

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.

Department of the Treasury Internal Revenue Service

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

For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: BLUEWAVENJ A NJ NONPROFIT CORPORATION. Address: 139 UNION STREET, MONTCLAIR, NJ 07042

D Employer identification number: 20-2813200. E Telephone number: (973) 233-0866. F Group Exemption Number

G Accounting Method: Cash [] Accrual [x] Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.BLUEWAVENJ.ORG

J Tax-exempt status (check only one) 501(c)(3) [x] 501(c)(4) [] (insert no. 4947(a)(1) or 527)

K Form of organization: Corporation [x] Trust [] Association [] Other []

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 51,339

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 9 rows for Revenue. Line 1: 51,339. Line 9: 51,339.

Table with 7 rows for Expenses. Line 13: 34,800. Line 15: 2,984. Line 17: 44,524.

Table with 3 rows for Net Assets. Line 19: 10,596. Line 21: 17,411.

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,562	14,377
23 Land and buildings		
24 Other assets (describe in Schedule O)	2,034	3,034
25 Total assets	10,596	17,411
26 Total liabilities (describe in Schedule O).		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,596	17,411

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

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

What is the organization's primary exempt purpose?

BLUEWAVENJ WORKS TO IMPROVE THE RIGHTS, OPPORTUNITIES, AND QUALITY OF LIFE OF ALL PEOPLE THROUGH DIRECT ADVOCACY, PUBLIC EDUCATION ON CRITICAL ISSUES, AND COMMUNITY MOBILIZATION.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE ORGANIZATION WORKS TO IMPROVE THE RIGHTS, OPPORTUNITIES, AND QUALITY OF LIFE OF ALL PEOPLE THROUGH DIRECT ADVOCACY, PUBLIC EDUCATION ON CRITICAL ISSUES, AND COMMUNITY MOBILIZATION.

(Grants \$) If this amount includes foreign grants, check here

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

28a 36,685

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a) **32** 36,685

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARCIA MARLEY PRESIDENT	20.00	0		
BILL SOLOMON TREASURER	5.00	0		
LINDA HALPER TRUSTEE	1.00	0		
KEVIN BROWN TRUSTEE	1.00	0		
CHRIS HILLMAN TRUSTEE	1.00	0		
LOIS WHIPPLE TRUSTEE	1.00	0		
ALBIE HECHT TRUSTEE	1.00	0		
JOHN ATLAS TRUSTEE	1.00	0		
PHYLLIS SALOWE-KAYE TRUSTEE	1.00	0		
ROSEMARY IVERSEN TRUSTEE	1.00	0		
KOREN FRANKFORT TRUSTEE	1.00	0		
ALAN MYERS TRUSTEE	1.00	0		
ANN REA TRUSTEE	1.00	0		
JOHN REICHMAN TRUSTEE	1.00	0		
MYRA TERRY TRUSTEE	1.00	0		
GEOFFREY BORSHOF TRUSTEE	1.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

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

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

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

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

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

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

Sign Here	Signature of officer	2022-08-26
	MARCIA MARLEY PRESIDENT Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name VICTOR MAISANO CPA	Preparer's signature	Date 2022-08-26	Check <input type="checkbox"/> if self-employed	PTIN P00359999
	Firm's name ▶ GERMAN VREELAND & ASSOCIATES LLP			Firm's EIN ▶ 22-1866743	
	Firm's address ▶ 2 RIDGEDALE AVE SUITE 300 CEDAR KNOLLS, NJ 079271119			Phone no. (973) 605-2777	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990 or 990-EZ)**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.

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization
BLUEWAVENJ A NJ NONPROFIT CORPORATION

Employer identification number

20-2813200

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 50 OFFICE 153 INSURANCE 956 BANK SERVICE CHARGES 2,461 INTERNET AND WEB PLATFORM 3,120 TOTAL 6,740
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,637 2,637 DEPOSIT 397 397 TOTAL 2,034 3,034
FORM 990-EZ, PART III	BLUEWAVENJ WORKS TO IMPROVE THE RIGHTS, OPPORTUNITIES, AND QUALITY OF LIFE OF ALL PEOPLE THROUGH DIRECT ADVOCACY, PUBLIC EDUCATION ON CRITICAL ISSUES, AND COMMUNITY MOBILIZATION.

Additional Data

Return to Form

Software ID:

Software Version:

TY 2020 IRS 990 e-File Render

Name: BLUEWAVENJ A NJ NONPROFIT
CORPORATION

EIN: 20-2813200

Person Name	Explanation
MARCIA MARLEY	
BILL SOLOMON	
LINDA HALPER	
KEVIN BROWN	
CHRIS HILLMAN	
LOIS WHIPPLE	
ALBIE HECHT	
JOHN ATLAS	
PHYLLIS SALOWEKAYE	
ROSEMARY IVERSEN	
KOREN FRANKFORT	
ALAN MYERS	
ANN REA	
JOHN REICHMAN	
MYRA TERRY	
GEOFFREY BORSHOF	