Form 9	90-T	Exempt Organi	zation	Bus	siness Inc	ome	Tax Retur	n	OMB No 1545-0687
TOTAL O		and p) alendar year 2018 or other t:						1 9	୭ଲ1ହ
Department of	of the Treasury	► Go to www.irs.g							<u> </u>
Internal Rever	tue Service	Do not enter SSN numbers)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
1 1	neck box if dress changed	Name of organization (NEW_JERSEY A			me changed and sec FOR JUSTIC		s)		oyer identification number yees' trust, see instructions)
B Exempt u	nder section	EDUCATIONAL	_						
X 501(C)(03) Pri	nt Number, street, and room	m or suite no	faPO	box, see instruction	ns		22-31	108914
408(6	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							ated business activity code	
408A		150 WEST STA	TE STRE	ET				(266 (1)	structions)
529(a	a)	City or town, state or pr		y, and Z	IP or foreign postal	code			
C Book valu at end of	ie of all assets year	TRENTON, NJ						54186	0
1 6		Group exemption number	`			504(.)	<u> </u>	104(-)	
		Check organization type				501(c)		401(a)	
		organization's unrelated trac NAILING LIST ACT		sses		only one			(or first) unrelated than one, describe the
	-	the end of the previous s		molete		•	•		·
	r business, then cor	•						Lucillo	•
		he corporation a subsidia	ry in an affil	ated g	roup or a parent-s	ubsidiary c	controlled group?		▶ Yes X No
		nd identifying number of t		rporation	on 🕨	· · · · · ·			
		CORNELIUS LARKI				Telephon	e number ▶ 60	9-396-	0096
		le or Business Incom	ne		(A) Incor	ne	(B) Expens	ses	(C) Net
1a Gros	ss receipts or sales_		_	1	,		,		
	returns and allowances		c Balance >			.,000.			
	=	hedule A, line 7)		2		,000.			1,000.
	•	ine 2 from line 1c		3		.,000.			1,000.
		e (attach Schedule D) 97, Part II, line 17) (attach Fo		4a 4b		-			
	• • • •	or trusts	• • •	4c					
		nip or an S corporation (attach state		5	·				
		C)		6			/		
		d income (Schedule E)		7		_/		~	
_		nd rents from a controlled organizati		8					
9 Invest	ment income of a section	n 501(c)(7), (9), or (17) organizatio	on (Schedule G)	9_					
10 Expi	oited exempt activi	ty income (Schedule I) .		10				_	
		hedule J)		11					
12 Othe	er income (See inst	tructions, attach schedule)		12	/	000			1 000
13 Tota	Combine lines 3	through 12	· · · · · · · · · · · · · · · · · · ·	13 /	for limited	,000.			1,000.
	doductions m.	ot Taken Elsewhere ust be directly connec	ا طائنی امیا	<u></u>	ralatad buain			except io	or contributions,
14 Com	nensation of office	ers, directors, and trustees (Softentelock)	ne ui	irelated busin	_		. 14	
15 Sala	ries and wages	ers, unectors, and trustees (TEC	<u> </u>	ED :			·	
16 Repa	airs and maintenand	ce						·	
17 Bad	debts	ce	ĭ AUG [0	7 20)20 				
18 Inter	est (attach schedu	le) (see instructions).		*****				. 18	
19 Taxe	s and licenses		OGDE	·N·	117.			. 19	
20 Char	ritable contributions	s (See instructions for limit	ation rules)		"			. 20	
		orm 4562)							,
	•	ned on Schedule A and els						22b	
		. <i> </i>							
		ed compensation plans .							
25 Emp	loyee benefit progra	ams	· · · · · ·					. 25	
26 Exce 27 Exce	ss exempt expense	s (Schedule I)	1					. 26	
27 Exce 28 Othe	r deductions (attac	(Schedule J)		• • • •		• • • • •		. 27	
		in scriedule)							
	/	xable income before ne							1,000.
	/	ating loss arising in tax ye							<u> </u>
,		able income Subtract line			11/11/01			. 32	1,000.
For Paper	work Reduction Ad	ct Notice, see instructions			1			1	Form 990-T (2018)
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Form	990-T (20 <u>18)</u>	_			Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		1,	000
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions).	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
•		36		1.	000
37	of lines 33 and 34	37			000
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	 			
30	enter the smaller of zero or line 36	38			0
Dat	t IV Tax Computation	1 30 [
39		39			
40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	 			
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)				
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	$\overline{}$			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par		т—			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	↓			
	Other credits (see instructions)	1			
С	General business credit Attach Form 3800 (see instructions)	.			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]			
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			
48	Total tax Add lines 46 and 47 (see instructions)	48			0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payments A 2017 overpayment credited to 2018				
	2018 estimated tax payments]			
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	j			
	Backup withholding (see instructions)	1			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1			
	Other credits, adjustments, and payments Form 2439	1			
Ū	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		_	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want	55			
	tVI Statements Regarding Certain Activities and Other Information (see instruction				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-			
	here	5			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	on trust?			x
J,	If "Yes," see instructions for other forms the organization may have to file	gii tiusti			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			ĺ	ĺ
 -	Under genalties of penjury, I declare that I have exampled this return, including accompanying schedules and statements, and to the b	est of my	knowledge	and bel	lief, it i
Sigr	Under renalties of penury, I declare that I have exampled this return, including accompanying schedules and statements, and to the bitrue, carrect, and complete Declaration of preparer (other byn taxpayer) is based on all information of which preparer has any knowledge				
Her	- 10 10 10 10 10 10 10 10 10 10 10 10 10	•	RS discuss		
iier		h the period of the contraction	oreparer sh		_
	Print/Type preparer's rame Preparer's signature Date		PTIN	5	No
Paid	Check			3005	. 0
Prep	DECRETA OFFICE Self-e	mployed	P000		
	Only Firm's name WIIHUMSMIIH+BROWN, PC Firm's		22-202		
	Firm's address NONE TOWER CENTER BLVD 14TH FL, EAST BRUNSWICK, NJ 08816 Phone	no /3.	2-828-1		
JSA			Form 99	JU-T	(2018

