Code				
Program Service Revenue	2a								
5									
بد ت	b ———								
r MC	C								
స్త	u								
ran	e f All other program se								
log									
<u> </u>	9Total. Add lines 2a-2	f	•		_		1		
	3 Investment income (ii								
	sımılar amounts). 4 Income from ınvestme				▶ ▶				
	5 Royalties								
	S Royaldes	(ı) Real		(II) Personal					
	6a Gross rents				-				
	b Less rental expenses								
	c Rental income or				-				
	(loss)								
	d Net rental income o	r (loss)		🕨	1				
		(I) Securities	5	(II) Other					
	7a Gross amount from sales of				7				
	assets other								
	than inventory								
	b Less cost or other basis and								
	sales expenses				_				
	C Gain or (loss)				4				
	d Net gain or (loss)			•	_				
e	8a Gross income from fi (not including \$	232,500 of	s						
Other Revenue	contributions reporte	ed on line 1c)							
eve	See Part IV, line 18		a	118,230	_				
ď	b Less direct expense		Ь	43,207	/	75.00			75.000
her	c Net income or (loss)			· · •		75,023	3		75,023
ođ	9a Gross income from g See Part IV, line 19								
			a						
	b Less direct expenses	s	ь		1				
	c Net income or (loss)	from gaming ac	tivities	· · •					
	10aGross sales of invent								
	returns and allowand	ces	a						
	b Less cost of goods s	old	b		-				
	c Net income or (loss) Miscellaneous			Business Code					
	11a	Revenue			-				
	h								
	Ь								
	с								
	d All other revenue .								
	e Total. Add lines 11a	-11d		. ►					
	12 Total revenue. See	Instructions -					1		
				- • •		667,95	5	0 0	75,023

Form **990** (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	-		. ,	🗆
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D)
-	8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and	Total expenses	expenses	general expenses	Fundraisingexpenses
-	domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	103,505	62,617	29,378	11,510
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	350,073	208,067	97,617	44,389
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	43,465	25,834	12,120	5,511
11	Fees for services (non-employees)				
ā	Management				
t	Legal				
c	Accounting	19,350		19,350	
C	lLobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,307	30,607	6,400	300
12	Advertising and promotion	21,467	12,366	1,394	7,707
13	Office expenses	19,068	9,534	4,767	4,767
14	Information technology	9,264		1,209	8,055
15	Royalties				
16	Occupancy	28,133	22,507	2,813	2,813
17	Travel	25,865	18,306	6,431	1,128
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,373		3,373	
23	Insurance	14,302	7,151	7,151	
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)				
	a BANKING AND CREDIT CARD	8,303		2,076	6,227
	b POSTAGE AND DELIVERY	4,616	2,308	1,154	1,154
	c DONATIONS	3,102	3,102		
	d PAYROLL SERVICE FEES	2,969	2,021	948	
	e All other expenses	4,630	2,402	1,669	559
25	Total functional expenses. Add lines 1 through 24e	698,792	406,822	197,850	94,120
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)				
——					Form 990 (2018)

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			194,417	1	149,057
	2	Savings and temporary cash investments .	• •	[2	
	3	Pledges and grants receivable, net		•	10,000	3	5,332
	4	Accounts receivable, net		4			
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	nployees Complete		5		
ts	-	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	of section 501(c)(9) structions) Complete		6		
Assets	7	Notes and loans receivable, net	-		8		
As	8	Inventories for sale or use		• -	2.000	-	2.075
-	9	Prepaid expenses and deferred charges		· · · -	2,068	9	2,075
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	38,192			
	b	Less accumulated depreciation	10 b	19,280	1,645	10 c	18,912
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities See Part IV, line	· · · ·		12		
	13	Investments—program-related See Part IV, line	11.			13	
	14	Intangible assets	•			14	
	15	Other assets See Part IV, line 11	•	[4,000	15	4,000
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	212,130	16	179,376
	17	Accounts payable and accrued expenses			28,914	17	26,997
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		· · · [20	
ŝ	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons Complete Part II of Schedule L			22,581	22	22,581
Ξ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l third i	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	20,457	25	20,457
	26	Total liabilities. Add lines 17 through 25			71,952	26	70,035
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			80,178	27	74,341
3a li	28	Temporarily restricted net assets			60,000	28	35,000
dΕ	29	Permanently restricted net assets				29	
un		Organizations that do not follow SFAS 117	(ASC 9	958),			
or	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	34.		30		
ets	31	Paid-in or capital surplus, or land, building or eq				31	
Assets	31	Retained earnings, endowment, accumulated in				31	
		- · · ·	Lonne, I		140,178	32	109,341
Net	33	Total net assets or fund balances	•	· · · · · · -	212,130		179,376
	34	Total liabilities and net assets/fund balances .	•		212,130	34	1/9,376

