	Fotm	990-T	E	xempt Organization						ОМВ	No 1545-0687			
		(and proxy tax under section 6033(e)) (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning $07/01$, 2017, and ending $06/30$, 20 18) 1 8 1 9 9 1 7				
	Denartm	ent of the Treasury	roi cale	► Go to www.irs.gov/Form990					·"——·	<u> </u>	.W <i>T</i>			
		rnal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501								Open to F 501(c)(3)	Oublic Inspection for Organizations Only			
	Ā	Check box if address changed Name of organization (Check box if name changed and see instructions) NEW JERSEY ASSOCIATION FOR JUSTICE								oyer ıdentifi	cation number			
									(2111)	oyees ilusi, si	e instructions)			
		pt under section		EDUCATIONAL FOUNDAT	ION,	INC.								
	X 5	01(C) (Q3)	Print or	Number, street, and room or suite no	lf a P C	box, see instruction	ıs			108914				
	4	08(e) 220(e)	Type	150 (350) 00300 0050						l ated busine nstructions)	ess activity codes			
	$\overline{}$	408A 530(a) 150 WEST STATE STREET												
		29(a)		City or town, state or province, count	ry, and	ZIP or foreign postal (coae		5418	60				
		value of all assets I of year	F Gro	TRENTON, NJ 08608 up exemption number (See instruc	tions \				3410					
		902,220.		eck organization type X 50			501/6	c) trust	401(a)	truct	Other trust			
	H Des			rimary unrelated business activity					1 40 I(a)	trust	Other trust			
-				corporation a subsidiary in an affi						•	Yes X No			
				identifying number of the parent co	_		abolalal y	controlled group						
				CORNELIUS LARKIN			Telephor	ne number ▶ 60	9-396	-0096				
1				or Business Income		(A) Incom		(B) Expen			(C) Net			
1	1a 🤆	Gross receipts or s	ales	1,675.										
		ess returns and allowar		c Balance ▶	1c	1.	,675.							
	2 C	ost of goods sole	d (Sched	ule A, line 7)	2					ļ				
		•		2 from line 1c	3	1.	, 675.				1,675.			
				ttach Schedule D)	4a									
		• , , ,		Part II, line 17) (attach Form 4797)	4b									
				rusts	4c					1				
		, , ,	•	os and S corporations (attach statement)	6					 				
					7									
	_			come (Schedule E)	8									
	_	-		1(c)(7), (9), or (17) organization (Schedule G)										
1				ncome (Schedule I)	10									
1		. ,	•	lule J)	11									
1				tions, attach schedule)	12									
_				ough 12		<u> </u>	675.				1,675.			
ı	Part l			Taken Elsewhere (See inst					Except f	or contril	outions,			
_		deductions	s must	be directly connected with t	he u	related busine	ess inco	me.)		Т"				
	4 C	ompensation of	officers,	directors, and trustees (Schedule K)			KE	CEIVED	1 74					
	5 S	alaries and wages	s		• • •	· · · · · · · / 🗠	2	حاج	9216	 				
	16 R 7 B	epairs and maint ad debte	enance		• • •		* M:A	Y 24) 2019	17					
	, B	ad debts iterest (attach scl	 hedule)				·L	· · · · · · · · · · · · · · · · · · ·	102 118					
	9 Ta	axes and licenses				: : : : : : 1:	OG	DEN JIT	119					
2				See instructions for limitation rules)					. 20					
2	1 D	epreciation (attac	ch Form	4562)		<u>2</u>	1							
2	2 Le	ess depreciation	claımed	on Schedule A and elsewhere on re	eturn	22	a		22b					
2										!				
				compensation plans										
			_							 				
				Schedule I)					4	<u> </u>				
2				chedule J)						 				
2			-	chedule)						 				
3				e income before net operating							1,675.			
3				on (limited to the amount on line 30										
3				income before specific deduction							1,675.			
3				ally \$1,000, but see line 33 instruc							1,000.			
3				ole income. Subtract line 33 from										
_	er	ter the smaller of	f zero or	line 32		<u> </u>	<u></u>	<u> </u>	34		675.			
F	or Pap	erwork Reduction	on Act N	otice, see instructions.						For	m 990-T (2017)			
"	, 70 2	£0 00K4 5 000	0		V 1	7-7.10	8	3011562			PAGE 43			

