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Form	990-T Exempt Organization Bus						<u> </u>	0 8 90 9 OMB No 1545-06	
					•			2018	j
	For calendar year 2018 or other tax year beginning			_					
•	nent of the Treasury Revenue Service Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it ma					1(c)(3).	Оре 50	en to Public Inspect 1(c)(3) Organization	tion for s Only
$\overline{\Box}$	Check box if Address changed Name of organization (Check box if name					D Emp	oloye	r identification nu	mber
	IEWISH COMMUNITY FOUNDATION OF	F GREATE	R METR	OWEST		(Emp	oloye	es' trust, see instruc	tions.)
✓ 50	O1(c)()3) Print or Number, street, and room or suite no. If a P.O	box, see in	structions	•	. –	22		27)1714130	
4 0	08(e) 220(e) Type 901 ROUTE 10							Tousiness activity (ructions)	code
4 0	08A 530(a) City or town, state or province, country, and Z	IP or foreign	postal co	de		330)	IIIŞLI	denons /	
	29(a) WHIPPANY, NJ 07981-1156					L		, <u>-</u>	
C Book at en	yalue of all assets of Group exemption number (See instruction of year		1	7 501/-	Amira F	1 401/2	\ .	ot Other	*****
	G Check organization type ► 7 501(c) of the state of the			501(c	_	1 /			
	nter the number of the organization's unrelated trades or busing						•	(or first) unrelat	
	ade or business here INVESTMENT IN PARTNERSHIPS st in the blank space at the end of the previous sentence, or								
	ade or business, then complete Parts III-V.	complete	i aits i	and ii, c	ompiete a c	Cilcuu	CIVI	tor cacif addi	tional
	aring the tax year, was the corporation a subsidiary in an affiliated	group or a	narent-	subsidiar	v controlled o	roup?		▶ ✓ Yes □	1 No
	"Yes," enter the name and identifying number of the parent of								,
	e books are in care of ▶ ROBERT HART				hone numbe			973-929-3189	
Part			(A)	Income		penses		(C) Net	
1a	Gross receipts or sales				為持定		3	W. E. C.	
b	Less returns and allowances c Balance	▶ 1c			The same of			TOTAL TOTAL	
2	Cost of goods sold (Schedule A, line 7)	. 2				4 1 2	* 5		
3	Gross profit. Subtract line 2 from line 1c	. 3				1	2 6		
4a	Capital gain net income (attach Schedule D)				14.00		1		<u> </u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<u></u>						<u> </u>
C	Capital loss deduction for trusts				A SECTION				├──
5	Income (loss) from a partnership or an S corporation (attach stateme			245253	130111		***	245253	
6	Rent income (Schedule C)	·							
7 8	Unrelated debt-financed income (Schedule E)	· -							
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule				- · ·		\dashv		
10	Evoluted exempt activity income (Schedule II	10		, 			\dashv		
11	Advertising income (Schedule J)	EIM E I	D —	† †					
12	Other income (See instructions; attach schedule)	. 12	100			27 E C	3446		
13	Total Combine lines 3 through 12	.1 7 1317	n lõ	245253				245253	
Part	Deductions Not Taken Elsewhere (Seé-instructions	for limit	ations/	h deduc	tions.) (Exc	ept for	cor	itributions,	
	Deductions Not Taken Elsewhere (Seé instructions deductions must be directly connected with the unre	lated bu	s <u>m</u> essi i	come.)					
14	Compensation of officers, directors, and trustees (Schedule	eIK)\.,	• • •			. L	14		
15	Salaries and wages						15		
16	Repairs and maintenance					_	16		 -
17	Bad debts					_	17		 -
18 10	Interest (attach schedule) (see instructions)					_	18 19		
₹19 ₹20	Charitable contributions (See instructions for limitation rules						20		
CD1	Depreciation (attach Form 4562)			21		3			
⇒ ₂₂	Less depreciation claimed on Schedule A and elsewhere or	n return .	. [22a			2b	j	İ
~21 →22 →23 →24	Depletion						23		
⊃ ₂₄	Contributions to deferred compensation plans					. [24		
25ے ۔	Employee benefit programs					. [25		
₹6	Excess exempt expenses (Schedule I)						26		
9 7	Excess readership costs (Schedule J)						27		
25 66 7 88 99 C	Other deductions (attach schedule)						28		<u> </u>
29 9	Total deductions. Add lines 14 through 28						29		
\sim	Unrelated business taxable income before net operating loss	s deductio	an Subt	ract line '	yy trom line "	13 1 1	an l	245253	