Form	990	(2018)
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	556 (2010)				raye 1 2
Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			667,955
2	Total expenses (must equal Part IX, column (A), line 25)	2			698,792
3	Revenue less expenses Subtract line 2 from line 1	3			-30,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$	4			140,178
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			109,341
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\checkmark
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 🗆 Cash 🗹 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2 b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ıgle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	Зb		

Form **990** (2018)

Additional Data

Software ID: Software Version: EIN: 20-2588166 Name: GARDEN STATE EQUALITY EDUCATION FUND

Form 990 (2018)

Form 990, Part III, Line 4a:

TO SUPPLY EDUCATIONAL INFORMATION TO THE GAY, LESBIAN, BISEXUAL, AND TRANSGENDERED COMMUNITIES AND EDUCATE THE PUBLIC THROUGH PUBLIC FORUMS REGARDING GAY, LESBIAN, BISEXUAL, AND TRANSGENDERED ISSUES THIS INCLUDES THE ANTI-BULLYING AND SAFE SCHOOLS MOVEMENT

SCHEDULE A (Form 990 or co 990EZ)					Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form		2018		
Intern	al Reven	f the Treasury		► Go to	www.irs.gov/Form	990 for the late	est information		Open to Public Inspection
Nam GARD	e of th EN STA	he organiza TE EQUALITY E	tion DUCATION FUI	ND				Employer identifie	ation number
Da	rt I	Peacon	for Public	Charity Stat	us (All organization	s must comple	to this part)	20-2588166	
					e it is (For lines 1 thro		/		
1		A church, c	onvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)((1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3					vice organization desci				
4					-				ntar tha haanstalla
7		name, city,		nization operat	ed in conjunction with	a nospital descr	ibed in section	170(B)(1)(A)(III). E	inter the hospital s
5			ation operate (iv). (Comple		it of a college or unive	rsıty owned or o	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government o	r governmental unit de	escribed in sectio	on 170(b)(1)(/	4)(v).	
7	\checkmark			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	unit or from the gener	al public described in
8					n 170(b)(1)(A)(vi)	(Complete Part I	II)		
9					escribed in 170(b)(1) See instructions Enter				lege or university or a
10		from activit investment	ies related to income and	o its exempt fur unrelated busir	(1) more than 331/39 nctions—subject to cer ness taxable income (le pomplete Part III)	tain exceptions,	and (2) no more	e than 331/3% of its si	
11		An organiza	ation organize	ed and operate	d exclusively to test fo	r public safety S	See section 509	9(a)(4).	
12		more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	609(a)(1) or se	ction 509(a)(2	:). See section 509(a	
a		Type I. A s organizatio	supporting or n(s) the pow	ganization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	supported organi	zation(s), typically by	
Ь		Type II. A manageme	supporting o nt of the sup	rganization sup	pervised or controlled i ation vested in the sar				
с		Type III f	unctionally	integrated. A	supporting organizatio cions) You must com				ated with, its
d		functionally	integrated	The organizatio	d. A supporting organi on generally must satis rt IV, Sections A and	fy a distribution	requirement and		
e		Check this	box if the org	anızatıon recei	ved a written determir integrated supporting	nation from the I		уре I, Туре II, ⊤уре II	I functionally
f	Enter	r the number	of supported	l organizations					
g					upported organization(
	(i) N	(i) Name of supported organization		(ii) EIN(iii) Type of organization (described on lines 1-10 above (see instructions))(iv) Is the organization listed in your governing document?(v) Amount of monetary support (see instructions)					(vi) Amount of other support (see instructions)
						Yes	No		
T - *									
Tota					netructions for	Cot No. 1128			00 or 000-57) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix) (Complete only if you checked the bay on line 5, 7, 8, or 9 of Part L or if the organization failed to qualify under Part