Form	990-T (2017)	NEW	JERSEY A	ASSOCIAT	ION FOR JUS	TICE		22	2-3108914	Page 2
Pa	rt III	Tax Compu	utation								
35	$\overline{}$			orations. S	ee instruction	ons for tax cor	nputation	Controlled of	roup		
	_	ers (sections 156	•				•				
а						taxable income l	orackets	(in that order)	ŀ		
<u> </u>	(1) \$	your onarc or in	(2)		4 0,020,000	1 1	J. 45.1010				
b		organization's shai				\$11,750)	\$				
	(2) Ad	ditional 3% tay (n	ot more than \$1	00 000)	or more man		\$				
c	Incom	e tay on the amou	int on line 34	00,000,			ATCH	1	35		121.
36	Trusts		Trust Rate			for tax comp		Income tax		_	
						chedule D (Form					
37						· · · · · · · · · · ·			I _4_		
38	•								· · · · — t		
39									· · · ⊢ -	-	
40	Total	Add lines 37, 38 a	and 39 to line 3!	Sc or 36, which	hever applies				· 44	<u> </u>	121.
	t IV			50 01 00, Willia	mover applied		· · · · ·		11 -44		
				1110 te	usto attach Es	1116\	Aña			T	
						rm 1116)					
											
C	Gener	ai business credit	Attach Form 38	suu (see instru	ctions)		44.4				
											
			•			• • • • • • • •				+	121.
42										<u> </u>	
43		_				8697 Form 88					121.
44	Total t	ax. Add lines 42 a	ind 43				145-1		.U8 44	 	
45 a	Payme	ents A 2016 overp	payment credited	d to 2017			4.5a		'		
						ns)					
е	Backu	withholding (see	: instructions) .				45e				
f						8941)	451				
g		credits and payme	nts	Form 2	2439						
		orm 4136				Total ▶					
46	•	-	•	-							
47						ched			<u> </u>	 	101
48						nount owed				 -	121.
49 					_	enter amount over	oaid			+	
50		e amount of line 49						Refunde			
Par						and Other Inf					/oc No
51		_		•	=	zation have an i		=		··	res No
			•		•	oreign country? Accounts If YES		-	-		
			sport or Foreig	in bank and	Fillancial	Accounts in TEX	s, enter	the hame of	the loter	gii country	х
	here •		45		4						$\frac{\lambda}{x}$
52	•	• .	•			i, or was it the gra	intor of, o	or transferor to, a	a roreign tri	ist/	
53		see instructions fo		-	•						
		he amount of tax-				uding accompanying so	hedules an	d statements, and to	the best of	my knowledge and	belief, it is
Sigr	1 14	ue correct, and comple	te. Declaration of pre	page (other than t	axpayer) is based	on all information of wh	ich prepare	r has any knowledge		,	
əiyi Here		1 Du	$\mathcal{L} \mathcal{L}$	Jan/Li	105/1	5/2019 EX	ann	E DiPHON		IRS discuss th	
1616	_	signature of officer	1	<u> </u>	Date	Title		C - 11 840	_	e preparer show ctions)? X Yes	n below
		Print/Type prepar	ers name		Preparer's su		Date	e l		PTIN	T MO
Paid		MARIETTA (BENNETT			2 Such			Check L	15 20000	1793
Prep	arer		WITHUMSMI'	TH+BROWN	, PC	- V			self-employ	22-202709	
Jse	Only	Firm's name				O, WHIPPANY,	NJ 07	981-1070		973-898-9	
		riiii s address			10	-,			Phone no	J. J J J J J	

