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Schedule B (Form 990, 990 52, or 990-PF) Department of the Treasury Internal Revenue Service

11/12/13

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

UMB No 1545-0047

| Name of the organization | | Employer identification number |
|---|--|--|
| NEW TODGEV MAGNETAL | CAC COMPANY | 21 0621600 |
| NEW JERSEY NATURAL Organization type (check one | | 21-0621680 |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not troated so a prival | to foundation |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private fo | undation |
| | 501(c)(3) taxable_private foundation | |
| | | |
| | covered by the General Rule or a Special Rule 7), (8), or (10) organization can check boxes for both the General Rule ar | nd a Special Rule See |
| General Rule | • | |
| | filing Form 990, 990-EZ_or_990-PF that received, during the year, \$5, one contributor. Complete Parts I and II | ,000 or more (in money or |
| Special Rules | | |
| under sections 509 | o)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % supp (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) it dill | ng the year, a contribution of |
| during the year, tota |)(7), (8), or (10) organization filing Form 990 or 990 EZ that received for all contributions of more than \$1,000 for use exclusively for religious, chooses, or the prevention of cruelty to children or animals. Complete Parts | aritable, scientific, literary, |
| during the year, con not total to more tha year for an <i>exclusive</i> | (7), (8), or (10) organization filing Form 990 or 990-EZ that received filtributions for use exclusively for religious, charitable, etc., purposes, but \$1,000. If this box is checked, enter here the total contributions that the religious, charitable, etc., purpose. Do not complete any of the parts in its process of the parts of | ut these contributions did were received during the unless the General Rule ontributions of \$5,000 or |
| 990-EZ, or 990-PF), but it mus | is not covered by the General Rule and/or the Special Rules does not fi at answer "No" on Part IV, line 2, of its Form 990; or check the box on h PF, to certify that it does not meet the filing requirements of Schedule B | ine H of its Form 990-EZ or on |
| For Paperwork Reduction Act Notice | s, see the Instructions for Form 990, 990-EZ, or 990-PF. | dule B (Form 990, 990-EZ, or 990-PF) (2011) |

| 1/12/13 | 03:25PM HP LASERJET 732919823 | 7 p.03 | |
|------------|--|-----------------------------------|--|
| Schedule B | نی 3 (Form 990, 990-EZ, or 990-PF) (2011) | | Paye 2 |
| Name of or | ganization | E | Employer identification number 21–0621680 |
| | ERSEY NATURAL GAS COMPANY | Dart Lif additional space is need | |
| (a) | Contributors (see instructions). Use duplicate copies of | (c) Total contributions | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | (ota) contributions | Type of contribution |
| 1 | New Jersey Natural Gas Company | | Person X Payroll Noncash |
| | 1415 Wyckoff Road | \ \ \ \ | (Complete Part II if there is |
| | Wall. NJ_07719 | | a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | NJR Energy Services Corporation 1415 Wyckoff Road | | Person X Payroll Noncash |
| | Wall, NJ 07719 | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (a) - Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is |
| | | | a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Total contributions | (d) Type of contribution |
| | | s | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll |

(Complete Part II if there is a noncash contribution.)

Noncash

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Page 3

Schedule 6 (Form 990, 990-EZ, or 990-PF) (2011) Employer identification number Name of organization

NEW JERSEY NATURAL GAS COMPANY Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (eas instructions) (a) No. (c) (b) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

| edule B (Form ne of-grganiz | 990, 990-EZ, or 990-PF) (2011) Stion | H. P.A. L. T. STOLET STREET | Pege Employer identification number | | |
|--------------------------------|--|---|--|--|--|
| _ | NATURAL GAS COMPANY | | 21-0621680 | | |
| that For contri | isively religious, charitable, etc., intotal more than \$1,000 for the year organizations completing Part III, entributions of \$1,000 or less for the year duplicate copies of Part III if addition | tr. Complete columns (a) through er the total of exclusively religion ear. (Enter this information once | us, charitable, etc., | | |
|) No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| art I | | | | | |
| | (e) Transfer of gift | | | | |
| | Transferee's name, address, and | ZIP + 4 Re | lationship of transferor to transferee | | |
|) No. rom art I | (b) Purpose of gift | · (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| | (e) Transfer of gift | | | | |
| | Transferee's name, address, and | ZIP + 4 Re | lationship of transferor to transferos | | |
| No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| | | (a) Transfer of sife | | | |
| | (e) Transfer o | | Relationship of transferor to transferee | | |
| | | | | | |
| No. om rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, address, and 2 | CIP + 4 Rei | ationship of transferor to transferee | | |
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