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

(a) The call year beginning (h) (b) (c)	S	ection A. Public Support							
1 Gits, grants, contributions, and membership fees received (Do not include any "unusual grant") 233,167 184,334 459,256 536,958 592,922 2 Tax revenues level for the organization's benefit and either paid			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total
membership fees received (Co not include any "Unusual grant") 233,167 184,334 459,256 536,958 592,332 2 Tax revenues leved for the organization inclues the structure of facilities furnished by a governmental unit to be ach person (other than a governmental unit or publicly supported control total controlutions by each person (other than a governmental unit or publicly support dorganization) included on line 11, column (f) 184,334 459,256 536,958 592,932 5 The particle of total Support for fiscal year beginning in) P 233,167 184,334 459,256 536,958 592,932 6 Gross income from line 4 233,167 184,334 459,256 536,958 592,932 7 Amounts from line 4 233,167 184,334 459,256 536,958 592,932 8 Gross income from interest, ording in person (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) 10 Other income from unclated business activutes, whether on ort include gain or its from the sale of capital sastst (Explain in Part VI) 2,253 1,250 12 12 Gross receipts from related activites, etc. (see instructions) 12 12 12 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax years as a section S01(c((3) organization income from unclates as publicy suppor	1								
Indicate any "unusual grant") Image: Construction of the stand of the programmed of the programmed of the stand stand he stand stand he stand of the stand of the stand	-		253,167	184,334	459,256	536,958		592,932	2,026,647
organization's benefit and either paid to or expended on its behalf Image: constraint of the second of the sec									
to expended on its behalf The value of services of actilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 13, column (f) 7 Amounts from line 4 6 Gross incemport. Subtract lines 5 from 5 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 6 Gross incemport. Subtract lines 5 from 4 Gross incemport. Subtract lines 5 from 5 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross incemports curves 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or 12 Gross recepts from related activities, etc (see instructions) 12 Cross recepts from related activities, etc (see instructions) 12 If Total support, Red 10 Cross recepts from related activities, etc (see instructions) 12 Gross recepts from related activities, etc (see instructions) 12 If Public support percentage for 2018 (line 6, column (f) divided by line 14 is 33 1/3% or more, check this box and stop here. The organization qualities as a publicly supported organization 13 J J/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualities as a publicly supported organization 14 J Jow facts-and-circumstances' test, -dot-circumstances' test, -dot, with so and stop here. Explain m Part VI how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain m Part VI how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain m Part VI how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organiza	2								
3 The value of services or facilities furmised by a governmental unit to the organization without charge 253,167 184,334 459,256 536,958 592,932 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, actumn (f) 253,167 184,334 459,256 536,958 592,932 6 Public support. Calendar year (or fiscal year beginning in) (h) (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f) 7 Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, irents, royaltes and income from similar sources 2,253 1,250 (d)2017 (e)2018 (f) 9 Net income from unrelated business activities, whether or not the business is regularly carried on of ther more bo not notibude gan or (crigatian in Part VI) apprial assets 2,253 1,250 12 12 11 Total support. Add lines 7 through 12 Gross receipts from related activities, etc (see instructions) 12 12 12 12 13 Hist five years. If the Form 990 is for the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 14 15 14 a 14/33 3/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization<									
furmished by a governmental unit to the organization without charge 253,167 184,334 459,256 536,958 592,932 4 Total. Add lines 1 through 3 253,167 184,334 459,256 536,958 592,932 5 The portion of total conthibutions by governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 184,334 459,256 536,958 592,932 6 Public support. Subtract line 5 from line 4 184,334 459,256 536,958 592,932 7 Amounts from line 4 6 184,334 459,256 536,958 592,932 7 Amounts from line 4 253,167 184,334 459,256 536,958 592,932 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business irregularly carried on 10 12 12 10 Total support. Add lines 7 through 10 10 12 12 12 Gross income from interest, dividends payment secare of approximations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organizatio check this box and stop here. 12 13 First five years. If	-								
the organization without charge	3								
4 Total, Add lines 1 through 3 253,167 184,334 459,256 536,958 592,932 5 The portion of total contributions by and person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1 1 1 6 Public support. Subtract line 5 from line 4 (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f) 7 Amounts from line 4 536,958 592,932 (f) 7 Amounts from line 4 233,167 184,334 459,256 536,958 592,932 (f) 7 Amounts from line 4 6 336,958 592,932 (f) (f) 7 Amounts from line 4 233,167 184,334 459,256 536,958 592,932 (f) 7 Amounts from line 4 233,167 184,334 459,256 536,958 592,932 (f) 8 Gross mome from interest, dividends, payments received on uscourtes loans, rents, royaltes and income from unielad busines 2,253 1,250 (c)									
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Instructions	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see		
		Instructions							

