401(a) trust

Telephone number ▶ 973-267-5533

(B) Expenses

Describe the only (or first) unrelated

. If only one, complete Parts I-V. If more than one,

2019

501(c)(3) Organizations On

Employer identification number

22-2281783

E Unrelated business activity code

X No

(C) Net

Other trust

(Employees' trust, see

(See instructions)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

■ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

07963-0338

501(c) trust

(A) Income

Name of organization (Check box if name changed and see instructions.)

COMMUNITY FOUNDATION OF NEW JERSEY

describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or

Number, street, and room or suite no. If a P.O. box, see instructions.

PO BOX 338 - 35 KNOX HILL ROAD City or town, state or province, country, and ZIP or foreign postal code

For calendar year 2019 or other tax year beginning

MORRISTOWN, NJ

F Group exemption number (See instructions.)

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

G Check organization type ► X 501(c) corporation

Department of the Treasury

Check box if

B Exempt under section

X 501(c10)3

408A

529(a) C Book value of all assets

address changed

408(e) 220(e)

)

530(a)

530,172,076.

business, then complete Parts III-V.

1a Gross receipts or sales

Print

Type

H Enter the number of the organization's unrelated trades or businesses.

If "Yes," enter the name and identifying number of the parent corporation.

The books are in care of
HANS DEKKER. PRESIDENT

trade or business here **SEE STATEMENT** 1

Part I Unrelated Trade or Business Income

Internal Revenue Service

Part	H H	Total Unrelated Business Taxable Income		
32 /	Total of	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-78,289.
33		ts paid for disallowed fringes	33	
34		ble contributions (see instructions for limitation rules) STMT 5 STMT 6	34	0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	-78,289.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-78,289.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	•	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	
		ne smaller of zero or line 37	39	-78,289.
Part	: IV	Tax Computation		
40	Organi	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	T	ax rate schedule or Schedule D (Form 1041)	41	
42	Proxy t	ax. See instructions	42	
43	Alterna	tive minimum tax (trusts only)	43	
44	Tax on	Noncompliant Facility Income. See instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	V	Tax and Payments		- · · · · · · · · · · · · · · · · · · ·
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b	Other o	redits (see instructions) 46b		
C	Genera	business credit. Attach Form 3800		
d	Credit 1	or prior year minimum tax (attach Form 8801 or 8827)		
е	Total c	redits. Add lines 46a through 46d	46e	
47	Subtrac	ct line 46e from line 45	47	0.
48	Other to	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total ta	ix. Add lines 47 and 48 (see instructions)	49	0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	-	nts: A 2018 overpayment credited to 2019		
		stimated tax payments 51b		
	•	posited with Form 8868		
	-	organizations: Tax paid or withheld at source (see instructions) 516		
	-	withholding (see instructions) 51e		
		or small employer health insurance premiums (attach Form 8941)		
g	_	redits, adjustments, and payments: Form 2439		
		orm 4136 Other Total ▶ [51g]	-	
		ayments. Add lines 51a through 51g ted tax penalty (see instructions). Check if Form 2220 is attached	52	
53 54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53 54	
54 55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	•	ne amount of line 55 you want: Credited to 2020 estimated tax	56	
Part		Statements Regarding Certain Activities and Other Information (see instructions)		
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	•	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	>		X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes,"	see instructions for other forms the organization may have to file.		
59		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
Sign		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ge and be	tiet, it is true,
Here				discuss this return with
		- Manual Office	preparer :	shown below (see
				X Yes No
		Print/Type preparer's name Preparer's signature Date Check if LORI ROTHE LORI ROTHE self- employed	FIIN	
Paid		LORI ROTHE LORI ROTHE self-employed YOKOBOSKY, CPA 11/06/20	חס	1273422
-	oarer	Firm's name COHNREZNICK LLP		-1478099
Use	Only	4 BECKER FARM ROAD	44	
			73-2	28-3500
		There is a second secon		Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/2	<u> </u>		_		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2	Į	7			
(attach schedule)	4a		8 Do the rules of section	n 263A (v	vith respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property	Lease	d With Real Prop	erty) 	<u>-</u>	
Description of property							·	
(1)								
(2)								
_(3)							 	
(4)					·-			
		ed or accrued			3(a) Deductions directly	connected wit	h the income in	1
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	i of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age	columns 2(a) an	d 2(b) (attach s	schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from		3. Deductions directly conr to debt-financ		allocable	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		other deduction ach schedule)	is
(1)		· · · · · · · · · · · · · · · · · · ·		1		1		
(2)								
(3)				1				
(4)				1				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	ocable deducti 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, art I, line 7, column (A)		ere and on page line 7, column (
Totals			•		_ 0 .			0.
Total dividends-received deductions in	icluded in column	18						0.
					<u> </u>		Form 990-T	(2019)