Schedule A - Cost of G	oods Sold E	tor mothe	d of inventory valuation			Page			
		iter metho				6			
1 Inventory at beginning of			ar						
2 Purchases				=	old. Subtract line	1 1			
3 Cost of labor			nter here and in	i I					
4a Additional section 263A c				Part I, line 2					
(attach schedule)	— — —				•	·			
b Other costs (attach sched	· · · · · · · · · · · · · · · · · · ·		property	produced	or acquired fo	r resale) apply			
5 Total. Add lines 1 through			to the or	ganization?	Mish Dool Door	N/A			
Schedule C - Rent Incom (see instructions)	e (From Real P	roperty a	ind Personal Propert	y Leased v	vitn Real Prope	erty)			
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accru	ıed						
(a) From personal property (if the	percentage of rent	(b) F	From real and personal propert	v (if the	3(a) Deductions d	lirectly connected with the income			
for personal property is more the more than 50%;	nan 10% but not	percent	tage of rent for personal proper or if the rent is based on profit of	ty exceeds		olumns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)			·						
(4)			 						
Total		Total		•					
(c) Total income. Add totals of c	olumns 2(a) and 2(1 1.4 1	·		(b) Total deduction	ons.			
here and on page 1, Part I, line 6		•			Enter here and on page 1, Part I, line 6, column (B) ▶				
Schedule E - Unrelated D			ee instructions)						
	•		2 Gross income from or	3. [nnected with or allocable to bed property			
1 Description of del	ot-linanced property		allocable to debt-financed property		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)									
(2)									
(3)									
(4)									
4 Amount of average 5 Average adjusted basis acquisition debt on or allocable to debt-financed debt-financed property			6. Column 4 divided by column 5		7. Gross income reportable (column 6 x total column 6 x t				
property (attach schedule)	(attach sche	aule)	· · · · · · · · · · · · · · · · · · ·	 		3(a) and 3(b))			
(1)			%	+					
(2)			%	1					
(3)			%						
(4)			%	+					
					e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals									

Form 990-T (2017)		SEY ASSOC								108914	Page 4	
Schedule F - Interest, Ann	uities, Royaltie	s, and Rent	ts Fro	m Contro	lled Or	ganizat	i ons (se	e instruction	ons)			
•		Exem	npt Co	ntrolled Org	ganızatı	ons						
Name of controlled organization			1		of specified included		of column 4 that is ed in the controlling ation's gross income		6 Deductions directly connected with income in column 5			
(1)												
(2)									_			
(3)												
(4)								-				
Nonexempt Controlled Organi	zations											
7. Taxable Income	8 Net unrelated income		9 Total of Specified Inc			includ				Deductions directly nnected with income in column 10		
(1)												
(2)					_							
(3)												
(4)												
					•	Enter	columns 5 : here and on , line 8, colu	page 1,	Ent	ld columns 6 a er here and on p rt I, line 8, colur	page 1,	
Totals	come of a Sec		· · · · ·	(9) or (17	<u> </u>	nization	(see ins	tructions)				
1. Description of income	2. Amount o	•	1	3. Deduct directly con (attach sch	tions nected	Inzation	4. Se	4. Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)	
(1)				(4114477 4411		-				p.u	'',	
(2)		••••	1	•••••	•••							
(3)			 									
(4)		,,,,	-									
	Enter here and Part I, line 9, o							Enter here and on page 1, Part I, line 9, column (B)				
Totals	mnt Activity In	come Othe	er Tha	n Advertis	sina In	come (see instri	ictions)				
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expense directly connected or production unrelated business incomplete.	es with of	4. Net incom from unrelate or business (2 minus colu If a gain, co cols 5 throi	e (loss) ed trade column imn 3) mpute	s) de 5. Gross income from activity that attributable to		ble to	7. Excess expens (column 6 column 5, more t column	ses minus but not han		
(1)								 		+		
(2)								-		 		
(3)										1		
4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	rti,					1		Enter her on pag Part II, lir	e 1,	
Totals ▶ Schedule J - Advertising In	some (and unote	· · otiono\								_L		
Part I Income From Peri			neolia	dated Pac								
Part Income From Pen	Odicais Report	ed on a co	1150110	uateu bas	12			<u> </u>	-			
1. Name of periodical	2. Gross advertising advertising costs advertising income 3. Direct gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		•	7. Excess re costs (col- minus colun not more column	umn 6 nn 5, but than							
1)		_		_	T							
2)					Ì			T		7		
3)					ŀ			<u> </u>		7		
4)					F					7		
	_	_										
otals (carry to Part II, line (5))									-	5 990	T /:-	

<u>(4)</u>

Total. Enter here and on page 1, Part II, line 14

Siii 555 : (2511)		_		-		· · · · · · · · · · · · · · · · · · ·
Part II Income From Pe	riodicals Repo line-by-line basi	rted on a Sepa s.)	rate Basis (For	each periodica	Il listed 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)						
otals from Part I						
	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
otals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	ructions)		
1. Name	2. 1				n attributable to business	
1)				%		
2)				%		
3)	-			%		

ATTACHMENT 1

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLE	NDED TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	675.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	101.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	142.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	18,584.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	25,702.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	51.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	70.
	404
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	121.