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

50	ection A. Public Support	quanty and a				,			
	Calendar vear								
	(or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Gifts, grants, contributions, and								
T	membership fees received (Do not								
	include any "unusual grants ")								
2	Gross receipts from admissions,								
2	merchandise sold or services								
	performed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are								
-	not an unrelated trade or business								
	under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6)								
Se	ection B. Total Support								
	Calendar year	(-) 2014	(1-) 2015	(-) 2010	(1) 2017	(-) 2010			
	(or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is								
	regularly carried on								
12									
	loss from the sale of capital assets (Explain in Part VI)								
13	Total support. (Add lines 9, 10c,								
13	11, and 12)								
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) oi	ganization,		
	check this box and stop here	2			,		_ ▶		
	-	Cumport Doveo	-						
	ection C. Computation of Public 9			aaluman (f))		1 1			
15	Public support percentage for 2018 (lin		•	column (T))		15			
16	Public support percentage from 2017 S	Schedule A, Part II	II, line 15			16			
Se	ction D. Computation of Invest	ment Income	Percentage			•			
17	Investment income percentage for 201			lıne 13, column (f))	17			
		•	.,						
18	Investment income percentage from 2017 Schedule A, Part III, line 17 331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box and s								
b	33 1/3% support tests—2017. If the	e organızatıon dıd	not check a box	on line 14 or line :	19a, and line 16 is	more than 33 1/3	3% and line 18 is		
	not more than 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	icly supported ora	anızatıon			
20		-	-				▶ □		
	Private foundation. If the organization	оп ана пот спеск а	1 box on inte 14, 1	.эа, ог тэр, спеск			<u> </u>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? C If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported h organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
_	governing body of a supported organization?			
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a 🦳 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 📋 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

1

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
substantially all of its activities	2a	ſ
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the		ĺ

- organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard*

Schedule A (Form 990 or 990-EZ) 2018

2b

3a

Зb

Yes

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)					
Section D - Distributions		<u> </u>	Current Year					
1 Amounts paid to supported organizations to accomplish	exempt purposes							
excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval require	d)							
6 Other distributions (describe in Part VI) See instruction	ons							
7 Total annual distributions. Add lines 1 through 6								
 8 Distributions to attentive supported organizations to whether details in Part VI) See instructions 	nich the organization is respon	sive (provide						
9 Distributable amount for 2018 from Section C, line 6								
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
Distributable amount for 2018 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions								
3 Excess distributions carryover, if any, to 2018								
a From 2013								
b From 2014								
c From 2015. . <th< td=""><td></td><td></td><td></td></th<>								
e From 2017								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2018 distributable amount								
i Carryover from 2013 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2018 from Section D, line 7								
\$								
a Applied to underdistributions of prior years								
b Applied to 2018 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions								
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions								
7 Excess distributions carryover to 2019. Add lines 3j and 4c								
8 Breakdown of line 7								
a Excess from 2014								
b Excess from 2015.								
c Excess from 2016								
d Excess from 2017								
e Excess from 2018								

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID:

Software Version:

EIN: 20-2588166

Name: GARDEN STATE EQUALITY EDUCATION FUND

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

		rint - DO NOT PROCESS As Fi	led Data -			D		317601387(0 1545-0047
SCHEDULE D (Form 990)		Supplemental Financial Statements						
Depa	rtment of the Treasury nal Revenue Service	 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. Go to www.irs.gov/Form990 for the latest information. 						018 n to Public spection
Na	ame of the organ	ization	<u>,</u>			loyer id	entification	
GΑ	RDEN STATE EQUALI	TY EDUCATION FUND			20-2	588166		
P		zations Maintaining Donor Advi						
	Comple	te if the organization answered "Ye	es" on Form 990, Part (a) Donor adv			(h)[
1	Total number at	end of year	(a) Donor adv	ised funds	<u> </u>	(b)Fund	s and other	accounts
2		of contributions to (during year)						
3		of grants from (during year)						
4	Aggregate value							
5	Did the organiza	م ation inform all donors and donor advisc roperty, subject to the organization's e>		ets held in donor ac	lvised f	^f unds are		Yes 🗌 No
6		ation inform all grantees, donors, and de oses and not for the benefit of the donor					r rmissible] Yes 🗌 No
Pa		vation Easements. Complete if th			<u>n 990</u>	, Part IV	', line 7.	
1		onservation easements held by the orga	, –	,				
	Preservatio	on of land for public use (e g , recreatio	n or education)	Preservation of an	histori	ically imp	ortant land a	area
	Protection	of natural habitat		Preservation of a	certified	d historic	structure	
	Preservation	on of open space						
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation co	ontribution in the fo	rm of a		ation at the End o	of the Year
а	Total number of	conservation easements			2a			
b	⊤otal acreage re	stricted by conservation easements			2b			
С		ervation easements on a certified histor			2c			
d		ervation easements included in (c) acqu in the National Register	ured after 7/25/06, and r	10t on a historic	2d			
3		ervation easements modified, transferre	ed, released, extinguishe	d, or terminated by	the orç	ganızatıor	ו during the	
4	Number of state	es where property subject to conservation	on easement is located >	•				
5	Does the organı	zation have a written policy regarding t of the conservation easements it hold	he periodic monitoring, ii	nspection, handling	of viola	- ations,	_	_
6	Staff and volunt	eer hours devoted to monitoring, inspec		ons, and enforcing c	onserva	ation eas	Yes Yes	□ No ng the year
	▶							
7	Amount of expe	nses incurred in monitoring, inspecting,	, handling of violations, a	nd enforcing conser	vation	easemen	ts during the	∍ year
8	Does each conse and section 170	ervation easement reported on line 2(d) i(h)(4)(B)(ii)?) above satisfy the requir	ements of section 1	70(h)(4	4)(B)(I)	🗌 Yes	
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemer	e footnote to the organiza					
Pa		zations Maintaining Collections			er Sir	nilar As	ssets.	
1a	If the organizati art, historical tre	te if the organization answered "Ye on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	16 (ASC 958), not to repo public exhibition, educat	ort in its revenue sta tion, or research in f				
b	If the organizati historical treasu	ion elected, as permitted under SFAS 11 ires, or other similar assets held for pub its relating to these items	16 (ASC 958), to report i	n its revenue staten				
	-	led on Form 990, Part VIII, line 1				▶\$		
		in Form 990, Part X				► <u></u>		
2	If the organizati	ion received or held works of art, histori hts required to be reported under SFAS			incial g	aın, provi	de the	
а	-	ed on Form 990, Part VIII, line 1				▶\$		
b	Assets included	ın Form 990, Part X				▶ \$		
						· · · · ·		

Cat No 52283D Schedule D (Form 990) 2018

Sche	dule D) (Form 990) 2018													Page 2
Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	listori	cal T	reası	ures, or	• Other	Similar /	Assets (continu	ied)	
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	r records,	check	any of	the fo	llowing t	hat are a	a significant	t use of it	s collec	tion	
а		Public exhibition				d		Loan	or excha	ange pro	grams				
b		Scholarly research				e		Othe	r						
С		Preservation for future	e generations												
4	Provi Part	ide a description of the o XIII	organızatıon's col	lections and	l explain	how the	ey furtl	her the	e organız	ation's e	xempt purp	oose in			
5		ng the year, dıd the orga ts to be sold to raıse fur									nılar	□ Y e	es [)
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, oi	r report	ed an amo	ount on I	Form 9	90, F	Part
1a		e organızatıon an agent Ided on Form 990, Part >		an or other	intermed	iary for	contri	bution	s or othe	er assets	not	□ Y e	es [)
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowina	table		[Amount			-
c		nning balance								1c					-
d	-	tions during the year								1d					-
е		ributions during the year	-							1e					-
f		ng balance								1f					-
		-		000 D	why have	71 6			ا - ا - ا- حا				Г		-
2a		the organization include											es L	_ No)
		es," explain the arrange													
Pa	rt V	Endowment Fund	as. Complete if	the organ (a)Currer			rior yea			-	rt IV, IIne (d)Three y		(e)Fou		- hadi
1a	Beginr	ning of year balance		(a)currer	it year	(D)F	nor yea				(u) mee y	ears Dack	(e)rou	i years	DACK
b	Contri	butions													
с	Net in	vestment earnings, gair	ns, and losses												
d	Grants	s or scholarships													
e		expenditures for facilitie rograms	es												
f	Admın	nistrative expenses .													
g	End of	f year balance													
2		ide the estimated percei	-	ent year end	d balance	(line 1	g, colu	mn (a)) held a	s	1				
а		d designated or quasi-e	ndowment Þ												
b	Perm	nanent endowment 🕨													
С	Tem	porarily restricted endow	vment 🕨												
		percentages on lines 2a,													
3a		there endowment funds nızatıon by	not in the posses	sion of the	organızat	ion that	t are h	eld an	d admını	stered fo	or the			Yes	No
	-	Inrelated organizations										3	a(i)	res	NO
	• •	related organizations						• •					a(ii)	-+	
b		es" on 3a(II), are the rel		is listed as i	required o	on Sche	dule R	<u>,</u>	· ·				3b	-+	
4	Desc	cribe in Part XIII the inte	ended uses of the	organizatio	n's endo	wment f	unds					L	I		
Pa	rt VI	Land, Buildings,	and Equipme	ıt.											
		Complete if the or										-			
	Descr	ription of property	(a) Cost or oth (Investme		(b) Cost	or other	basis (other)	(c) Acc	umulated	depreciation		(d) Book	: value	
1a	Land														
b	Buildir	ngs													
с	Leasel	hold improvements													
		ment					3	38,192			19,280)			18,912