Contraction of the column of	Schedule F - Interest, A				Controlled O				,55510	struction	<u></u> .	
29	Name of controlled organizate	identi	fication	3. Net unr (loss) (see	elated income instructions)			ınclud	included in the controlling		6. Deductions directly connected with income in column 5	
20 40 40 40 40 40 40 40	(1)							 		-		
Common Controlled Organizations S. Net unrelated income (Dosa) S. Total of specified payments 10, Privil ordaning in pass included 11, Deductions are discovered in the convenience of pass included 11, Deductions are discovered in the convenience of pass included 11, Deductions are discovered in the convenience of pass included 11, Deductions are discovered in the convenience of pass included 11, Deductions are discovered in the convenience of pass in the c											·	
(d) Nonexempt Controlled Organizations 7. Takable income 8. Not revalued income (loss) (bee instructions) 9. Total of specified payments (in the correlating graphs above. (goes income) Add columns 5 and 10 Enter here and on page 1, Part I. In the Controlled (last) Add columns 5 and 10 Enter here and on page 1, Part I. In the Controlled (last) 1. Description of income 1. Description of experiment and income (goes instructions) 2. Amount of income 3. Obtactions (inter here and on page 1, Part I. In the Controlled (last) (inter her												
7. Taxable browne 8. Net unrelated noome (loca) (per entructions) 9. Total of appetitied payments in the controlling payments and 10. In the control payment payment pa									•			
(1) (2) (3) (4) Add column 5 and 10 Enter here and on page 1, Part 1, ins 8, column (N) (see instructions) 1. Description of income (see instructions) 2. Amount of income (see instructions) 3. Description of income (see instructions) 4. Series here and on page 1, Part 1, ins 8, column (N) (see instructions) 5. Total description of income (see instructions) 5. Total description of income (see instructions) 1. Description of income (see instructions) 1. Description of income (see instructions) 2. Column (N) (see instructions) 4. Series here and on page 1, Part 1, ins 8, column (N) (see instructions) 5. Total description of income incom	Nonexempt Controlled Organia	zations										
(d) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (8) In the second on page 1, Part I, line 8, column (8) In the second on page 1, line 8, column (8) In the second on pag	7. Taxable Income			9 . Total		nents	in the control(ng organ	iization's	11. De with	ductions directly connected income in column 10	
(4) Add columns 5 and 10 Enter here and on page 1, Part 1, Inse 8, column (8) (5) Column (9) (6) (7) (8) (8) (7) (8) (8) (8) (9) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (8) (8) (9) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (8) (9) (1) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (8) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (8) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (8) (8) (9) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (8) (8) (9) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (8) (9) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (5) (6) Enter here and on page 1, Part 1, Inse 8, column (9) (7) (8) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (1) (2) (3) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (4) Enter here and on page 1, Part 1, Inse 8, column (9) (5) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here and on page 1, Part 1, Inse 8, column (9) Enter here	(1)											
Add columns 5 and 10 Enter here and on page 1, Part I, time 8, column (N) Col												
Add columns 8 and 10 Enter here and on page 1, Part I, line 8, column (8) 1. Description of mome 2. Amount of mnome 3. Deductions or survey, pre-medical (state schedule) (1) (2) (3) (4) Enter here and on page 1, Fart I, line 9, column (8) Fart I, line 9, column (8) Column (8) Column (8) Add columns 8 and 10 Enter here and on page 1, Fart I, line 9, column (8) Enter here and on page 1, Fart I, line 9, column (8)	(3)											
Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 3, Deductions one-bindual (state schedule) (1) (2) (3) (4) Enter here and on page 1, Income (see instructions) 2, Amount of income 3, Deductions one-bindual (state schedule) (1) (2) (3) (4) Enter here and on page 1, Income (see instructions) 2, Cross unrelated business income branching income (see instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2, Cross unrelated business income branching income (see instructions) 3, Expenses description of exploited activity unclassed business frozone branching income (see instructions) 4, Net income fosco from unrelated or business fortunal and or page 1, Pert I, throw 9, cold from unrelated or business fortunal and or unrelated or business fortunal and or page 1, Pert I, throw 9, cold from unrelated or business fortunal and or unrelated or business fortunal and or page 1, Pert I, throw 9, cold from unrelated or business fortunal and or page 1, Pert I, throw 9, cold from unrelated or business fortunal and or unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert I, throw 10, cold (unrelated or business fortunal and or page 1, Pert	(4)											
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income (cet 3 plus (1) (2) (3) (4) Enter here and on page 1. Part I, time 9, column (A) (see instructions) 2. Gross unrelated business income for income for earth of income form trusted or business (science) and trusted or business income for income form trusted or page 1. Part I, time 9, column (A) (1) (2) (3) (4) Enter here and on page 1. Part I, time 9, column (A) (5) (5) (6) (7) Enter here and on page 1. Part I, time 9, column (A) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) Enter here and on page 1. Part I, time 9, column (Bost) or business (column 2 microse form activity that arbitroliable to surfested radio or business (column 2 microse form activity that arbitroliable to surfeste income form activity that arbitroliable to surfeste income form activity that income form activity that arbitroliable to surfeste income form activity that arbitroliable to surfest income form activity that arbitrol							Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I,	