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

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31

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Form 99	0-T (2018						p	age 2
Part		otal Unrelated Business Taxabl	e Income	·				uge I
33		f unrelated business taxable income		as or husinassas (s	مم ا			
33				•		33	0.45050	
•				34	245253			
34	Amoun	ts paid for disallowed fringes	in Anno common beneather before		<u> </u> =	34		
35		ion for net operating loss arising						
		tions)				35		
36		f unrelated business taxable income	•	t line 35 from the su				
		33 and 34			~ L3	36	245253	
37	Specific	c deduction (Generally \$1,000, but se	e line 37 instructions for exception	ns) 3	8 L3	37	1000	
38	Unrela	ted business taxable income. Subti	ract line 37 from line 36. If line 37	s greater than line 3	36,		ļ	
	enter th	ne smaller of zero or line 36			97 3	38	244253	
Part I	V T	ax Computation				1		
39		zations Taxable as Corporations. N	Aultiply line 38 by 21% (0.21)		▶ 3	39	51293	
40		Taxable at Trust Rates. See						
-10		ount on line 38 from: Tax rate sch				10	Î	
44		ax. See instructions		· ·		11		
41	_				· -	2		
42		tive minimum tax (trusts only)						
43	lax on	Noncompliant Facility Income. See	e instructions		c H	3,		
44	Total. /	Add lines 41, 42, and 43 to line 39 or	40, wnichever applies	<u>· · · · · · · · · · · · · · · · · · · </u>	7 1 4	<u> 4</u>	51293	
		ax and Payments	10	1.5	l max			
		tax credit (corporations attach Form 11		45a				
b		redits (see instructions)		45b	6			
С		l business credit. Attach Form 3800 (45c				
d		or prior year minimum tax (attach For		45d	<u>.</u>			
е	Total c	redits. Add lines 45a through 45d .			4	5e		
46		ct line 45e from line 44			4	6	51293	
47	Other tax	kes. Check if from 🔲 Form 4255 🗍 Form	n 8611 🔲 Form 8697 🔲 Form 8866 🔲 🛚	Other (attach schedule)	4	7		
48	Total ta	19 4	8	51293				
49	2018 no		9					
		nts: A 2017 overpayment credited to		50a 228112			··· 1	
		stimated tax payments		50b 0		7		
		posited with Form 8868		50c				
		organizations. Tax paid or withheld a		50d				
d		withholding (see instructions)		50e	{ I `			
e				50f				
f		or small employer health insurance p		301				
g		redits, adjustments, and payments:						
		1 4136 Oth		50g				
51	•	ayments. Add lines 50a through 50g				i1	228112	
52		ed tax penalty (see instructions). Che				2		
53			3					
54	Overpa		4	176819				
55		amount of line 54 you want		00 66 Refunded	▶ 5	5	76819	
Part \	y Si	tatements Regarding Certain Ac	ctivities and Other Information	n (see instructions)			- ,	
56	At any	time during the 2018 calendar year, o	lid the organization have an interes	st in or a signature o	r othe	r authori	ty Yes	No
	over a	financial account (bank, securities, or	other) in a foreign country? If "Ye	s," the organization	may h	ave to f	ıle	4
	FINCEN	Form 114, Report of Foreign Bank a	ind Financial Accounts. If "Yes," e	nter the name of the	foreig	ın count	ry	
	here ▶							$\overline{}$
57	Dunna t	he tax year, did the organization receive a	distribution from, or was it the granto	r of, or transferor to, a	foreian	trust? .		$\overline{}$
	•	" see instructions for other forms the		,,	3 .		(P	
58		ne amount of tax-exempt interest rece		ar ▶ \$				
		penalties of perjury, I declare that I have examined			e best of	my knowle	edge and belie	ef. it is
Sign		prrect, and complete. Declaration of preparer (other			dge 🔽			-
_	.	~ /	1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FANT TOPACUOED			discuss this re parer shown b	
Here		Would Kelen	Date CFO / ASSIS	TANT TREASURER			ns)? Yes	
	Signati	ure of officer		I Date			DTIN	
Paid		Print/Type preparer's name	Preparer's signature	Date		☐ if	PTIN	
Prepa	arer		1	L	self-en	nployed	<u> </u>	
Use (Firm's name ▶			Firm's I	EIN ▶		
-3E (~ : :: y	Firm's address >			Phone	no		