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

.

►

18,912

	(Form 990) 2018					Page 3
Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	janiza	tion ansv	vered "Yes" on F	orm 990, Par	t IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		c) Method of va or end-of-year i	
	Il derivatives	•				
(A)						
(B)						
(C)						_
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	►				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, P	Part IV, lı	ne 11c. See For	m 990, Part >	<, line 13.
	(a) Description of investment	(b) Bo	ook value		c) Method of va or end-of-year i	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes'	on For	m 990 Pa	rt IV line 11d. Se	e Form 990 Pa	art X line 15
	(a) Description					(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(7) (8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)					
	Other Liabilities. Complete if the organization answe	ered 'Y	es' on Fo	rm 990, Part IV	, line 11e or	11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
				20.457		
(2)	AFFILIATE COMPANY			20,457		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	•		20,457		

 Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 20,457

 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018					Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme			ue per Re	turn	
1	Complete if the organization answered 'Yes' on Form 990, Part Total revenue, gains, and other support per audited financial statements				1	711,162
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•••			-	/11,102
- a	Net unrealized gains (losses) on investments	2a	I			
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	20 2c				
d	Other (Describe in Part XIII)	2d				
e	Add lines 2a through 2d				2e	0
3	Subtract line 2e from line 1			• •	2e 3	711,162
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	• •			3	/11,102
-	Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1	4a	I			
a L		4a 4b		-43.207		
b	Other (Describe in Part XIII)			-43,207		40.007
c _	Add lines 4a and 4b	4c	-43,207			
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)				5	667,955
Par	t XIII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			ises per H	tetur	n.
1	Total expenses and losses per audited financial statements				1	741,999
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2 c				
d	Other (Describe in Part XIII)	2d		43,207		
е	Add lines 2a through 2d				2e	43,207
3	Subtract line 2e from line 1				3	698,792
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒 .	4a				
b	Other (Describe in Part XIII)	4b				
с	Add lines 4a and 4b	· · ·			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18				5	698,792
Pa	t XIII Supplemental Information	,				-,

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Addıtıonal Data Table	

ormation (continued)
Explanation

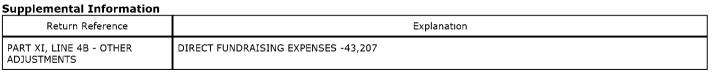
Schedule D (Form 990) 2018

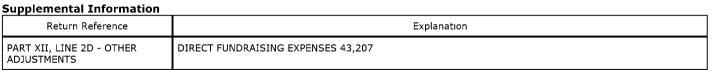
Additional Data

Software ID: Software Version: EIN: 20-2588166 Name: GARDEN STATE EQUALITY EDUCATION FUND