(see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Description of general contended (affach schedule) (base instructions) Comparition of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity (see instructions) 2. Cross unrelated business income from rade or business income from rade or business income from rade or business income from column 3 if a general schedule in the following income (1) (2) (3) (4) Enter here and on exploited activity bill in rade or business income from rade or business income from column 3 if a general schedule (4) Enter here and on page 1, Part 1, Ine 10, col (6) Ine 10, col (7) Ine 10, col (8) Ine 10, col (8) Ine 10, col (8) Ine 10, col (8) In the schedule in the following income (see instructions) Part 1 Income From Periodicals Reported on a Consolidated Basis 7. Excess read or (boss) (act 2 minus only 18 gas or (boss) (act 2 minus onl						>			0.		0	
1. Description of income 2. Amount of income 3. Descursions (attach schedule) 4. Set-asides (attach schedule) 6. Total sete 6. Expanses 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Goose Income from Vade or business Income Vade or busines			Section	501(c)(7	'), (9), or (1	17) Org	anization					
1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, cellum 2 gain, compute cells 5 through 7 cellum 10, cellu	(see instr	ructions)			ſ	т	• • • • •		·····		T	
(2) (3) (4) Enter here and on page 1, Pert I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 4. Nat income (loss) from unrelated trade or business (solumn 2 mace clumn 18) if a gin, content of game, column 18 if a gin, column 18 if	1. Desc	ription of income			2. Amount of	ıncome	directly conne	cted			5. Total deductions and set-asides (col 3 plus col 4)	
(3) (4) Enter here and on page 1. Part I, line 9, column (A) Column (A) Enter here and on page 1. Part I, line 9, column (A) Column (A) Column (A) Enter here and on page 1. Part I, line 9, column (A) Column (Column (A) Column (Column (Col												
Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B)												
Enter here and on page 1, Part , line 9, column (A) Part , line 9, column (A)					ļ						ļ	
Part I, line 9, column (A) Part I, line 9, column (A)	(4)										<u></u>	
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrelated business income form trade or business income intrade o											Enter here and on page Part I, line 9, column (B)	
(see instructions) 1. Description of exploited activity 2. Gross unrelated business income form unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross authorized activity and the first of the fir											0	
1. Description of exploited activity connected with production of unrelated business income from trade or business income of unrelated business income of unrelated business income of unrelated business income of unrelated business income i	•	•	/ Income	, Other	Than Adv	ertisin	g Income					
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs of shrough 7 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)	1. Description of	2. Gross unrelated business income from	directly co with pro of unre	onnected duction elated	from unrelated business (co minus columr gain, compute	trade or lumn 2 n 3) If a cols 5	from activity t is not unrelat	hat ed	attribut	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs of shrough 7 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)	(1)					Ì					İ	
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus) 2. Gross advertising costs advertising costs sincome 4. Advertising gain or (loss) (col 2 minus) 5. Circulation income 6. Readership costs (column 6 column 5, but no than column for the col												
Enter here and on page 1, Part 1, Inne 10, col (A) D. Enter here and on page 1, Part 1, Inne 10, col (A) Inne 10, col (A) Inne 10, col (B) Inne 10, col (
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income (see instructions) 2. Gross advertising costs advertising costs (coll prints coll so through 7) 3. Direct advertising costs (coll prints costs (coll prints) (coll so through 7) (1) (2) (3) (4)	(4)	page 1, Part I,	page 1,	, Part I,							Enter here and on page 1, Part II, line 25	
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising advertising costs advertising costs advertising costs (column 6 column 7 column 6 c			l		L						0	
1. Name of periodical 2. Gross advertising advertising costs follows for costs advertising costs advertising costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (col 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (coll 3) If a gain, compute costs for advertising gain or (loss) (coll 2 minus coll 3) If a gain, compute costs for advertising gain or (loss) (coll 3) If a gain, compute coll 3) If a gain, compute coll 3 If a gain,						D : -						
1. Name of periodical 2. Gross advertising advertising costs adve	Part I Income From I	Periodicais Rep	ortea or	ı a Cons	solidated	Basis						
(2) (3) (4)	1. Name of periodical	advertising			or (loss) (co	ol 2 minus un, compute					7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(3) (4)								_				
(4)					\dashv							
				<u> </u>	\dashv							
	(4)				 		 -				· · · · · · · · · · · · · · · · · · ·	
	Totals (carry to Part II, line (5))	•	0.	0	•				_		0 Form 990-T (201	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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)	Ì						
(4)	Ī						
Totals from Part I	▶	0.	0.				0
		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 26
Totals, Part II (lines 1-5)		0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T	DESCRIPTION OF	F ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 1
		BUSINESS ACTIVIT	Y	