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Form 990 ² T (2018)				_			Page
Schedule A - Cost of G	oods Sold. Er	nter metho	d of inventory	valuation	>		
1 Inventory at beginning of		-	6			ar	. 6
2 Purchases	2		7			ild Subtract line	
3 Cost of labor		-		6 from	line 5 En	nter here and in	·
4a Additional section 263A c				Part I, line	2		. 7
(attach schedule)	4a		8			section 263A (
b Other costs (attach schedu	1 1			property	produced	or acquired fo	or resale) apply
5 Total. Add lines 1 through					•	•	
Schedule C - Rent Incom	e (From Real P	roperty a	nd Personal				
(see instructions)							-
1 Description of property							
(1)					_		
(2)					_		
(3)							
(4)		_					
	2. Rent recei	ved or accru	ıed				
(a) From personal property (if the	percentage of rent	(b) i	rom real and pers	onal property	(if the	3(a) Deductions	directly connected with the income
for personal property is more than 50%			tage of rent for per			in columns 2	(a) and 2(b) (attach schedule)
more than 50%	, 	30% 0	r if the rent is base	ea on pront or			
(1)							
(2)							
(3)							
(4)		L					
Total		Total				(b) Tatal dadiiati	
(c) Total income Add totals of c	olumns 2(a) and 2(b) Enter				(b) Total deducti Enter here and o	
here and on page 1, Part I, line 6						Part I, line 6, colu	ımn (B) 🕨
Schedule E - Unrelated D	ebt-Financed I	ncome (s	ee instructions)			
			2. Gross incor		3 . L		onnected with or allocable to iced property
1 Description of de	bt-financed property		allocable to de		(a) Straigh	nt line depreciation	(b) Other deductions
	-		proper		(atta	ch schedule)	(attach schedule)
(1)							
(2)	_				-		
(3)							
(4)							
4 Amount of average acquisition debt on or	5 Average adjust of or alloca		6 Colu	mn	7 Green	ıncome reportable	8 Allocable deductions
allocable to debt-financed	debt-financed		4 divid			n 2 x column 6)	(column 6 x total of columns
property (attach schedule)	(attach sche	edule)	by colum	nn o			3(a) and 3(b))
(1)			-	%			
(2)				%			
(3)				%			
(4)				_%			
						e and on page 1, le 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
					ra(t 1, III)	ic r, column (A)	ranti, iide r, columni (b)
Totals				▶			·
Total dividends received deduct	ions included in co	dumn 8				▶ [

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1 Name of controlled organization 1) 2) 3) 4) Honexempt Controlled Organization	2 Employer identification numb	Jei		ated income nstructions)		of specific	included	f column 4 th in the contro ion's gross in	gnillo	6 Deductions directly connected with incom in column 5
2) 3) 4) Ionexempt Controlled Organiz										
(s) (d) (onexempt Controlled Organiz									$\overline{}$	
onexempt Controlled Organiz										
onexempt Controlled Organiz					_					
7 Taxable Income	zations	"				=				
	8 Net unrelated in (loss) (see instruc			otal of specified 10. Part of column 9 included in the contogranization's gross		ntrolling		Deductions directly nected with income in column 10		
)		. ,-								
)					_					
(1)				·	_					
1)					_		l columns 5 a			ld columns 6 and 11
otals	come of a Sec		:)(7),				I, line 8, colu	, ,	Par	rt I, line 8, column (B)
1 Description of income	2. Amount of	f income		3. Deduc directly con (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
1)			┿							
<u> </u>			₩							
3)	ļ		∔—					_		
1)	Enter here and									Enter here and on page
otals	2. Gross unrelated	3 Expens	ses	4 Net incom from unrelate or business (ie (loss) ed trade (column	5 Gro	(see instru	6 Exper		7 Excess exempt expenses (column 6 minus
Description of exploited activity	business income from trade or business	production unrelated business inc	n of d	2 minus coli If a gain, co cols 5 thro	mpute	ıs not	unrelated ess income	attributa colum		column 5, but not more than column 4)
)										
?)										
3)										
+)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	irt I,		•					Enter here and on page 1, Part II, line 26
chedule J- Advertising In Part I Income From Peri			onsoli	dated Bas	is					
	1.000.0									
1 Name of periodical	2. Gross advertising income	3 Direct advertising o		4. Adverti gain or (loss 2 minus co a gain, con cols 5 throi	s) (col I 3) If npute		rculation come	6 Reade costs	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
										
)	 		I.							
					}					-
)					-					-
)					-					
)))										

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	<u> </u>		
Part If	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in	columns
i.	2 through 7 on a line-by-line basis.)	•	

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)				<u> </u>		
Totals 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
Totals, Part II (lines 1-5)		- 21	•	1		
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instru	uctions)		

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

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