Supplemental Information

ouppicmental information	
Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER S ECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON A CCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATE MENTS THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE R ECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETU RN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, D ISCLOSURE AND TRANSITION THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE NO INTEREST AND PENALTIES WERE RECORD ED DURING 2019 AND 2018 AT JUNE 30, 2019 AND 2018, THERE ARE NO SIGNIFICANT INCOME TAX UN CERTAINTIES





efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934								I: 93493176013870		
SCHEDU		Supple	OMB No 1545-0047							
(Form 9	90 or 990-EZ)	••			Saming Activit	-		2018		
		Complete if the organiza	tion answered "	Yes" o	n Form 990, Part IV, lines 1	17, 18, or 1	9, or if the	2010 Open to Public		
-	organization entered more than \$15,000 on Form 990-EZ, line 6a Department of the Treasury Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information									
Name of t	entification number									
GARDEN STATE EQUALITY EDUCATION FUND 20-2588166										
Part I	_	Activities. Complete if lers are not required t	-			orm 990,	Part IV, line I	17.		
1 Indi		ganization raised funds th				all that a	vlaa			
	Mail solicitations	<u>.</u>	,,	е	Solicitation of non					
ь П	Internet and email s	olicitations		f	Solicitation of gov	-	-			
_	Phone solicitations			q	Special fundraising					
_	In-person solicitatioi	ns		-		5				
	·	ve a written or oral agree	ment with any	Indivi	idual (including officers	directors	tructees			
		in Form 990, Part VII) or					<u> </u>	es 🗆 No		
		nest paid individuals or er east \$5,000 by the organi:		sers)	pursuant to agreements	under wł	nich the fundrais	er is		
(i) Name and address of Ind or entity (fundraiser)		vidual (ii) Activity	(iii) Did fundraiser h custody o control of contributior	ave r f	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) Amount paid to (or retained by) organization		
			Yes No	<u>o</u>						
Total			•							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

chedule G (Form	990 or	990-EZ	2018	
incuaic o i		220.01	JJU LL,	2010	

S

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c)Other events (a)Event #1 (d) Total events EQUALITY BALL EQUALITY AT 2 (add col (a) through WORK SYMPOSIUM col (c)) (event type) (total number) Revenue (event type) 1 Gross receipts . 250,000 7,500 93,230 350,730 2 Less Contributions . 225,000 7,500 232,500 3 Gross income (line 1 minus line 2) 25,000 93,230 118,230 . . 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 2,927 16,708 19,635 7 Food and beverages 5.000 5.000 8 Entertainment Direct 5,000 5,000 9 Other direct expenses 6,776 3,599 3,197 13,572 **10** Direct expense summary Add lines 4 through 9 in column (d) ► 43,207 **11** Net income summary Subtract line 10 from line 3, column (d) 75.023 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 Part III on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses % Yes Yes % Yes % 6 Volunteer labor No No No **7** Direct expense summary Add lines 2 through 5 in column (d) ► 8 Net gaming income summary Subtract line 7 from line 1, column (d). . . . Enter the state(s) in which the organization conducts gaming activities _ Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain _ b Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a

If "Yes," explain _ h

q

Schedule G (Form 990 or 990-EZ) 2018

Sche	dule G (Form 990 or 990-EZ) 2018					F	Page 3
11	Does the organization conduct gai	ning activities with nonmembers	57		🗌 Yes		
12	Is the organization a grantor, ben formed to administer charitable ga		member of a partnership or other entity		□ Yes		
13	Indicate the percentage of gaming	activity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and re	ecords			
	Name 🕨						
	Address 🕨						
15a	Does the organization have a cont revenue?	ract with a third party from who	om the organization receives gaming		🗌 Yes		
b			anization Þ \$ and th	e			
	amount of gaming revenue retain	ed by the third party 🕨 \$					
С	If "Yes," enter name and address	of the third party					
	Name 🕨						
	Address 🕨						
16	Gaming manager information						
	Name Þ						
	Gaming manager compensation •	[,] \$					
	Description of services provided	,					
	Director/officer	Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under retain the state gaming license?	state law to make charitable di	stributions from the gaming proceeds to		🗌 Yes		
b	Enter the amount of distributions	required under state law distribu	ited to other exempt organizations or spent		iea		
	in the organization's own exempt	activities during the tax year \blacktriangleright	\$				
Pa			ions required by Part I, line 2b, column licable. Also provide any additional infor				s. –

Return Reference

Explanation

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN:						13870
Schedule L (Form 990 or 990-EZ)			nterested Persons		OMB No 154	5-0047
(27, 28a, 28b	, or 28c, or Form 9 Attach to Form 99	es" on Form 990, Part IV, line 90-EZ, Part V, line 38a or 40 90 or Form 990-EZ. 91 for the latest information.		201	8
Department of the Treasury Internal Revenue Service					Open to P Inspect	
Name of the organizat GARDEN STATE EQUALITY				Employer identi 20-2588166	fication numl	ber
			501(c)(4), and 501(c)(29) orga : IV, line 25a or 25b, or Form 99		40Ь	
1 (a) Nam	ne of disqualified person	(b) Relationship b	etween disqualified person and	• •	of (d) Co	rrected?
			organization	transaction	Yes	No

