

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2024

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

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>EARTHSHARE NEW JERSEY INC</b>		<b>D</b> Employer identification number <b>22-3323080</b>
	Doing business as		<b>E</b> Telephone number <b>(609) 989-1160</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>249,784.</b>
	<b>407 GREENWOOD AVENUE</b>	<b>209</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>TRENTON, NJ 08609</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	
<b>F</b> Name and address of principal officer: <b>PAULA JEANNE ALDARELLI</b> <b>SAME AS C ABOVE</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.EARTHSHARENJ.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>NJ</b>

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FOSTERS ENVIRONMENTAL EDUCATION VOLUNTEERISM &amp; PHILANTHROPY THROUGH TARGETED PROGRAMS &amp; EXPERIENCES.</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) <b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>861</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>196,029.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>23,126.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>2,840.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>3,986.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>225,981.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>3,984.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>138,459.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>15,443.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>71,292.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>213,735.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>12,246.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>119,680.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>64,357.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>55,323.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer <i>Paula Jeanne Aldarelli</i>	Date <b>1/23/26</b>
<b>Paid Preparer Use Only</b>	Preparer's name <b>JAMES M. WOOD</b>	Date <b>12/17/25</b>
	Preparer's signature <i>JM Wood</i>	Check if self-employed <input checked="" type="checkbox"/> PTIN <b>P00310420</b>
	Firm's name <b>JAMES M. WOOD, CPA</b>	Firm's EIN <b>22-3604710</b>
	Firm's address <b>603B OMNI DRIVE HILLSBOROUGH, NJ 08844</b>	Phone no. (908) 431-1700

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

**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b> 7,000.				
	<b>c</b> Fundraising events	<b>1c</b> 26,345.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 107,711.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		141,056.			
	Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEE	<b>Business Code</b> 561000	8,634.	8,634.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			8,634.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,934.		3,934.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real (ii) Personal			
		<b>b</b> Less: rental expenses	<b>6b</b>			
		<b>c</b> Rental income or (loss)	<b>6c</b>			
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>			
		<b>c</b> Gain or (loss)	<b>7c</b>			
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ 26,345. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	95,417.			
		<b>b</b> Less: direct expenses	<b>8b</b>	34,552.		
	<b>c</b> Net income or (loss) from fundraising events			60,865.		60,865.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
<b>b</b> Less: direct expenses		<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b> 900099	743.	743.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d			743.		
<b>12 Total revenue.</b> See instructions			215,232.	9,377.	0. 64,799.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,951.	2,951.		
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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	79,000.	59,250.	7,900.	11,850.
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	58,238.	58,238.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,385.	4,559.	409.	417.
9 Other employee benefits				
10 Payroll taxes	13,080.	11,249.	654.	1,177.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
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 Sch O.)				
12 Advertising and promotion	662.	662.		
13 Office expenses	5,208.	4,458.	300.	450.
14 Information technology				
15 Royalties				
16 Occupancy	4,800.	4,109.	276.	415.
17 Travel	782.	669.	45.	68.
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				
23 Insurance	4,380.	3,750.	252.	378.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBER PROGRAM DONATION	30,086.	30,086.	0.	0.
b PROFESSIONAL FEES	15,050.	0.	15,050.	0.
c AFFILIATION FEES	5,000.	5,000.	0.	0.
d MISCELLANEOUS	4,118.	3,771.	139.	208.
e All other expenses	5,529.	4,788.	261.	480.
25 Total functional expenses. Add lines 1 through 24e	234,269.	193,540.	25,286.	15,443.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				