INCOME (LOSS) FROM INVESTMENTS IN VARIOUS PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
VARIOUS K-1S - ORDINARY BUSINESS INCOME (LOSS)	-78,439.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-78,439.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	97,894.	0 .	97,894.	97,894.
NOL CARRYO	VER AVAILABLE THIS	YEAR	97,894.	97,894.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	7,333.	0.	7,333.	7,333.
12/31/12	51,019.	0.	51,019.	51,019.
12/31/13	70,134.	0.	70,134.	70,134.
12/31/14	123,046.	0.	123,046.	123,046.
12/31/15	168,614.	0.	168,614.	168,614.
12/31/16	203,984.	0.	203,984.	203,984.
12/31/17	174,727.	0.	174,727.	174,727.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	798,857.	798,857.

FORM 990-T	CONTRIBUTIONS	STATEMENT 5	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
50% CASH ONLY	N/A	55,691,306.	
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	55,691,306.	

FORM 990-T	CONTE	RIBUTIONS SUMMARY	The American Control of the Control	STATEMENT (
	CONTRIBUTIONS SUBJECT	_			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	CONTRIBUTIONS 31,158,461 39,635,861 50,619,512 45,316,613 62,693,962			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBU	TIONS	229,424,409 55,691,306		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS AD	JUSTED	285,115,715 0	_	
EXCESS 10	NTRIBUTIONS 0% CONTRIBUTIONS ESS CONTRIBUTIONS		285,115,715 0 285,115,715	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON		_	0
TOTAL CON	TRIBUTION DEDUCTION				0

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

	COMMUNITY FOUNDATION	ON OF NEW JERS	EY		22-	2281783
Dic	the corporation dispose of any investmen	nt(s) in a qualified opportun	ity fund during the tax y	ear?		► Yes X No
lf "	Yes," attach Form 8949 and see its instru	ctions for additional require	ments for reporting you	r gain or loss.		
F	Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
to e	e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894) ,	(h) Gain or (loss) Subtract column (e) from column (d) and
rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
	Form(s) 8949 with Box A checked			<u> </u>		
2	Totals for all transactions reported on					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5	Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach computa	ation)			6	(
7	Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	
	Part II Long-Term Capital Gai					
See	instructions for how to figure the amounts	(4)	(0)	(0)		(h) o
	enter on the lines below. s form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949),	(1) Gain or (loss) Subtract column (e) from column (d) and
rou	nd off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
86	Totals for all transactions reported on					
	Form(s) 8949 with Box D checked	150.				150.
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked	,				
10	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked		140	<u>.l</u>		
11	Enter gain from Form 4797, line 7 or 9			Ĺ	11	
12	Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824		į	13	
14	Capital gain distributions			,	14	
15	Net long-term capital gain or (loss). Combine	lines 8a through 14 in columi	n h		_15	150.
	Part III Summary of Parts I and					
16	Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	l loss (line 15)		16	
	Net capital gain. Enter excess of net long-term			e 7)	17	150.
	Add lines 16 and 17. Enter here and on Form		. ,	Ī	18	150.
	Note: If losses exceed gains, see Capital Los			•		
LH	A For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		S	chedule D (Form 1120) 2019