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section
- 4958

 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

► \$ ► \$

(a) Name of Interested person	(b) Relationship with organization	(c) Purpose of Ioan		o or from the ization?	(e) Original principal amount	(f) Balance due	(g) defa		(h Approv boar comm	ed by d or		i) Written greement?
			То	From			Yes	No	Yes	No	Yes	No
(1) STEVEN GOLDSTEIN	OFFICER	LOAN FOR OPERATING EXPENSES	X		47,581	22,581		No	Yes			No
Total				•	\$	22,581						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
For Paperwork Reduction Act Not	ice, see the Instructions for Fo	rm 990 or 990-EZ. Cat	t No 50056A Schedul	e L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sł o organiz rever	f ation's
				Yes	No
(1)					No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

Schedule L (Form 990 or 990-EZ) 2018

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data -		DLN: 93493176013870
SCHEDULE O (Form 990 or 990- EZ)	Complete to pro Form 990 o	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. Go to www.irs.gov/Form990 for the latest information.		
Name Brthe ofganization GARDEN STATE EQUALITY E			Employe 20-25881	Inspection identification number
990 Schedule O, Su	pplemental Informatio	n	ł	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE EXECUTIVE DIRECTOR AND TREASURER WILL REVIEW THE 990 PRIOR TO THE BOARD THE BOARD APPROVES VIA EMAIL VOTE PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO TO THE PUBLIC UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR

efile GRAPHIC print - DO	O NOT PROCESS As Filed Data -										DLN: 93493:	176013	3870
SCHEDULE R (Form 990)	Related Complete if the orga	anization an	zations ar swered "Yes" ▶ Attach to Fo	on Form	990, Part I		-		37.		омв № : 20	18 ¹⁵⁴⁵⁻⁰⁰⁴	47
Department of the Treasury Internal Revenue Service	► Go to <u>wv</u>		Form990 for ir			atest info	rmation.				Open to Inspe	Public	с
Name of the organization GARDEN STATE EQUALITY EDUCATIO	ON FUND								loyer identifi	cation	number		
Part I Identification	n of Disregarded Entities Complete	f the organ	ization answei	red "Yes	" on Form 9	90, Part	IV, line 3		588166				
Name, address, and	(a) d EIN (If applicable) of disregarded entity		(b) Prımary actı	vity	(c) Legal domici or foreign c	le (state	(d) Total ince	ome	(e) End-of-year ass	sets	(f Dırect coi enti	ntrolling	
	of Related Tax-Exempt Organization of Related Tax-Exempt Organizations during the tax year.	ons Comple	te if the orgar	nization	answered "	Yes" on F	orm 990,	Part I\	/, line 34 bec	ause	it had one or	more	
Name, address, and	(a) EIN of related organization	Prima	(b) ary activity	Legal do or fore	(c) omicile (state ign country)	(Exempt Co	d) ode section		(e) charity status ion 501(c)(3))	Dii	(f) rect controlling entity		512(b) ntrolled ity?
(1)GARDEN STATE EQUALITY ACTI 1408 MAIN STREET	ON FUND INC	CIVIC ORGA	NIZATION		NJ	501(C)(4)						Yes	No No
ASBURY PARK, NJ 07712 26-1578795													
												<u> </u>	
or Panerwork Reduction Ac	ct Notice, see the Instructions for Form	990		Ca	t No 50135	Y				Sche	dule R (Form	9901 20	118

one or more related organizations treated as a partnersl (a) Name, address, and EIN of related organization	np during the ta (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of	(h) Disproprtionate		V-UBI Genera It in box manag 0 of partne Jule K-1) al or	(k) Percentag ownership
				514)			Yes	No	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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	(1 Section (13) co ent Yes	1512(b) Introlled Ity?
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Schedule R (Form 990) 2018

Pai	t V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
с	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
о	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

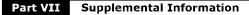
Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

SinkYesNoYesNoYesNoYesNoImage: Sink Sink Sink Sink Sink Sink Sink Sink	(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)	(e) Are all partners section 501(c)(3) 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)	(j) General or managing partner?		(k) Percentage ownership
Image: Section of the section of th				514)	Yes	No			Yes	No		Yes	No	
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Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