Firm's address ▶

Phone no

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Sche	dule A—Cost of Good	s Sold. Er	ter method of ir	ventory	valuation ▶	·, · <u>, · , · , · , · , · , · , · , · , </u>				
1	Inventory at beginning of		1	T 6		at end of year	6			
2	Purchases	-	2	7	7 Cost of goods sold. Subtract					
3	Cost of labor		3		line 6 from line 5. Enter here and					
-	Additional section 263A	-	. 		ın Part I, line 2					
	(attach schedule)		4a	a	Do the ru	les of section 263A (wit	h respect to Yes No			
h	Other costs (attach schee	<u> </u>	4b	 	property produced or acquired for resale) apply to the organization?					
5	Total. Add lines 1 throug		5							
Sche	dule C-Rent Income	(From Re		Person						
	instructions)						•			
	aption of property									
(1)	,									
(2)										
(3)						· · · · · · · · · · · · · · · · · · ·				
(4)						 				
(4)	·-··	2. Rent receiv	ed or accrued							
			(b) From soci en		renewby (if the	3(a) Deductions directly	connected with the income			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real an percentage of rent 50% or if the rent				for personal	property exceeds	eeds in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)		-4		-						
(3)					.					
(4)										
Total			Total			41 =				
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)						(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶				
Sche	dule E—Unrelated Det	ot-Finance	ed Income (see	ınstructio	ns)	T Tart if this of ocidimit (b)				
00110	1. Description of debt-			2. Gross	income from or to debt-financed	debt-financ	nected with or allocable to ed property			
					property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)				ļ						
4. Amount of average /acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4	Column divided column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))				
(1)					%					
(2)					%					
(3)					%					
(4)					%					

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A).

. ▶

Enter here and on page 1, Part I, line 7, column (B)

Schedule F—Interest, Ann	uities	s, noyalles,				ganizations (se	e instru	ctions)_		
]		Exempt	Controlled	Organizations			· 1 · · · · ·		
Name of controlled organization		2. Employer afication number	3. Net unrelated incon (loss) (see instructions		4. Total of specifie payments made	5. Part of colun included in the organization's gi	controlling	connected with income		
(1)								 		
(2)					 					
(3)								1		
(4)					<u> </u>			 		
Nonexempt Controlled Organiz	zation	S			· · · · · · · · · · · · · · · · · · ·			h	····	
						10. Part of colur	no 9 that is	11.	Peductions directly	
		3. Net unrelated income (loss) (see instructions)			otal of specified yments made	included in the organization's gr	controlling	connected with income in		
(1)								<u> </u>		
(2)								<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(3)										
(4)				*				<u> </u>		
						Add columns : Enter here and Part I, line 8, co	on page 1,	Enter	columns 6 and 11. nere and on page 1, line 8, column (B).	
Totals	<u> </u>	· · · · ·				<u> </u>		<u> </u>		
Schedule G-Investment I	ncon	ne of a Secti	on 501(c							
1. Description of income		2. Amount of	ount of income direct		Deductions ctly connected ach schedule)	4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)				<u> </u>						
(2)										
(3)										
									·	
			here and on page 1, , line 9, column (A).						Enter here and on page 1, Part I, line 9, column (B).	
Totals	⊳									
Schedule I-Exploited Exe	mpt	Activity Inco	me, Oth	er Than	Advertising In	come (see inst	ructions)		
Description of exploited activi	ty	2. Gross unrelated business incon from trade or business	ne conne prod un	xpenses irectly ected with fuction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)	-	1							<u> </u>	
(3)								_		
(4)										
		Enter here and page 1, Part I line 10, col (A	, page	nere and on 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26	
Totals	. Þ									
Schedule J-Advertising I										
Par I Income From P	eriod	licals Report	ed on a	Consoli	dated Basis					
1. Name of periodical		2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		 					 			
(2)		 -	+				 			
(3)		+								
(4)		 								
<u>\</u>		+	 						**************************************	
Totals (carry to Part II, line (5)) .	. 🖻	<u> </u>		<u> </u>					orm 990-T (2018)	
								Г	UIII JJU-1 (2018)	

١٥١١١ عمريا					_	Page 3
Part II Income From Period 2 through 7 on a line-		i on a Separa	te Basis (For ea	ach periodical l	isted in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				
(2)						
(3)						
(4)						
Totals from Part I			在某些情况			
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1–5)						
Schedule K—Compensation of	Officers, Direc	tors, and Tru	stees (see instru			
1. Name		2	2. Title	3. Percent of time devoted to business		ion attributable to ed business
(1)				%	5	
(2)				%	5	
(3)				%		
(4)				%	5	
Total. Enter here and on page 1, Part II, II	ne 14			<u>.</u> . 🕨	•	

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